



EMS Star of Life NOMINATION FORM

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

EMS Region #: 5

Patient's Name: Richard Beck

Patient's Diagnosis: Cardiac Arrest

Submitted by Name: Shannon Lankford Title: EMS Training Officer

EMS Agency: Williamson Medical Center EMS

Address: 4321 Carothers Pkwy.

City, State & Zip: Franklin, TN 37067

Phone: (615) 435-5597 Fax: (615) 435-5599 Email: slankford@wmed.org

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: Franklin Fire Department

Name of Contact: Sarah Glenn

Address: 109 3rd Ave. South

City, State & Zip: Franklin, TN 37064

Phone: (615) 550-6760 Fax: (615) 591-5615 Email: Sarah.glenn@FranklinTN.gov

Agency: _____

Name of Contact: _____

Address: _____

City, State & Zip: _____

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



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: Richard Beck
Home Mailing Address: 403 Meadowcrest Circle
City, State, Zip: Franklin, TN 37064
Phone: (615) _____ Cell: ⁶¹⁵() 870-4331
Email: _____

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

Date of Incident: 3/26/14
Place of Incident: Franklin, TN



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.

WMC EMS Medic 6 responded to a call of cardiac arrest. Upon arrival to patient's residence, found 67 year old male lying on floor supine. Patient's wife stated that patient was making noise and then stopped. When she checked on patient, she determined he was in cardiac arrest, moved patient to the floor, and initiated CPR. EMS continued CPR upon arrival, and patient was placed on the cardiac monitor, which showed V-Fib. Patient was defibrillated once, converting patient's rhythm. Good carotid pulse, and occasional breaths. Amiodarone drip initiated, 12 lead showed ST elevation. Patient began breathing without assistance. Upon moving the patient to the ambulance, patient more aware and began moving.

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

The patient, Richard Beck, is a long-time EMS Educator, and author of several pharmacology textbooks. This code ran very, very smoothly due to the teamwork of EMS, the fire department, and the patient's wife initiating CPR immediately.



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 26th day of March (month), 2014 (year), in Franklin, Tennessee.
Williamson County

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.

x Richard K. Beal

Patient

[Signature]

Witness

2/6/15

Date

2/6/15

Date

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

- Yes
- No

Typing and filling out this sheet completely ensures that all providers receive the necessary information for the 2015 Star of Life Awards.

Region 5	Critical Care Paramedic Marc Moore	CEMTP	WMC EMS	2777 Buckner Rd. Murfreesboro, TN 37129
Region 5	Paramedic- Beth Suggs	EMTP	WMC EMS	8727 Dick Davis Rd. Williamsport, TN 38487
Region 5	AEMT Joe Polenzani	AEMT	FFD	
Region 5	AEMT Charlene Forehand	AEMT	FFD	Franklin Fire Dept.
Region 5	AEMT Dan McDow	AEMT	FFD	109 3 rd Ave, South Franklin, TN 37064
Region 5	EMT Eddie Pratt	EMT	FFD	
Region 5	Paramedic Trenton Zorn	Paramedic	FFD	



Williamson Medical Center - EMS

Patient Care Record

Name: BECK, RICHARD

Incident #: 14-02714

Date: 03/26/2014

Patient 1 of 1

Patient Information				Clinical Impression	
Last	BECK	Address	403 MEADOWCREST CIR	Primary Impression	Cardiac Arrest
First	RICHARD	Address 2		Secondary Impression	
Middle		City	Franklin	Protocol Used	
Gender	Male	State	TN	Anatomic Position	
DOB	02/03/1947	Zip	37064	Chief Complaint	cardiac arrest
Age	67 Yrs, 1 Months, 23 Days	Country	UNITED STATES	Duration	Units
Weight	210lbs - 95kg	Tel		Secondary Complaint	
Pedi Color		Physician		Duration	Units
SSN	348-40-2402	Ethnicity	Not Hispanic or Latino	Patient's Level of Distress	
Race	White			Signs & Symptoms	Cardiac - Cardiac Arrest
Advanced Directive				Injury	- - -
Resident Status				Medical/Trauma	Medical
				Barriers of Care	
				Alcohol/Drugs	

Medication/Allergies/History	
Medications	Unknown
Allergies	Unknown
History	Cardiac

Vital Signs																
Time	AVPU	Side	POS	BP	Pulse	RR	SPO2	ETCO2	CO	BG	Temp	Pain	GCS(E+V+M)/Qualifier	RTS	PTS	
06:37	U		Lay	/	164											
06:37				/	24											
06:39				142/91 A	116		88									
06:41				/	76		98									
06:46				/	109		97									
06:47				/	179											
06:51				/	99											
06:54				191/112 A	102											
06:56				/	107											
06:57				/	101		99									
06:58				/	103		96									
07:01				/	104											
07:03				/	101											

Flow Chart			
Time	Treatment	Description	Provider
06:37	Manual Defibrillation	Joules 200; Patient Response: Improved;	MOORE, MARC
06:39	IV Therapy	18 qa; Antecubital-Left; Normal Saline; Total Fluid 200; Patient Response: Unchanged; Successful;	MOORE, MARC
06:40	Amlodarone Infusion	150 mg; Intravenous; Patient Response: Improved;	MOORE, MARC
06:55	Zofran	4 mg; Intravenous; Patient Response: Unchanged;	MOORE, MARC

* Interviewed on video



Initial Assessment			
Category	Comments	Abnormalities	
Mental Status		Mental Status	⊕ Unresponsive ⊖ Combative
Skin		Skin	⊖ Cold, Hot
HEENT		Head/Face	Not Assessed
		Eyes	Not Assessed
		Neck	Not Assessed
Chest		Chest	Not Assessed
		Heart Sounds	Not Assessed
		Lung Sounds	Not Assessed
Abdomen		General	Not Assessed
		Left Upper	Not Assessed
		Right Upper	Not Assessed
		Left Lower	Not Assessed
		Right Lower	Not Assessed
Back		Cervical	Not Assessed
		Thoracic	Not Assessed
		Lumbar/Sacral	Not Assessed
Pelvis/GU/GI		Pelvis/GU/GI	Not Assessed
Extremities		Left Arm	Not Assessed
		Right Arm	Not Assessed
		Left Leg	Not Assessed
		Right Leg	Not Assessed
		Pulse	Not Assessed
		Capillary Refill	Not Assessed
Neurological		Neurological	Not Assessed

Assessment Time: 03/26/2014 06:37

Narrative

Responded to call of cardiac arrest: Arrive on scene to find 67 year old male lying supine on floor. Wife states that he was making noise and then stopped. When she checked he was in cardiac arrest. She moved him to the floor and started CPR. We moved him from the side of the bed and continued CPR. Monitor was placed showing V-fib Defibrillated X1 at 200 and continued CPR. He had a regular rhythm showing on monitor and occasional breaths. Pulse check with good carotid pulse. IV established with Amiodarone drip started. 12 lead performed with ST elevation noted. Patient is breathing without assistance and some movement. Placed on backboard and moved to stretcher. Moved to ambulance patient became more aware and was moving. Zofran given during transport. Transported to Williamson ED room 11 without further changes and report given.

End of report Marc Moore CCPM

Specialty Patient - CPR

Cardiac Arrest	Yes, Prior to EMS Arrival	Preamival CPR Instructions	Yes	In Field Pronouncement
Cardiac Arrest Etiology	Presumed Cardiac	First Defibrillated By	EMS	Expired
Estimated Time of Arrest	4-6 Minutes	Time of First Defib	06:37 03/26/2014	Time
Est Time Collapse to 911	1 Minutes	Initial ECG Rhythm	Ventricular Fibrillation	Date
Est Time Collapse to CPR	1 Minutes	Rhythm at Destination	Sinus Arrhythmia	Physician
Arrest Witnessed By	Bystander	Hypothermia	No	
CPR Initiated By	Family	End of Event	Ongoing Resuscitation in ED	
Time 1st CPR	06:32 03/26/2014	ROSC	Yes, Prior to ED Arrival and at the ED	
CPR Feedback	No	ROSC Time	06:38 03/26/2014	
ITD Used	No	ROSC Occured	After EMS Defib shock	
Applied AED	No	Resuscitation Discontinued		
Applied By		Discontinued Reason		
Defibrillated		Resuscitation		



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		Disposition	Transported Lights/Siren	PSAP Call	06:26 29
Address	403 MEADOWCREST CIR	Transport Due To	Patient	Dispatch Notified	06:26 29
Address 2		Transported To	Williamson Medical Center	Call Received	06:26 29
City	Franklin	Requested By	Family	Dispatched	06:28 54
State	TN	Destination	Hospital ER	En Route	06:30 02
Zip	37064	Address	4321 Carothers Parkway	Resp on Scene	
Medic Unit	M6	Address 2		On Scene	06:35 27
Run Type	911 Response (Emergency)	City	Franklin	At Patient	06:37 00
Priority Scene	Lights/Sirens	State	TN	Depart Scene	06:53 47
Shift	A Shift	Zip	37067	At Destination	06:59 39
Zone	14	Zone	12	Pt. Transferred	
Level of Service		Condition at Destination		Call Closed	08:20:15
EMD Complaint		Destination Record #		In District	
EMD Card Number	09E01	Trauma Registry ID			

Crew Members		
Personnel	Role	Certification Level
MOORE, MARC	Lead	
SUGGS, BETH	Driver	

Insurance Details				
Insured's Name		Primary Payer	Medicare	Dispatch Nature
Relationship To Patient		Medicare		Response Urgency
Insured SSN		Medicaid		Job Related Injury
Insured DOB		Primary Insurance	Blue Cross Blue Shield -	Employer
Address1		Policy #		Contact
Address2		Group #		Phone
Address3		Secondary Ins		
City		Policy #		
State		Group #		
Zip				
Country	UNITED STATES			

Mileage		Delays		Additional Agencies	
Scene	0.0	Category	Delays	Franklin Fire Department, Franklin Police Department	
Destination	3.5				
Loaded Miles	3.5				
Start					
End					
Total Miles	0.0				

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