

PRID: 28377166	Flight Number: 1401-00824	Account Number: 623917164026
Service: Vanderbilt LifeFlight	Date: January 26, 2014	
Base: 03 - Clarksville	Flight Plan: VFR	
Unit: N103VU	Team: Critical Care	
Type of Svc: Scene Unscheduled	Crew 1: *Williams, Allan	
Mode to Ref: No Lights/Sirens	Nurse	
Outcome: Treated, Transported and Transferred	Crew 2: Roberts, Marsha	
Care	Nurse	
	Crew 3: Lingg, Shayne (Pilot)	
	* designates an ALS Provider	
	Mode to Rec: No Lights/Sirens	
Ref Name: Dickson County E M S	Receiving: Hospital	
Location: P-03 [Cumberland Furnace Ball	Vanderbilt Children's Hospital	
Cumberland Furnace, TN 37051	Emergency Department	
Ref. Zip: 37051	1161 21st Avenue S.	
Ref County: Dickson	Nashville, TN 37212	
	Rec. MD: Laurie Lawrence	

Medical Record Number: 36764595	Times
Last Name: GEOMETRY First: STAT	Dispatch: 12:02
ST: TN	EnRoute: 12:14
DOB:	At Ref: 12:31
Age: 8y Sex: Weight: 25 kg	At Patient: 12:33
Height:	Leave w/ Pt: 12:46
Subscriber: No	Leave Ref: 12:53
Race: White, non-Hispanic	At Rec: 13:08
Barriers to Care: Not Recorded	Transfer Care Dest: 13:15
	Available: 13:43
	Max Alt: 1800

Payment Information		
Why Transport Called (CMS): Air-A-Long Distance,Air-C-Time Precludes Ground Transport		
Scene Information		
Description: Landed predesignated PELA with fire and EMS on scene.		
Chief Complaint (Category: Pediatric Trauma-Near Drowning)		
Near drowning		
History of Present Illness		
Per verbal report received from sending EMS personnel, this is an 8 year old male who was reportedly seen falling into a pond with an undetermined amount of submersion time. He was pulled out and was unresponsive and not breathing. CPR was started and was continued for a "couple of minutes" when the pt began to breathe on his own and had a pulse. EMS arrived an inserted a right IJ and intubated the patient after given Versed 1 mg. LifeFlight called for rapid transport. No vitals were reported prior to LifeFLight crew arrival, other than "CPR was in progress".		
Medical History	Current Medications	Allergies
None	None	None

Neurological Exam		Glasgow Coma Scale
Level of Consciousness: Unresponsive	Loss of Consciousness: No	E V M Tot
Chemically Paralyzed: No		Int: 1 1 1 = 3
Neurological Present: Flaccid - Left Sided, Flaccid - Right Sided		Qual: Patient
Mental Present: Unresponsive		Chemically
		Sedated,

<table><tr><th colspan="3">Pupils</th></tr><tr><th></th><th><u>Left</u></th><th><u>Right</u></th></tr><tr><td>Size:</td><td>3mm</td><td>3mm</td></tr><tr><td>React:</td><td>Sluggish</td><td>Sluggish</td></tr><tr><td>React:</td><td></td><td></td></tr></table>	Pupils				<u>Left</u>	<u>Right</u>	Size:	3mm	3mm	React:	Sluggish	Sluggish	React:			<table><tr><th><u>Motor</u></th><th><u>Sensory</u></th></tr><tr><td>LA:</td><td>Flaccid</td><td>Diminished</td></tr><tr><td>RA:</td><td>Flaccid</td><td>Diminished</td></tr><tr><td>LL:</td><td>Flaccid</td><td>Diminished</td></tr><tr><td>RL:</td><td>Flaccid</td><td>Diminished</td></tr></table>	<u>Motor</u>	<u>Sensory</u>	LA:	Flaccid	Diminished	RA:	Flaccid	Diminished	LL:	Flaccid	Diminished	RL:	Flaccid	Diminished	<div>Patient Intubated</div> <div>Length Based Tape Measure</div> <div>Green</div> <div>Pediatric Trauma Score</div> <div>10</div>
Pupils																															
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Airway	Respiratory
Status: Patent	Effort: Assisted
Secured via: Endotracheal	Sounds: L: Coarse R: Coarse
Tube Size: 5.5 mm , 19 cm depth	Oxygen: 15 lpm via BVETT Performed By: EMS
Performed By: EMS Provider	Provider Outcome: Unchanged
Outcome: Unchanged	

Cardiovascular											
JVD: Not Appreciated Cap. Refill: Less than 2 Seconds	<table><tr><th colspan="2">Pulses</th></tr><tr><th><u>Left</u></th><th><u>Right</u></th></tr><tr><td>Carotid: Normal</td><td>Normal</td></tr><tr><td>Radial: Normal</td><td>Normal</td></tr><tr><td>Femoral: Normal</td><td>Normal</td></tr></table>	Pulses		<u>Left</u>	<u>Right</u>	Carotid: Normal	Normal	Radial: Normal	Normal	Femoral: Normal	Normal
Pulses											
<u>Left</u>	<u>Right</u>										
Carotid: Normal	Normal										
Radial: Normal	Normal										
Femoral: Normal	Normal										
Edema: Not Appreciated											
Temp: 87.5 °F via Rectal											
Heart Tones: S1S2											

Injury Details
Drugs/Alcohol?:

Initial Physical Findings
<u>Assessment</u>
Head Findings: Unremarkable
Neck Findings: Unremarkable
Chest Findings: Unremarkable
Abdominal Appearance: Unremarkable
Abdominal Palpation: Soft, unable to assess tenderness due to patient being unresponsive
Abdominal Bowel Sounds: Present
Pelvis Findings: Intact
Back Findings: Unremarkable
Extremity Findings: Flaccid
Skin Findings: Warm and dry

Labs

Date: 01/26/2014Time: 12:20

Chemistry - CHEM 9

Glu: 284 mg/dL

Blood Gases

Access:

Fluids Before & During Transport	IVs Prior to Assessment
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Fluids Before & During Transport	IVs Prior to Assessment
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INTAKE				OUTPUT			
Before		During		Before		During	
CRYS:	100 mL	200 mL	EBL:	mL		mL	
			UO:	0 mL		0 mL	

Medications / Infusions Prior to Assessment	

Time	IV# / Other Route	Medication	Concentration	Dose	Performed By	Outcome
PTA	IV#0	Versed		1mg	EMS Provider	Unchanged

	Activity
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TIME	H.R.	B.P.	Method	MAP	SaO2	ETCO2	RESP	Effort	RHYTHM	Altitude/Location	Cabin Temp	GCS	ACTION	Comments
12:33	82				100		32	Assisted	Normal Sinus Rhythm	REG		1/1/1	Intubation:	Pt found in back of EMS unit, with EMS bagging pt through an ETT with a self inflating bag. EMS stating that they are unsure of ETT placement due to no color change on colormetric device and unable to auscultate breath sounds. Primary assessment completed by A. Williams while verbal was being reported was given to M. Roberts. A time out was called to determine placement of ETT. Unable to auscultate breath sounds but oxygen saturation reading 100%. Decision made to verify ETT placement with McGrath video. Video Laryngoscopy Intubation by Allan Williams with 5.5, 16cm at lips. Attempts: 1, successful. Placement verified by: Auscultation, Capnography, Chest Rise, Esophageal Detection Device, ETCO2 Detector

															(Easy-Cap), Direct Visualization. Secured via Commercial Device. Authorization: Via Protocol. ETT position verified with visualization of ETT through vocal cords with McGrath. ETT position pulled to 16 cms at the teeth with noted bilateral breath sounds.
12:35														Operations:	After confirmation of ETT placement, ETT secured with commercial device.C-collar applied to patient.Self inflating bag changed to Jackson Reese bag for pressure ventilation. Patient was placed on Propaq MD to monitor cardiac rate, rhythm, NIBP, and pulse oximetry.Pediatric Zoll pads applied in anterior/lateral position. Operations: Patient Monitoring.
12:40	76	104/63	Auto. Cuff	77	99		30	Assisted	Normal Sinus Rhythm	REG	Ground		1/1/1	Initiate IV:	Additional PIV access started. Peripheral IV initiated by Marsha Roberts with 20ga. at Left Antecubital. Attempts: 1, successful. Complication: None. Authorization: Via Protocol. Pt. Response: Improved.
12:45	76	101/62	Auto. Cuff	75	99	20	32	Assisted	Normal Sinus Rhythm	REG			1/1/1		Pt was taken out of ambulance and transferred onto LifeFlight stretcher while disconnecting ETT from jackson Reese bag. No noted change in ETT position and continued manual ventilations. Pt was wrapped in blanket for comfort and secured with all available straps. Pt taken to aircraft.
12:55	82	114/71	Auto. Cuff	85	100	28	32	Assisted	Normal Sinus Rhythm	REG	1000	74	1/1/1	Operations:	Pt was disconnected from Jackson Reese and hot loaded into aircraft. No change noted in ETT position and continued manual ventilation with Jackson Reese bag. All persons and equipment secured. Lifted for VUMC. Operations: Hearing Precautions, Environmental

															Controls, Safety Restraints, Patient Loaded - Hot.Hearing protection provided by ear plugs.
13:00														Drain:	Warmed IV fluid initiated and infusing via LAC PIV. OG Tube insertion made by Allan Williams with 9 fr. Attempts: 1, successful. capped. Authorization: Via Protocol. Pt. Response: Unchanged. Esophageal temp probe but not reading due to equipment issue.
13:03														Med.:	Pt breathing on own and moving left arm. Decision to chemically paralyze pt for airway maintenance and due to pt being hypothermic. Midazolam, 1 MG via IV - Push given by Marsha Roberts. Authorization: Via Protocol. Pt. Response: Improved.
														Med.:	Rocuronium, 1 MG via IV - Push given by Marsha Roberts. Authorization: Via Protocol. Pt. Response: Improved.
13:04														Hosp. Notify:	Called peds ED to notify of pt condition and ETA. alert sent by Allan Williams via Radio.
13:05	86	119/75	Auto. Cuff	90	100	27	28	Assisted	Normal Sinus Rhythm	REG	1000	74	1/1/1		Preparing to land VCH. No change noted in pt condition.
13:10	85	121/78	Auto. Cuff	92	100	27	30	Assisted	Normal Sinus Rhythm	REG	Ground		1/1/1	Operations:	Landed VCH. Pt was taken out of aircraft while disconnecting ETT from Jackson bag. Breath sounds reconfirmed with no change noted to breath sounds bilaterally. No noted position change of ETT. Continued manual ventilations with Jackson bag and patient taken to the Emergency Department. Operations: Patient Offload - Cold.
13:15	85	121/78	Auto. Cuff	92	100	27	30	Assisted	Normal Sinus Rhythm	REG	Ground		1/1/1		Arrived into trauma room and ETT position confirmed by trauma personnel. Pt was moved to ED stretcher while disconnecting ETT. Report, medical record, and care relinquished to

Addendums		
<u>Date/Time</u>	<u>CrewID</u>	<u>Comment</u>
01/27/2014 11:15 CST	Allan Williams	Documented RIJ venous access started by EMS, but this should read Right external jugular (REJ). Pt had #18 REJ IV access started prior to LifeFlight crew arrival.