



VANDERBILT UNIVERSITY

FACSIMILE TRANSMITTAL SHEET

TO:

FROM:

Star Of Life

Liz Reeves

COMPANY:

615-343-1145

2/9/2015

FAX NUMBER:

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☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

"The documents accompanying this transmission may contain confidential health information that is legally protected. This information is intended only for the use of the individual or the entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless permitted by law or regulation."

PRID:29575330	Flight Number:1404-00420	Account Number:624280654101
Service:Vanderbilt LifeFlight	Date:April 11, 2014	
Base:01 - Lebanon	Flight Plan:VFR	
Unit:N101VU	Team:Critical Care	
Type of Svc:Interfacility Unscheduled	Crew 1:Dreaddy, Sheldon	
Mode to Ref:No Lights/Sirens	Nurse	
Outcome:Treated, Transported and Transferred Care	Crew 2:Reatherford, Grant	
	EMT-P	
	Crew 3:Patton, Peter (Pilot)	
	Mode to Rec:No Lights/Sirens	
Ref Name:Wilson- Lebanon E M S (E M A)	Receiving:Hospital	
Location:563 Hicks Hollow Road, Lebanon, TN 37087	Vanderbilt Children's Hospital	
Ref. Zip:37087	Emergency Department	
Ref County:Wilson	1161 21st Avenue S.	
	Nashville, TN 37212	
	Rec. MD:Sheila McMorrow	

Medical Record Number: 36988798

Last Name: BALRAM First: STAT

ST:TN

DOB:

Age: 2y Sex: F Weight: 12 kg

Height:

Subscriber: No

Dispatch: 08:59
EnRoute: 09:09
At Ref: 09:16
At Patient: 09:19
Leave w/ Pt: 09:36
Leave Ref: 09:40
At Rec: 09:58
Transfer Care Dest: 10:03
Available: 10:44
Max Alt: 2000

Patient Belongings: None taken from the scene and none removed during the transport.																										
Near Drowning																										
Duration: 30 Minutes																										
2 year old female pt is reported to have been found face down in the family's backyard swimming pool. Pt was removed from the pool by her mother, CPR was initiated and EMS was called. EMS reports that they had an approx 10-15 min response time to the residence and when they arrived the child was profoundly hypothermic, was unresponsive and had a palpable pulse. VS were not available during the initial EMS report.																										
None	None	None																								
Level of Consciousness: Unresponsive	Loss of Consciousness: No																									
Chemically Paralyzed: No																										
Mental Present: Non-Responsive																										
<table border="1"> <tr> <th></th> <th>Left</th> <th>Right</th> </tr> <tr> <td>Size:</td> <td>6mm</td> <td>6mm</td> </tr> <tr> <td>React:</td> <td>Non-React</td> <td>Non-React</td> </tr> <tr> <td>React:</td> <td></td> <td></td> </tr> </table>		Left	Right	Size:	6mm	6mm	React:	Non-React	Non-React	React:				<table border="1"> <tr> <th>E</th> <th>V</th> <th>M</th> <th>Tot</th> </tr> <tr> <td>Int: 1</td> <td>1</td> <td>1</td> <td>= 3</td> </tr> <tr> <td colspan="4">5</td> </tr> </table>	E	V	M	Tot	Int: 1	1	1	= 3	5			
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Status: Secured / Intubated
 Secured via: Endotracheal
 Tube Size: 3.5 mm , 10 cm depth

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

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

	Left	Right
Carotid:		
Radial:		
Femoral:	Weak	

Reason for Encounter: Injury/Trauma

Assessment

Head Findings: Unremarkable
 Neck Findings: Unremarkable
 Chest Findings: Unremarkable
 Abdominal Appearance: Unremarkable
 Abdominal Palpation: Soft,
 Abdominal Bowel Sounds: Present
 Pelvis Findings: Intact
 Back Findings: Unremarkable
 Extremity Findings: No mvmt.
 Skin Findings: Warm and dry

Before		During		Before		During		1	15	Right Tibia	EMS Provider
CRYS:	0 mL	240 mL	EBL:	0 mL	0 mL						
COLL:	0 mL	0 mL	UO:	0 mL	0 mL						
OTHER:	0 mL	0 mL	OTHER:	0 mL	0 mL						

Wound	Wound / Catheter Location	Observation	Concentration	DOY	Performed By	Outcome
PTA	Intraosseous	Versed		5mg	EMS Provider	

TIME	H.R.	B.P.	Method	MAP	SaO2	ETCO2	RES	Effort	RHYTHM	Altitude/Location	Cabin Temp	GCS	ACTION	Comments
09:20	67				98		24	Absent	Normal Sinus Rhythm	REG		1/1/1	Med.:	Arrived in the EMS unit, pt had been intubated prior to LF arrival by the EMS crew. Pt had very coarse bilateral breath sounds to auscultation, easy cap to ET tube shows + color change, pt has a weak

[illegible]

																				were initiated.
09:27	46																			Med.: Atropine, 0.24 MG via IO given by Grant Reatherford. Authorization: Via Protocol.
09:30	57					29	Absent	Sinus Bradycardia	REG											Med.: Chest compression continued due to persistent bradycardia, pt still has coarse bilateral breath sounds, IO flushes easily, IV NS bolus initiated at 10cc/kg Epinephrine 1:10,000, 0.12 MG via IO given by Grant Reatherford. Authorization: Via Protocol.
09:33	48																			Med.: Decision made to move pt to the aircraft and initiate transport to VCB, Child continues to be ventilated and chest compressions continued. Atropine, 0.24 MG via IO given by Grant Reatherford. Authorization: Via Protocol.
09:34																				Labs: Lab values obtained by Grant Reatherford: GLU: 109, Authorization: Via Protocol.
09:36	42					28	Absent													Med.: Unable to detect O2 sats or BP. Warming measures had been initiated in the EMS unit via chemical warmer and vehicle heater, but child remains cold to touch and appears to have poor perfusion. Child was removed from the EMS unit and placed on a chemical warmer

											on the LF Transport stretcher. Fluid bolus continued, chest compression continued. Atropine, 0.24 MG via IO given by Grant Reatherford. Authorization: Via Protocol.
09:40	38							Axystole			Med.: Child noted to be pulseless, chest compressions continued, fluid bolus continued, Epinephrine 1:10,000, 0.12 MG via IO given by Grant Reatherford. Authorization: Via Protocol.
09:43											Decision made to directly visualize the ET tube due to persistent bradycardia, and concerns that the tube was too small, was uncuffed and may not be providing adequate ventilation to the pt. Tube and vocal cords easily visualized and the tip of the ET tube was found to be resting above the vocal cords. Tube was removed and child was ventilated via ambu to face mask, chest compressions were continued and a replacement ET tube was prepared.
09:44											Intubation: Orotracheal Intubation by Sheldon Dready with 4.5, 13cm at lips. Attempts: 1, successful. Placement verified by: Chest Rise, ETCO ₂ Detector

											(Easy-Cap), Direct Visualization. Mallampati: Class I. Sellick Manuever: No. Laryngoscopic: Grade I. Stylet Used: Yes. Cuff Fill: Yes, Qty: 3. Laryngoscope Blade: Macintosh #1. Authorization: Via Protocol. Pt. Response: Unchanged. 4.5 ET tube easily placed, moderate amt of water suctioned from the pt's posterior pharynx.
09:47							Asystole			80	Med.: Chest compressions continued, aircraft heater running, chemical warmer in place, 2nd fluid bolus of 10cc/kg initiated, child remains pulseless and chest compression continued. Epinephrine 1:10,000, 0.12 MG via IO given by Grant Reatherford. Authorization: Via Protocol.
09:53	109	70/38	Auto. Cuff	93	34	28	Absent Sinus Tachycardia	REG		2000	Chest compressions halted, child noted to have a HR in the lower 100's, and now has a palpable carotid pulse, fluid bolus continued, child wrapped in blankets to continue warming measures, however child remains cold to touch. Attempted to insert a 12 F OG tube, but was unsuccessful.
09:55											Hosp. Notify: alert sent by Sheldon Dreddy via Radio. Radio

																	report called to the VCH ER
09:58	112	72/45	Auto. Cuff	54	94	36	30	Absent	Sinus Tachycardia	REG	0	82					Arrived at VCH, child's pupils are still fixed and dilated, she has a palpable carotid pulse, warming measures continued.
10:03																	Arrived in the VCH Emergency dept. ET tube placement confirmed by the ER MD, child transferred to the ER stretcher and bedside report given.