

**PRID:**28377166      **Flight Number:**1401-00824      **Account Number:**623917164026

**Service:**Vanderbilt LifeFlight  
**Base:**03 - Clarksville  
**Unit:**N103VU  
**Type of Svc:**Scene Unscheduled  
**Mode to Ref:**No Lights/Sirens  
**Outcome:**Treated, Transported and Transferred  
 Care

**Date:**January 26, 2014  
**Flight Plan:**VFR  
**Team:**Critical Care  
**Crew 1:**\*Williams, Allan  
 Nurse  
**Crew 2:** Roberts, Marsha  
 Nurse  
**Crew 3:** Lingg, Shayne (Pilot)  
 \* designates an ALS Provider  
**Mode to Rec:**No Lights/Sirens

**Ref Name:**Dickson County E M S  
**Location:**P-03 [Cumberland Furnace Ball  
 Cumberland Furnace, TN 37051  
**Ref. Zip:**37051  
**Ref County:**Dickson

**Receiving:**Hospital  
 Vanderbilt Children's Hospital  
 Emergency Department  
 1161 21st Avenue S.  
 Nashville, TN 37212  
**Rec. MD:**Laurie Lawrence

**Medical Record Number:** 36764595

**Last Name:** GEOMETRY    **First:** STAT  
**ST:**TN  
**DOB:**  
**Age:** 8y      **Sex:**      **Weight:** 25 kg  
**Height:**  
**Subscriber:** No  
**Race:** White, non-Hispanic  
**Barriers to Care:** Not Recorded

Times	
<b>Dispatch:</b>	12:02
<b>EnRoute:</b>	12:14
<b>At Ref:</b>	12:31
<b>At Patient:</b>	12:33
<b>Leave w/ Pt:</b>	12:46
<b>Leave Ref:</b>	12:53
<b>At Rec:</b>	13:08
<b>Transfer Care Dest:</b>	13:15
<b>Available:</b>	13:43
<b>Max Alt:</b>	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**

**Level of Consciousness:** Unresponsive      **Loss of Consciousness:** No  
**Chemically Paralyzed:** No  
**Neurological Present:** Flaccid - Left Sided, Flaccid - Right Sided  
**Mental Present:** Unresponsive

Glasgow Coma Scale			
E	V	M	Tot
Int:	1	1	1 = 3
Qual:	Patient	Chemically	Sedated,

Pupils		
	<u>Left</u>	<u>Right</u>
Size:	3mm	3mm
React:	Sluggish	Sluggish
React:		

	<u>Motor</u>	<u>Sensory</u>
LA:	Flaccid	Diminished
RA:	Flaccid	Diminished
LL:	Flaccid	Diminished
RL:	Flaccid	Diminished

Patient Intubated
<b>Length Based Tape Measure</b>
Green
<b>Pediatric Trauma Score</b>
10

### Airway

### Respiratory

**Status:** Patent  
**Secured via:** Endotracheal  
**Tube Size:** 5.5 mm , 19 cm depth  
**Performed By:** EMS Provider  
**Outcome:** Unchanged

**Effort:** Assisted  
**Sounds: L:** Coarse    **R:** Coarse  
**Oxygen:** 15 lpm via BVETT    **Performed By:** EMS Provider  
**Outcome:** Unchanged

### Cardiovascular

**JVD:** Not Appreciated    **Cap. Refill:** Less than 2 Seconds  
**Edema:** Not Appreciated  
**Temp:** 87.5 °F via Rectal  
**Heart Tones:** S1S2

Pulses	
<u>Left</u>	<u>Right</u>
Carotid: Normal	Normal
Radial: Normal	Normal
Femoral: Normal	Normal

### Injury Details

**Drugs/Alcohol?:**

### Initial Physical Findings

#### Assessment

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

**Chemistry - CHEM 9**

**Blood Gases**

Access:

Glu: 284 mg/dL

**Fluids Before & During Transport**

**IVs Prior to Assessment**

INTAKE		OUTPUT		IV#	Gauge	Site	Solution	Rate	Performed By	Outcome
Before	During	Before	During							
CRYS: 100 mL	200 mL	EBL: mL	mL	1	18	Right IJ	Normal Saline	999	EMS Provider	Unchanged
		UO: 0 mL	0 mL	2	20	Right Antecubital Well	Saline	0	EMS Provider	Unchanged

**Medications / Infusions Prior to Assessment**

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

**Activity**

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



accepting  
personnel.

### 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.