



EMS Star of Life NOMINATION FORM

**** ALL FIELDS REQUIRED-use additional paper if necessary**

EMS Region #: 5
Patient's Name: Bentley Michael Genck
Patient's Diagnosis: Near drowning

Submitted by Name: NOREEN Noonan Title: Dispatch
EMS Agency: Vanderbilt Life Flight
Address: 3019 Joey Ct
City, State & Zip: Pleasant View, TN 37146
Phone: (615) ~~822~~ 210-0464 Fax: (615) 343-7271 Email: noreen.e.noonan@VanderbiltH.edu

Please list all other AGENCIES associated with this team and their contact information:

(For example if your had air medical assist, list the agency name, person to contact, and their complete contact information)

Agency: Vanderbilt Life Flight
Name of Contact: Noreen Noonan
Address: 1211 Medical Center Drive
City, State & Zip: Nashville, TN 37232
Phone: (615) 210-0464 Fax: (615) 343-7271 Email: noreen.e.noonan@VanderbiltH.edu

Agency: Montgomery County EMS
Name of Contact: William Webb
Address: 1608 Haynes Street
City, State & Zip: Clarksville TN 37043
Phone: (931) 920-1800 Fax: (931) 645-5702 Email: wcwebb@mcjtn.net



Agency: _____

Name of Contact: _____

Address: _____

City, State & Zip: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

Agency: _____

Name of Contact: _____

Address: _____

City, State & Zip: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

Please provide an attached Excel sheet of each member of each team present on the call, their credentials, and their address.

Patient Name: Bentley Michael Gencik

Home Mailing Address: 2007 NE 38th Street

City, State, Zip: Lawton, OK 73507

Phone: (712) 579-2045 Cell: (4)

Email: Amy.J.Gencik.Na femail.mil

****Please ensure you fill out the Patient Consent Form that is attached.**

Date of Incident: 8/21/2014

Place of Incident: Montgomery County



Please provide a written narrative of the EMS run below, and attach a copy of the all EMS run sheets, aeromedical run sheets, and emergency department notes. Please include any news articles and photos. Use additional paper as necessary.

Montgomery County dispatched received a call for a 9 month old child not breathing after being found in the bath tub. Montgomery County Dispatcher instructed mom on how to perform CPR while EMS was dispatched and enroute. Once EMS arrived they noted patient to have a ~~be~~ limp with no brachial pulse. CPR was continued, child was moved to the unit. Lifeflight 3 was launched to meet Montgomery County EMS at a close landing zone. Upon the arrival of Lifeflight EMS noted patient to be posturing, unresponsive, PMSx4, patient was breathing on his own. Vanderbilt Lifeflight continued care to Vanderbilt Childrens Hospital.

Please explain why you think the EMS Star of Life Award should be given to the nominees:

Every single person involved in this story should be recognized. From the dispatcher giving correct pre-arrival instructions and CPR, to the mom listening to those instructions, those first few minutes are so critical to saving a life and they did that. The EMS units and Paramedics continued that care by providing additional support, airway, and recognizing the patient could benefit from a helicopter. Then the Lifeflight crew for providing not only the additional care but getting the patient to Vanderbilt Childrens quickly and safely.

2007 Terrace Place, Nashville, TN 37203

Phone: 615.343.EMSC (3672) / Fax: 615.343.1145 / www.tnemsc.org

See Book

If ever a case from the very beginning
to the very end the Supten worked
perfectly; then say you would
have ever know what he had
been through!



Permission is hereby granted to Tennessee Emergency Medical Services for Children Foundation (TN EMSC) to utilize the information contained in the EMS run report for my care that occurred on the _____ day of _____ (month), 2014 (year), in _____, Tennessee.

I understand that the EMS run report contains personal medical information that may, under state and federal laws, be considered confidential, and I hereby expressly waive my right to maintain the confidentiality of this medical information, so that the information in the EMS run report may be used by Tennessee Emergency Medical Services for Children Foundation in connection with the EMS Star of Life Award Ceremony. This release and waiver includes the potential publication of the information on television, radio and print media.

I also expressly waive any and all claims that I might have against the EMS service that prepared the EMS run report and/or against Tennessee Emergency Medical Services for Children Foundation, in connection with the use of this information for the EMS Star of Life Award Ceremony.

See copy in Folder

Patient _____ Witness

Date _____ Date

Will you be able to attend the EMS Star of Life Awards Dinner & Ceremony
(Selection will not be based on attendance)

- Yes
- No



DEADLINE FOR SUBMISSION IS MONDAY, FEBRUARY 9, 2015

Submit Your Nomination to the TN EMSC office:

E-mail: erin@tnemsc.org

Fax: TN EMSC, 615-343-1145

Mail: TN EMSC
2007 Terrace Pl
Nashville, TN 37203

For questions please contact:

Erin Hummeldorf, BA, MPA
Program Coordinator, TN EMSC
615-936-5274
erin@tnemsc.org

Checklist to include in submission:

- Star of Life Awards Patient Consent Form
(It is a HIPPA violation to send patient records without their permission. Please allow enough time to secure the patients signature)
- Official Star of Life Awards Nomination Form
- Excel Sheet of Members of Each Organization
- Copy of Run Sheet and Aeromedical sheet if applicable
- News Articles and Photos

Attention: Team Photo (300 dpi resolution) and the following spreadsheet must be sent within 2 weeks of notification for your team to win the Star of Life Award – e-mail to erin@tnemsc.org.
Disqualification will occur if materials are returned incomplete.

Permission is hereby granted to Tennessee Emergency Medical Services for Children Foundation (TN EMSC) to utilize the information contained in the EMS run report for my care that occurred on the 17 day of January (month), 2014 (year), in Clarksville, Tennessee.

I understand that the EMS run report contains personal medical information that may, under state and federal laws, be considered confidential, and I hereby expressly waive my right to maintain the confidentiality of this medical information, so that the information in the EMS run report may be used by Tennessee Emergency Medical Services for Children Foundation in connection with the EMS Star of Life Award Ceremony. This release and waiver includes the potential publication of the information on television, radio and print media.

I also expressly waive any and all claims that I might have against the EMS service that prepared the EMS run report and/or against Tennessee Emergency Medical Services for Children Foundation, in connection with the use of this information for the EMS Star of Life Award Ceremony.

Bendley M. Genck
Patient

[Signature]
Witness

1-9-15
Date

1-9-15
Date

Will you be able to attend the EMS Star of Life Awards Dinner & Ceremony
(Selection will not be based on attendance)

Yes
 No



PRID: 28732290	Flight Number: 1402-00595	Account Number: 062419200-4048
Service: Vanderbilt LifeFlight	Date: February 17, 2014	Flight Plan: VFR
Base: 03 - Clarksville	Unit: N103VU	Team: Critical Care
Dispatched As: Pediatric Medical-Respiratory Distress	Crew 1: Wilkinson, Steven Nurse	Crew 2: Fulwood, Teresa Nurse
Type of Svc: Scene Unscheduled	Crew 3: Vaughn, Bob (Pilot)	Mode to Rec: No Lights/Sirens
Mode to Ref: No Lights/Sirens	Ref Name: Montgomery County E M S	Receiving: Hospital
Outcome: Treated, Transported and Transferred Care	Location: , TN	Vanderbilt Children's Hospital
	Ref. Zip: 37040	Emergency Department
	Ref: Montgomery	1161 21st Avenue S.
	County:	Nashville, TN 37212
		Rec. MD: Kimberly Nattel

Medical Record Number: 036934719

Last Name: ANTLERS First: STAT
 ST: TN
 DOB: 02/01/2013
 Age: 12m Sex: M Weight: 10 kg
 Height:
 Subscriber: No
 Race: White, non-Hispanic

Times
Dispatch: 17:38
EnRoute: 17:47
At Ref: 17:54
At Patient: 17:55
Leave w/ Pt: 18:02
Leave Ref: 18:05
At Rec: 18:25
Transfer Care Dest: 18:30
Available: 19:13
Call Completed: 20:50
Max Alt: 1800

Payment Information

Why Transport Called (CMS): D-Medically Necessary Transport (Not Nearest Facility)

Scene Information

Patient Belongings: none

Chief Complaint (Category: Pediatric Trauma-Near Drowning)

s/p near drowning

History of Present Illness

9 month old male being bathed by parent found under water unresponsive with cpr started by parent and continued by EMS. Total downtime reported as less than 5 minutes with ROSC per EMS. VS reported as HR 150, RR assisted, O2 sats 100%. For transport to tertiary care pediatric facility for definitive care.

Medical History	Current Medications	Allergies	Immunizations
Unknown	Unknown	Unknown	Not Known as of

Neurological Exam

Level of Consciousness: Responds to Pain
Loss of Consciousness: Yes
Chemically Paralyzed: No
Neuro Comments: Child with spontaneous resp effort grimaces to pain, flexion posturing reported with some flexion of arms noted upon initial assessment
Neurological Present: Posturing- Flexion, Eyes deviated Right
Mental Present: Non-Responsive

Glasgow Coma Scale			
E	V	M	Tot
Int: 1	3	3	= 7
Qual: Legitimate values w/o interventions such as intubation and sedation			
Pediatric Trauma Score			
7			

Pupils	
Left	Right
Size: 3mm	3mm
React: Sluggish	Sluggish
React: disconjugate gaze to the right	

	Motor	Sensory
LA:	Weak	Diminished
RA:	Weak	Diminished
LL:	Weak	Diminished
RL:	Weak	Diminished

Motor Comments: Purposeful
Sensory Comments: Intact

Airway

Respiratory

Status: Patent

Effort: Normal

Sounds: L: Clear R: Clear
 Sounds: Bilaterally equal and clear
 Oxygen: 4 lpm via NC
 Comments: utilizing NC with ETCO2 reading in the 20's. Previously assisted with BVM prior to spontaneous resp effort

Cardiovascular

JVD: Not Appreciated Cap. Refill: Less than 2 Seconds
 Edema: Not Appreciated

Pulses	
Left	Right
Carotid: Not Checked	Not Checked
Radial: Normal	Normal
Femoral: Normal	Normal
Dorsalis: Not Checked	Not Checked
Brachial: Not Checked	Not Checked

Cardiac Arrest

Who Witnessed: Family Discontinued Reason: Return of Spon. Circulation
 Etiology: Not Known
 Initial Rhythm: Not Known
 CPR By: Family

Injury Details
 Drugs/Alcohol?:

Initial Physical Findings

Assessment

Skin: Cold, Dry, Pale
 Skin Findings: cool and pale without evidence of injury
 Chest/Lung: Breath Sounds-Equal, Normal
 Chest/Lung Findings: atraumatic with bilateral breath sounds noted coarse but equal
 Generalized Ab: Distention
 Generalized Ab Findings: ABD distended s/p BVM ventilation
 Lumbar - Midline Findings: on papoose board, back not assessed but no injury reported by EMS
 Left Lower Leg Findings: IO in place in left tibia secured with bulky dressing. Marrow return noted in tubing and reportedly flushes well.
 Left Eye Findings: eyes deviated right, do not track

Tubes/Drains:

Fluids Before & During Transport

INTAKE		OUTPUT	
Before	During	Before	During
CRYS: 100 mL	100 mL	EBL: mL	mL
		UO: mL	mL

IVs Prior to Assessment

IV#	Gauge	Site	Solution	Rate	Performed By
1	IO	left tibia	NS		EMS Provider

Medications / Infusions Prior to Assessment

No Medications / Infusions Prior to Assessment

Activity

TIME	H.R.	B.P.	SaO2	ETCO2	RESP	Effort	Temp	Altitude/Location	Cabin Temp	GCS	ACTION	Comments
17:55										1/3/3		Arrived to EMS unit to find child with spontaneous respiratory effort and flexion of arms to pain. EMS reports ROSC after 2 minutes of CPR following CPR by parent. O2 sats noted to be 100% on nasal cannula. EMS unit filled with multiple people and aircraft very close by. Decision made to quickly load and go in order to treat in a more controlled environment. Child secured to

Dispatched to 2692 Cider Dr. for a 9 month old not breathing and the child's mother was starting CPR. U/A found a 9 month old w/m lying supine on bathroom tile floor unresponsive, cyanotic, and pulseless. Pt's mother was still performing CPR when EMS arrived. Mother states that she had placed the child on the side of the bath tub then went into another room. When she came back approximately 1 minute later she found the child face up in the water submerged. Pt's mother could not advise how much water was in the bath tub, just that his head was completely covered. Pt's mother states that she tried to make the child vomit by putting her fingers down his throat and when the child did not start breathing she called 911. Pt's mother states that she began CPR when she was instructed to by dispatchers. Pt. had a moderate amount of vomit in his mouth and around him when EMS arrived on the scene. Pt. was limp and a brachial pulse was unable to be found so CPR was continued while moving the pt. to the unit. CPR continued and suction started to finish clearing the airway. Placed padding under the pt's shoulders to open his airway, started to ventilate patient with good rise and fall of the chest, defib. Pads placed on patient and at rhythm check found patient to be in a sinus rhythm at a rate of 93 bpm with a strong brachial pulse palpated. CPR was discontinued while ventilations continued. Patient was suctioned as needed, all assessments, treatments and vital signs listed in the flowchart. District 2 was checking the status of LifeFlight and setting up PELA site while patient care was being provided. LifeFlight had a 16 minute ETA to PELA 16. Transported emergency traffic to the PELA site. Patient's respiratory rate began to increase during transport while ventilations were being assisted. Patient had a strong brachial pulse and was starting to cough. Noted rales to upper and lower lung fields. While waiting for the arrival of LifeFlight the patient began to have decorticate posturing and his right eye was gazed to the right. LifeFlight crew arrived at PELA site and report was given to crew members. Patient was still unresponsive with decorticate posturing, PMSX4, patient breathing on his own, trying to cry and strong brachial pulses. Medic 26 back in service.



Montgomery Co. Emergency Medical Services

Patient Care Record

Name: GENCK, BENTLEY

Incident #: 140480527

Date: 02/17/2014

Patient 1 of 1

Patient Information				Clinical Impression			
Last	GENCK	Address	2692 CIDER DR	Primary Impression	Respiratory Failure		
First	BENTLEY	Address 2		Secondary Impression	Cardiac Arrest		
Middle		City	Clarksville	Protocol Used	Universal Patient Care		
Gender	Male	State	TN	Anatomic Position	General/Global		
DOB	05/12/2013	Zip	37042	Chief Complaint	APNIC AND PULSELESS		
Age	0 Yrs, 9 Months, 5 Days	Country	UNITED STATES	Duration	10	Units	Minutes
Weight	22lbs - 10kg	Tel	(712)579-2045	Secondary Complaint	POSSIBLE NEAR DROWNING		
Pedi Color		Physician	UNKNOWN , PCP	Duration		Units	
SSN	000-00-0000	Ethnicity	Not Hispanic or Latino	Patient's Level of Distress			
Race	White			Signs & Symptoms	Cardiac - Cardiac Arrest Respiratory - Arrest Level of Consciousness - Unconscious		
Advanced Directive	None			Injury	Drowning - Drowning - Home - 02/17/2014		
Resident Status				Medical/Trauma	Medical & Trauma		
				Barriers of Care	Unconscious		
				Alcohol/Drugs	None		

Medication/Allergies/History	
Medications	Denies
Allergies	Denies
History	Denies

Vital Signs															
Time	AVPU	Side	POS	BP	Pulse	RR	SPO2	ETCO2	CO	BG	Temp	Pain	GCS(E+V+M)/Qualifier	RTS	PTS
17:27	U		Lay	0/0 M	0 A	30 A	78					0	3=1+1+1	3	
17:30	U		Lay	0/P	93 R	30 V	90						3=1+1+1	3	
17:38	U		Lay	0/0 M	133 R	28 V	98	19					3=1+1+1	4	
17:42	P		Lay	0/P	155 R	35 A	99	22					7=1+2+4	5	
17:47	P		Lay	0/P	138 R	28 A	100	23					6=1+2+3	6	
17:57	P		Lay	0/P	125 R	35 R	100	23					6=1+2+3	5	

ECG		
Time	3-Lead ECG	12-Lead ECG
17:30	Sinus Rhythm	
17:38	Sinus Tachycardia	
17:47	Sinus Tachycardia	
17:57	Sinus Tachycardia	



Montgomery Co. Emergency Medical Services

Patient Care Record

Name: GENCK, BENTLEY

Incident #: 140480527

Date: 02/17/2014

Patient 1 of 1

Flow Chart

Time	Treatment	Description	Provider
17:27	CPR	Comments MOTHER HAD PRE ARRIVAL CPR INSTRUCTIONS AND CPR CONTINUED TILL PT WAS IN UNIT. ; Patient Response: Unchanged;	PROFFITT, DANA
17:27	ALS Assessment	Comments ARRIVED ON SCENE FOUND PT LYING SUPINE IN BATHROOM FLOOR UNRESPONSIVE, PULSE LESS AND NOT BREATHING WITH VOMIT COMING OUT OF HIS MOUTH. PT CYANOTIC AROUND LIPS, EYES AND CHEST AREA. CPR CONTINUED BY CFR. ; Patient Response: Unchanged;	PROFFITT, DANA
17:28	Suction	Comments PT HAD A ORANGE LIKE SUBSTANCE BEING SUCTIONED OUT OF HIS AIRWAY WITH 10FR SUCTION CATH. ; Contents Vomit; Amount 10; Patient Response: Unchanged;	PROFFITT, DANA
17:28	Oxygen	BVM; Flow Rate 15 lpm; Patient Response: Unchanged;	PROFFITT, DANA
17:29	Spinal Immobilization	Short Spine Board; Comments PT WAS PLACED ON PED SPINE BOARD DUE TO CPR. PT SECURED STRAPSx2 WITH PADDING PLACED UNDER PTS SHOULDERS FOR AIRWAY POSITION. ; Patient Response: Unchanged;	PROFFITT, DANA
17:33	Intraosseous	EZ-IO (Pedi); Tibia - Left; Normal Saline; Total Fluid 50; Patient Response: Unchanged; Successful;	LIGHTHISER, ROBERT
17:35	Suction	Comments PT HAD SMALL AMOUNT OF FLUID THAT HAD TO BE SUCTION FROM HIS MOUTH TO CONTINUE VENTILATIONS. PT BEGAN TO COUGH AND STARTED TRYING TO BREATHE ON HIS OWN. ; Contents Other; Amount 5; Patient Response: Improved;	HEACOCK, JON
17:37	Oxygen	BVM; Flow Rate 15 lpm; Patient Response: Improved;	PROFFITT, DANA
17:38	Warming	Comments BLANKETS WERE ALSO USED WITH HEAT PACKS TO REWARM PT. ; Patient Response: Unchanged;	PROFFITT, DANA
17:38	Warming	Comments PT WAS COLD TO THE TOUCH. MULTIPLE HEAT PACKS WERE WRAPPED WITH SHEETS AND PLACED UNDER THE ARMS AND GROAN AREA. ; Patient Response: Unchanged;	LIGHTHISER, ROBERT
17:39	Oxygen	CO2 Nasal Cannula; Flow Rate 3 lpm; Patient Response: Improved;	PROFFITT, DANA
17:39	Nasogastric Tube	10 fr; Placed At 0 cm; Patient Response: Unchanged; Unsuccessful;	HEACOCK, JON

Treatments Prior To Arrival

Treatment	Treatment By	Patient Response	Comments
Defib/Cardio/Pace CPR	Lay Person	Unchanged	MOTHER WAS INSTRUCTED TO START CPR PRIOR TO EMS ARRIVAL. PT MOTHER WAS DOING CHEST COMPRESSIONS ONLY WHEN EMS ARRIVED.



Initial Assessment			
Category	Comments	Abnormalities	
Mental Status	PT UNRESPONSIVE, APNIC AND PULSELESS.	Mental Status	<input checked="" type="checkbox"/> Unresponsive <input type="checkbox"/> Confused, Event Oriented, Place Oriented, Time Oriented, Person Oriented, Hallucinations, Combative, Other
Skin	PT WAS WET FROM BEING IN THE WATER. PT WAS CYANOTIC AROUND HIS LIPS, EYES AND THE UPPER PART OF HIS CHEST. PT COLD TO THE TOUCH BUT WAS LAYING ON A TILE FLOOR WHILE MOTHER WAS DOING CPR WHEN EMS ARRIVED.	Skin	<input checked="" type="checkbox"/> Cyanotic, Cold, Other <input type="checkbox"/> Lividity, Pale, Mottled, Diaphoresis, Hot, Jaundiced
HEENT	PTS PUPILS CONSTRICTED AND NON REACTIVE TO LIGHT. NO SIGNS OF TRAUMA NOTED TO HEAD FACE OR NECK AREA. PT WAS CYANOTIC AROUND HIS EYES AND LIPS.	Head/Face	<input checked="" type="checkbox"/> Other <input type="checkbox"/> Drainage, Mass, Facial Droop, Swelling
		Eyes	<input checked="" type="checkbox"/> Left Pupil: 3-mm, Right Pupil: 3-mm, Right: Non-Responsive, Left: Non-Responsive <input type="checkbox"/> Left: Other, Right: Constricted, Right: Blind, Left: Blind, Right: Other, Left: Constricted, Left: Dilated, Right: Dilated
		Neck	No Abnormalities
Chest	PT WAS NOT BREATHING WHEN EMS ARRIVED ON SCENE. PT HAD VOMIT COMING OUT OF HIS MOUTH. PT HAD REDNESS NOTED TO HIS CHEST AREA WHERE PTS MOTHER WAS DOING COMPRESSIONS.	Chest	No Abnormalities
		Heart Sounds	Not Assessed
		Lung Sounds	<input checked="" type="checkbox"/> LL: Absent, RL: Absent, LU: Absent, RU: Absent <input type="checkbox"/> LL: Decreased, RU: Decreased, LU: Rales, RL: Wheezing, RU: Other, RU: Rales, RU: Clear, LU: Rhonchi, RL: Rhonchi, LL: Wheezing, RL: Decreased, RL: Other, RU: Wheezing, LL: Other, LU: Wheezing, LU: Other, LL: Rhonchi, RL: Rales, LU: Decreased, LU: Clear, RL: Clear, LL: Rales, RU: Rhonchi, LL: Clear
Abdomen	WHEN EMS ARRIVED ON SCENE WAS MODERATE AMOUNT OF VOMIT ON THE FLOOR AND VOMIT COMING FROM PTS MOUTH. NO TRAUMA NOTED AT THIS TIME.	General	<input checked="" type="checkbox"/> Vomiting <input type="checkbox"/> Absent Bowel Sounds, Diarrhea, Other, Nausea
		Left Upper	No Abnormalities
		Right Upper	No Abnormalities
		Left Lower	No Abnormalities
		Right Lower	No Abnormalities
Back	NO TRAUMA NOTED AT THIS TIME	Cervical	No Abnormalities
		Thoracic	No Abnormalities
		Lumbar/Sacral	No Abnormalities
Pelvis/GU/GI	NO TRAUMA NOTED AT THIS TIME.	Pelvis/GU/GI	No Abnormalities
Extremities	PTS MOTHER WAS DOING CPR UPON EMS ARRIVAL. CPR WAS CONTINUED UNTIL NEXT PULSE CHECK. NO TRAUMA NOTED AT THIS TIME.	Left Arm	No Abnormalities
		Right Arm	No Abnormalities
		Left Leg	No Abnormalities
		Right Leg	No Abnormalities
		Pulse	<input checked="" type="checkbox"/> Radial: Absent, Carotid: Absent, Brachial: Absent
Neurological	PT UNRESPONSIVE	Neurological	<input checked="" type="checkbox"/> Right Upper: > 5 Sec, Left Lower: > 5 Sec, Left Upper: > 5 Sec, Right Lower: > 5 Sec <input type="checkbox"/> Other <input type="checkbox"/> Facial Droop, Tremors, Weakness Left-Sided, Seizures, Weakness Right-Sided, Abnormal Gait, Slurred Speech

Assessment Time: 02/17/2014 17:28



Ongoing Assessment			
Category	Comments	Abnormalities	
Mental Status	PT STILL UNRESPONSIVE BUT WAS BREATHING AND HAD A STRONG BRACHIAL PULSE.	Mental Status	⊕ Unresponsive, Other ⊖ Confused, Event Oriented, Time Oriented, Place Oriented, Hallucinations, Person Oriented, Combative
Skin	PT WAS COLD, PALE AND MOTTLING NOTED ON HANDS AND FEET.	Skin	⊕ Pale, Cold, Mottled ⊖ Jaundiced, Diaphoresis, Hot, Lividity, Cyanotic, Other
HEENT	NOTE PUPILS STILL NON REACTIVE TO LIGHT AND PT HAD A GAZE TO THE RIGHT FROM HIS RIGHT EYE.	Head/Face	No Abnormalities
		Eyes	⊕ Left Pupil: 3-mm, Right Pupil: 3-mm, Left: Non-Reactive, Right: Other, Right: Non-Reactive ⊖ Left: Other, Right: Blind, Right: Constricted, Left: Blind, Left: Constricted, Right: Dilated, Left: Dilated
		Neck	No Abnormalities
Chest	PT WAS BREATHING WITH ASSISTANCE. NOTED RALES TO ALL LUNG FIELDS. PT WAS HAVING SOME ACCESSORY MUSCLE USAGE WHICH IS WHY VENTILATIONS WERE BEING ASSISTED WITH HIGH FLOW O2.	Chest	⊕ Accessory Muscle ⊖ Retractions
		Heart Sounds	No Abnormalities
		Lung Sounds	⊕ RU: Rales, RL: Rales, LL: Rales, LU: Rales ⊖ LU: Decreased, RL: Decreased, LL: Absent, RU: Rhonchi, RL: Clear, RL: Absent, LU: Other, LL: Clear, RL: Other, LL: Decreased, LU: Clear, RU: Decreased, RU: Other, RL: Wheezing, LU: Wheezing, RU: Clear, LU: Rhonchi, RU: Absent, LL: Rhonchi, LL: Other, RU: Wheezing, LL: Wheezing, LU: Absent, RL: Rhonchi
Abdomen	PT WAS HAVING PERIOD OF VOMITING. ATTEMPTED TO PLACE AN NG TUBE ORALLY AND NASALLY WITHOUT SUCCESS. NOTE PT ALSO HAD A BOWEL MOVEMENT DURING TRANSPORT.	General	⊕ Vomiting ⊖ Nausea, Other, Diarrhea, Absent Bowel Sounds
		Left Upper	No Abnormalities
		Right Upper	No Abnormalities
		Left Lower	No Abnormalities
		Right Lower	No Abnormalities
Back		Cervical	No Abnormalities
		Thoracic	No Abnormalities
		Lumbar/Sacral	No Abnormalities
Pelvis/GU/GI		Pelvis/GU/GI	No Abnormalities
Extremities		Left Arm	No Abnormalities
		Right Arm	No Abnormalities
		Left Leg	No Abnormalities
		Right Leg	No Abnormalities
		Pulse	⊕ Carotid: 2+ Normal, Brachial: 3+ Bounding
		Capillary Refill	⊕ Left Upper: 4 Sec, Left Lower: 4 Sec, Right Upper: 4 Sec, Right Lower: 4 Sec
Neurological	PT STILL UNRESPONSIVE AND STARTED TO HAVE DECORTICATE POSTURING NOTED.	Neurological	⊕ Other ⊖ Facial Droop, Weakness Right-Sided, Weakness Left-Sided, Tremors, Seizures, Abnormal Gait, Slurred Speech

Assessment Time: 02/17/2014 17:50



Narrative

DISPATCHED TO ABOVE LOCATION FOR 9 MONTH OLD NOT BREATHING AND THE CHILDS MOTHER WAS STARTING CPR. U/A FOUND 9MO/W/M LYING SUPINE ON BATHROOM TILE FLOOR UNRESPONSIVE, CYANOTIC, AND PULSELESS. PTS MOTHER WAS STILL PERFORMING CPR WHEN EMS ARRIVED. MOTHER STATES THAT SHE HAD PLACED THE CHILD ON THE SIDE OF THE BATH TUB THEN WENT INTO ANOTHER ROOM. WHEN SHE CAME BACK APPROX 1 MIN LATER SHE FOUND THE CHILD FACE UP IN THE WATER SUBMERGED. PTS MOTHER COULD NOT ADVISE HOW MUCH WATER WAS IN THE BATH TUB JUST THAT HIS HEAD WAS COMPLETELY COVERED. PTS MOTHER STATES THAT SHE TRIED TO MAKE THE CHILD VOMIT BY PUTTING HER FINGERS DOWN HIS THROAT AND WHEN THE CHILD DID NOT START BREATHING SHE CALLED 911. PTS MOTHER STATES THAT SHE BEGAN CPR WHEN SHE WAS INSTRUCTED TO BY DISPATCHERS. PT HAD A MODERATE AMOUNT OF VOMIT IN HIS MOUTH AND AROUND HIM WHEN EMS ARRIVED ON SCENE. PT WAS LIMP AND A BRACHIAL PULSE WAS UNABLE TO BE FOUND SO CPR WAS CONTINUED WHILE MOVING PT TO THE UNIT. CPR CONTINUED AND SUCTION STARTED TO FINISH CLEARING THE AIRWAY. PLACED PADDING UNDER THE PTS SHOULDERS TO OPEN PTS AIRWAY. STARTED TO VENTILATE PT WITH GOOD RISE AND FALL OF THE CHEST. DEFIB PADS PLACED ON PT AND AT RHYTHM CHECK FOUND PT TO BE IN A SINUS RHYTHM AT A RATE OF 93 BPM WITH A STRONG BRACHIAL PULSE PALPATED. CPR WAS DISCONTINUED WHILE VENTILATIONS CONTINUED. PT WAS SUCTIONED AS NEEDED. ALL ASSESSMENTS, TREATMENTS AND VITALS LISTED ABOVE. DISTRICT 2 WAS CHECKING THE STATUS OF LIFEFLIGHT AND SETTING UP PELA SITE WHILE PT CARE WAS BEING PROVIDED. LIFEFLIGHT HAD A 16 MIN ETA TO PELA 16. TRANSPORTED EMERG TO THE PELA SITE. PT BEGAN TO INCREASE HIS BREATHING RATE DURING TRANSPORT WHILE VENTILATIONS WERE JUST BEING ASSISTED. PT HAD A STRONG BRACHIAL PULSE AND WAS STARTING TO COUGH. NOTED RALES TO UPPER AND LOWER LUNG FIELDS. WHILE WAITING FOR LIFEFLIGHT PT BEGAN TO HAVE DECORTICATE POSTURING AND HIS RIGHT EYE WAS GAZED TO THE RIGHT. LIFEFLIGHT CREW ARRIVED AT PELA SITE AND REPORT GIVEN TO CREW MEMBERS. PT WAS STILL UNRESPONSIVE WITH DECORTICATE POSTURING. PMSX4, PT BREATHING ON HIS OWN, TRYING TO CRY AND STRONG BRACHIAL PULSES. UNABLE TO OBTAIN SIGNATURES DUE TO PTS CONDITION. ALL PAPERWORK PLACED IN SECURED BOX AT STATION #26. MEDIC #26 BACK IN SERVICE.

Specialty Patient - CPR

Cardiac Arrest	Yes, Prior to EMS Arrival	Prearrival CPR Instructions	Yes	In Field Pronouncement
Cardiac Arrest Etiology	Drowning	First Defibrillated By	Not Applicable	Expired
Estimated Time of Arrest	4-6 Minutes	Time of First Defib		Time
Est Time Collapse to 911	3 Minutes	Initial ECG Rhythm	Bradycardia	Date
Est Time Collapse to CPR	5 Minutes	Rhythm at Destination	Sinus Tachycardia	Physician
Arrest Witnessed By	Bystander	Hypothermia	No	
CPR Initiated By	Bystander - Compressions only	End of Event	Ongoing Resuscitation in ED	
Time 1st CPR	17:19 02/17/2014	ROSC	Yes, Prior to ED Arrival and at the ED	
CPR Feedback		ROSC Time	17:30 02/17/2014	
ITD Used		ROSC Occured	After EMS CPR only	
Applied AED	No	Resuscitation Discontinued		
Applied By		Discontinued Reason		
Defibrillated	No	Resuscitation	Resuscitation Attempted - Yes; Attempted Ventilation, Initiated Chest Compressions	

Specialty Patient - Trauma Criteria

Anatomic	Trauma Activation
Physiologic	Time
Mechanical	Date
Other Conditions	Trauma level
	Reason not Activated

Incident Details		Destination Details		Incident Times	
Location	CIDER RIDGE SUBDV	Disposition	Transported Lights/Siren	PSAP Call	17:18:27
Address	2692 CIDER DR	Transport Due To	Protocol	Dispatch Notified	17:18:27
Address 2		Transported To	Vanderbilt Lifeflight	Call Received	17:18:27
City	Clarksville	Requested By	Family	Dispatched	17:21:49
State	TN	Destination	EMS Provider (Air)	En Route	17:21:57
Zip	37042	Address	21st Ave	Resp on Scene	
Medic Unit	M26	Address 2		On Scene	17:26:40
Run Type	911 Response (Emergency)	City	Nashville	At Patient	17:27:00
Priority Scene	Lights/Sirens	State	TN	Depart Scene	17:43:00
Shift	A Shift	Zip	37206	At Destination	17:46:00
Zone	22	Zone	Out of County	Pt Transferred	17:57:00
Level of Service		Condition at Destination	Improved	Call Closed	18:06:39
EMD Complaint	Drowning	Destination Record #		In District	
EMD Card Number		Trauma Registry ID			



Montgomery Co. Emergency Medical Services

Patient Care Record

Name: GENCK, BENTLEY

Incident #: 140480527

Date: 02/17/2014

Patient 1 of 1

Crew Members		
Personnel	Role	Certification Level
PROFFITT, DANA	Lead	EMT-Paramedic (Tennessee) -29282;
HEACOCK, JON	Driver	EMT-Paramedic (Tennessee) -37614;
LIGHTHISER, ROBERT	2nd	EMT-Paramedic (Tennessee) -19177;

Insurance Details				
Insured's Name	Primary Payer	Insurance	Dispatch Nature	
BENTLEY GENCK	Medicare		Response Urgency	
Relationship To Patient	Medicaid		Job Related Injury	
Insured SSN	Primary Insurance	TRICARE - South Region -	Employer	
Insured DOB	Policy #	483113629	Contact	
Address1	Group #		Phone	
Address2	Secondary Ins			
Address3	Policy #			
City	Group #			
State				
Zip				
Country				

Mileage		Delays		Additional Agencies
Scene	Destination	Category	Delays	
984.1	986.2			Clarksville Fire Rescue, Clarksville Police Department
Loaded Miles	2.1			
Start	981.2			
End	986.2			
Total Miles				

Next of Kin				
Next of Kin Name	Address1	Address2	Address3	City
				State
Relationship to Patient				Zip
Phone				Country
				UNITED STATES

Transfer Details	
PAN	Sending Physician
PCS	Sending Record #
ABN	Receiving Physician
CMS Service Level	Condition Code
ICD-9 Code	Condition Code Modifier
Transfer Reason	
Other/Services	
Medical Necessity	

List of personnel involved in patient care

MCEMS Staff

Dana Profit (1st medic unit on the scene)

130 Buttermere Drive

Clarksville, Tn. 37040

931-320-5722

Paramedic

Jon Heacock (1st medic unit on the scene)

964 Pinehurst Drive

Spring Hill, Tn. 37174

615-424-2892

Paramedic

Bob Lighthiser (2nd medic unit on the scene)

3327 Carrie Drive

Clarksville, Tn. 37042

931-624-0357

Paramedic

Jennifer Earp (2nd medic unit on the scene)

135 Westfield Court Apt. 1305

Clarksville, Tn. 37040

615-440-9037

Paramedic

Gary Perry

2112 Post Road

Clarksville, Tn. 37040

931-320-2795

Captain: Paramedic

List of personnel involved in patient care

Dispatch Personnel

Kerston Abbott (Dispatcher that took the 911 call)

209 Centennial Drive

Clarksville, Tn. 37043

931-572-8513

EMD

Whitney Lyons (Dispatcher that gave CPR instruction to mother)

2395 Loupin Drive Apt. 8-A

Clarksville, Tn. 37042

931-561-0821

EMD

City Fire & Rescue (First Responder)

Michael Owens

1319 Courtney Drive

Clarksville, Tn. 37042

931-278-0412

Paramedic



	<u>Last Name</u>	<u>First Name</u>	<u>Job Title</u>	<u>Agency</u>	<u>Credentials</u>
1.	Harville	Chris	Communicator	LifeFlight	EMTP, CFC, and in 2 yrs AGAC-NP
2.	Fulwood	Teresa	Flight Nurse	LifeFlight	BSN, RN, CCRN, CFRN, AEMT
3	Wilkinson	Steve	Flight Nurse	LifeFlight	RN, Paramedic
4	Vaughn	Robert	Pilot	Air Methods	Pilot
5	Profitt	Dana	Paramedic	Montgomery County	Paramedic
6	Heacock	Jon	Paramedic	Montgomery County	Paramedic
7	Lighthiser	Bob	Paramedic	Montgomery County	Paramedic
8	Earp	Jennifer	Paramedic	Montgomery County	Paramedic
9	Perry	Gary	Captain	Montgomery County	Paramedic
10	Abbott	Kerston	Dispatcher	Montgomery County	EMD
11	Lyons	Whitney	Dispatcher	Montgomery County	EMD
12	Owens	Michael	Paramedic-Frist Responder	City Fire & Rescue	Paramedic

	Address	Phone
1	1122 Archer Drive, White House TN 37188	615-207-4089
2	117 Ten Oaks Drive East, Hendersonville TN 37075	615-519-4118
3	3008 Joey Court, Pleasant View TN 37146	615-604-4411
4	1018 South Ridge Trail, Clarksville TN 37043	931-241-0669
5	130 Buttermere Drive, Clarksville TN 37040	931-320-5722
6	964 Pinehurst Drive, Spring Hill TN 37174	615-424-2892
7	3327 Carrie Drive, Clarksville TN 37042	931-624-0357
8	135 Westfield Court Aot 1305, Clarksville TN 37040	615-440-9037
9	2112 Post Road, Clarksville TN 37040	931-320-2795
10	209 Centennial Drive, Clarksville TN 37043	931-572-8513
11	2395 Loupin Drive Apt. 8-A, Clarksville TN 37042	931-561-0821
12	1319 Courtney Drive, Clarksville TN 37042	931-278-0412

