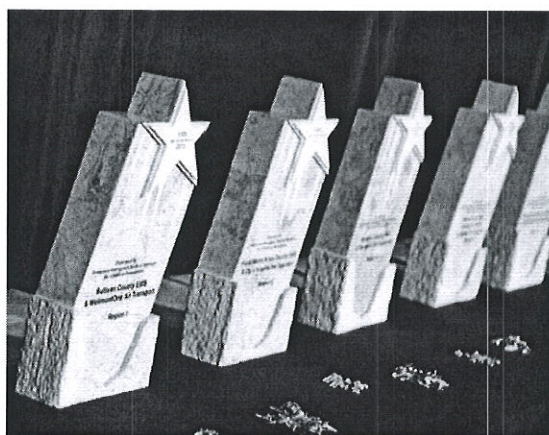




*is proud to present the 7th Annual*

*EMS Star of Life*  
Awards Dinner and Ceremony



*May 14, 2015*

*Rocketown*

601 4<sup>th</sup> Avenue South  
Nashville, TN 37203



### *What is the EMS Star of Life?*

The EMS Star of Life event is designed to honor the accomplishments of EMS personnel from all regions of Tennessee who provide exemplary life-saving care to **adult and pediatric** patients. The goal of the award is to recognize exceptional front-line care, with a focus on agencies and providers who are the initial care responders. The ceremony will include a presentation of the actual adult or pediatric patient scenarios and reunite the EMS caregivers with the individuals they treated. Recipients will be chosen from each of the eight EMS regions in the state. This is the premier event that will kick off EMS week within the state to recognize and honor our excellent prehospital providers.

### *Nominate an EMS provider!*

If you know a rescue or medical team that merits consideration as the regional recipient of the EMS Star of Life Award, please complete the nomination packet that follows and return it to the TN EMSC office by **February 9, 2015**.

#### **\*\*Note:**

The nominating crew will be disqualified from receiving the Star of Life Award if the nominated crew has been recognized for this call in a prior ceremony that would prevent them from attending the Star of Life Award Ceremony.





Tennessee Emergency Medical Services for Children Foundation takes great pleasure in sponsoring the seventh annual:

## *EMS Star of Life Awards Dinner & Ceremony*

The **EMS Star of Life Awards** are designed to:

- ☐ **HONOR** exceptional EMS personnel from each of Tennessee's eight EMS Regions.
- ☐ **RECOGNIZE** Tennessee's emergency medical services systems and organizations.
- ☐ **REUNITE** EMS providers with the person treated and highlight the actual patient scenario.
- ☐ **GENERATE** positive media stories regarding prehospital care and the *EMS Star of Life Award*.
- ☐ **MAGNIFY** the profile of National EMS Week in the State of Tennessee.

The TN EMSC EMS Star of Life Awards Committee reviews nominations and selects winners from each region based on the EMS provider's service to his/her community and commitment to saving the lives of his/her patients. In order to ensure that all qualified EMS providers are considered, we are asking for nominations for recipients of this prestigious *EMS Star of Life Award*. Please note the nomination qualifications:

- ☐ The patient encounter must have occurred during the calendar year of 2014.
- ☐ The patient can be of any age – adult or pediatric.
- ☐ The patient must be neurologically intact.
- ☐ Standards of care (protocols) are followed.
- ☐ The patient EMS run sheets and aeromedical documentation will be submitted and reviewed for completeness.
- ☐ All requested information must be submitted in order for the award to be presented.

If you know an EMS provider(s) who merits consideration as the regional recipient of the *EMS Star of Life Award*, please complete the forms enclosed and forward the appropriate information to the TN EMSC office. **Please note: It is important to have the patient sign the release form before you submit this information in order to release you and TN EMSC from any liability for reviewing these records.** Also, it is our desire to have the patient reunited with the EMS providers at the ceremony, so please discuss this with the patient and encourage them to attend with their family. Once all nominations are reviewed, the EMS Star of Life Awards Committee will notify you if your EMS personnel have been chosen.

**The deadline for nomination submissions is February 9, 2015.**

Thank you for supporting our efforts to honor and recognize the State of Tennessee's exceptional EMS providers! If you have any questions, feel free to contact Program Coordinator, Erin Hummeldorf [erin@tnemsc.org](mailto:erin@tnemsc.org) or call 615-936-5274.

Rita Westbrook, MD  
President

Rhonda G. Phillippi, RN, BA  
Executive Director



## EMS Star of Life NOMINATION FORM

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

EMS Region #: 8

Patient's Name: Brittany Bonds

Patient's Diagnosis: Respiratory Distress / Post Cardiac Arrest

Submitted by Name: W. Rives Seay Title: Director

EMS Agency: Lauderdale County Ambulance Authority

Address: 685 Hwy 51 South, PO Box 512

City, State & Zip: Ripley, TN 38063

Phone: (731) 635-3242 Fax: (731) 635-5989 Email: lcaa@bellsouth.net

### **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: Halls Fire Department

Name of Contact: Chief Donald Gooch

Address: 208 North Church St

City, State & Zip: Halls, TN 38040

Phone: (731) 225-9840 Fax: (731) 836-9457 Email: gooch794258@bellsouth.net

Agency: Lauderdale County Ambulance Authority

Name of Contact: W. Rives Seay

Address: 685 Hwy 51 South, PO Box 512

City, State & Zip: Ripley, TN 38063

Phone: (731) 635-3242 Fax: (731) 635-5989 Email: lcaa@bellsouth.net





Agency: Hospital Wing

Name of Contact: Rita McCoy

Address: 1080 Eastmoreland Ave

City, State & Zip: Memphis, TN 38104

Phone: (731) 217-7149 Fax: ( ) \_\_\_\_\_ Email: rkmrncen@bellsouth.net

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: Brittany Bonds

Home Mailing Address: 250 Trey Lane

City, State, Zip: Ripley, TN 38063

Phone: ( 731 ) 413-2089 Cell: ( ) \_\_\_\_\_

Email: lakenya.bonds@yahoo.com

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

Date of Incident: 08-15-2014

Place of Incident: High School Football Field





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.

#### Halls First Responder Report

At approximately 21:07 Lauderdale County Dispatch paged all Halls First Responders to call received of a 15 y/o female at Halls Football Field of a 15 y/o black female that was having shortness of breath. Being one of three first responders working football jamboree, I was first on the scene with my personnel bag and a bottle of oxygen. Upon arrival, found pt. lying supine in High School Road (large crowd around her) pt. was a 15y/o black female that was in respiratory distress. I immediately asked to unknown male bystanders to help me get her up on Halls High School Gymnasium steps and put her in tripod position. I put her on 15L of O<sub>2</sub> (oxygen) with a non-rebreather mask. I was doing my best to keep her awake as I could tell she was going total hypoxic by her pale gums and hands. I was doing my best to tell her to breathe and stay with me at that time, David Garrett EMT-P and Zach Hutcherson EMT-IV arrived on scene. I gave Zach my SpO<sub>2</sub> monitor and BP cuff and stethoscope, told him to get vitals which at first she was sating in the low 70's. I gave David Garrett EMT-P an IV kit and said get an 18 gauge quick because she was weak and needed fluids and meds when the ambulance arrived. I was watching her closely and noticed she was decompensating quickly, going limp, capillary refill was >4 and her hands were turning white in her palms. EMT-IV Hutcherson said "Hey, SpO<sub>2</sub> is showing error." I looked down the the NRB bag was full and no movement. Paramedic Garrett had the line in the left AC and secured with flush intact because someone had picked up my bag and emptied it. Could not find an INT. I checked her carotid and radial pulse and there were none. I yelled get her down she's gone into full arrest. We got to start CPR while we were getting her down, some lady in the crowd said she knew CPR and jumped in trying to start compressions before we laid Brittany down on hard surface Rd. I told her to get back, keep the area clear, and I began CPR. After about 70 to 80 compressions Brittany began to start kicking her legs erratically and we had her back. I told EMT-IV Hutcherson and Paramedic Garrett that I was going to radio for a helicopter. By the time I talked to dispatch, Paramedic Garrett broke radio and said "Come back Doug she is down again." By the time I got back to scene, Paramedic Garrett had gotten her back after about the same amount of compressions as before. (CPRx2) She seemed to regain some consciousness and improve. So I left them in charge, got a helicopter up via dispatch. At that time LCAA unit 20 arrived on the scene. Paramedic Terry Janda and EMT-IV Marty Ellis took over and Paramedic Garrett and EMT-IV Hutcherson. I left paramedic David Garrett and EMT-IV Zach Hutcherson in charge of helping LCAA unit in loading and assisting crew with pt. I was to set up LZ for Wing 6 on south end of football field because of wind and they have never landed on south end. As helicopter Wing 6 was arriving, I gave them report on patient and marked LZ. LCAA unit 20 was arriving with pt. in south end zone of football field. Paramedic Garrett and EMT-IV Zach Hutcherson assisted unit 20 to LZ. I was asked by flight crew to assist in loading pt. Pt was alert and vitals improved. Pt squeezed my hand and said

"Thank you" as we were loading her on Wing 6. Helicopter crew had pt care at that time. So responders and LCAA unit 20 went back in service.

Doug Cherry

8-15-2014

#### Lauderdale County Ambulance Authority Report

Dispatched to pt c/o respiratory distress. Responded emergency. On Arrival HFD FD FR on scene sts pt was having SOB, became unresponsive, and had no pulse. After 2 min. of CPR. Pt regained pulse and respirations. Pt was given albuterol breathing Tx. Found F/B/16 yo setting on side walk, has 12L/O2/NRM. Pt is A/O x3, airway patent, skin WNL, lungs congested/wheezing, good distal pulses, cap refill <2 secs, good equal grips, MAEW, but weak. Pt placed on stretcher in POC, rails up x2, straps x5 placed in amb. Pt has INT, L AC. Started 20ga, INT R AC, Started NS TKO. Pt given 125 solumedrol IV, flushed with 10cc NS, placed on CM (SR), EKG show NS. Pt transported to landing zone where we meet wing 6. Crew given report and care. Assisted crew in loading pt. Pt flown to lebonhuer.

Terry Janda EMT-P

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

The EMS Star of Life Award is given to responders who have given exemplary live-saving care. The actions of these responders allowed a young lady the ability to continue leading her normal everyday life. Mrs. Bonds was attending a high school football game, the first game of the season, which could have been her last had it not been for the quick response from Halls Fire Department. With that initial response Halls Fire Department began care and assisted Lauderdale County Ambulance Authority in treating the patient and launching Hospital Wing to navigate this young lady to a wonderful recovery. The actions of those involved that day would be the same today, yesterday, and tomorrow. They always give their all and exemplify the highest level of care. The responders that day should be awarded for the level of care that they provide everyday. Because of that commitment this young lady is able to see another day.





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 15 day of August (month), 2014 (year), in Halls, 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.

X Brittany Bonds

Patient

X Lakenya Parker

Witness

02-07-2015

Date

02-07-2015

Date

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



Yes



No

2007 Terrace Place, Nashville, TN 37203

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



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**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](mailto:erin@tnemsc.org).  
Disqualification will occur if materials are returned incomplete.



## HALLS Volunteer Fire Department

ORIGINAL

08-15-14		RESPIRATORY DISTRESS		N/A	
Date	Type of Call	Patient #	Incident #		
21:07	21:08	21:08	21:22	21:38	21:51
Dispatch Time	Time Out	Arrived at PT	Transfer of PT	Time Returned	RETURNED
Incident Address					
HALLS FOOTBALL FIELD					
PATIENT INFO					
Patient Name		Address			
BRITTANY BONDS					
Gender	Race	Age	or D.O.B.	D.L.#	
F	B	15	5-3-98	N/A	N/A
Responsible Party		Relation		Phone #	
AUNT (NAME UNKNOWN)		AUNT		UNKNOWN	
HISTORY					
Signs & Symptoms			VITALS		
RESPIRATORY DISTRESS			Time 21:09 Time 21:22		
DIFFICULTY BREATHING, SOB			AVPU UP Resp. AVPU		
Allergies			A x 0 A x 4		
NONE			Resp#/min 7/0 Resp#/min 12/0		
Medications			quality HEAVY quality LABORED		
ALBUTEROL INHALED			FATIGUED LABORED		
Pertinent Past History			Pulse#/min 170 W/2 Pulse#/min 130/A		
ASTHMA			quality quality		
Last Oral Intake			Pupils NO REACTION Pupils PEARL		
LUNCH			Skin		
Events Leading to Illness or Injury			Skin PALLOR		
AFTER PERFORMING			PALLOR BUT RETURNED TO		
IN REPLY HIGH SCHOOL BAND HALFTIME			Cap Refill		
INCIDENT NARRATIVE			Cap Refill		
* SEE PAGE ATTACHED			4 SECONDS 3 SECONDS		
			BP 0/0 BP 100/40		
			TRANSFERRED TO:		
			LCAA		
TREATMENTS					
Suction	BVM	OPA	NPA	OXY. L/M	Chest/Abdomen Thrust
					CPR x 2
CPR-time started	time stopped	Reason		AED-time started	# of Shocks
21:10/21:16	21:15/21:17	ALERT		NONE USED	NO SHOCKS
C-spine	Back Board	Splint	Bleeding Control	Dressing/Bandage	Burn Care
N/A	N/A	N/A	N/A	N/A	Extraction
Other					
BIA 4 GCS EVALUATIONS - GCS-5 GCS-1 GCS-1					
GCS-13					
TREATMENT REFUSAL					
I was offered treatment by the Loud Co. Fire Dept. Volunteer First Responders. I choose to refuse this treatment. Neither I nor any of my family or heirs will hold the Dyer Co. Fire Dept. or any of its Volunteer First Responders liable for the results of my act of refusal of treatment. Patient Signature					
Witness Signature					
OFFICER in CHARGE					
David Matt EMT 8-15-14 RANK Lieutenant					
RESPONDERS					
Doug Cherry AEMT 8-15-14					
J. H. H. EMT-IV					
8-15-14					

COMMENTS

AT APPROXIMATELY 21:07 LAUDERDALE CO. DISPATCH PAGE  
ALL HALLS FIRST RESPONDERS TO CALL RECEIVED OF A  
15 Y/O FEMALE AT HALLS FOOTBALL FIELD OF A 15 Y,  
BLACK FEMALE THAT WAS HAVING SHORTNESS OF  
BREATH. BEING ONE OF THREE FIRST RESPONDERS WORKING  
FOOTBALL JAMBOREE, I WAS FIRST ON THE SCENE  
WITH MY PERSONNEL BAG AND A BOTTLE OF OXYGEN.  
UPON ARRIVAL, FOUND PT. LYING SUPINE IN HIGH  
SCHOOL ROAD (LARGE CROWD AROUND HER) PT. WAS A  
15 Y/O BLACK FEMALE THAT WAS IN RESPIRATORY  
DISTRESS. I IMMEDIATELY ASKED TO UNKNOWN  
MALE BY STANDERS TO HELP ME GET HER UP ON  
HALLS HIGH SCHOOL GYMNASIUM STEPS AND  
PUT HER IN TRIPOD POSITION. I PUT HER  
ON 15L OF O<sub>2</sub> (OXYGEN) WITH A NON-REBREATHING  
MASK. I WAS DOING MY BEST TO KEEP HER ALIVE  
AS I COULD TELL SHE WAS GOING INTO TOTAL HYPOX  
BY HER PALE GUMS AND HANDS. I WAS DOING MY  
BEST TO TELL HER TO BREATHE AND STAY WITH ME  
AT THAT TIME, DAVID GARRETT EMT-P AND ZACH  
HUTCHERSON ARRIVED ON SCENE, I GAVE ZACH MY  
SPAO<sub>2</sub> MONITOR AND BP CUFF AND STETHOSCOPE, TOLD  
HIM TO GET VITALS WHICH AT FIRST, SHE  
WAS SATING IN LOW 70'S. I GAVE DAVID GARRETT  
EMT-P AN IV K<sub>2</sub> AND SAID GET AN 18 GAUGE LINE



Continuation

BECAUSE SHE WAS WEAK AND NEEDED FLUIDS AND MEAS WHEN THE AMBULANCE ARRIVED. I WAS WATCHING HER CLOSELY AND NOTICED SHE WAS DECOMPENSATING QUICKLY, GOING LAMP, CAPILLARY REFILL WAS 74 AND HER HANDS WERE TURNING WHITE IN HER PALMS. EMT-IV HUTCHERSON SAID "HEY" SPO2 IS SHOWING ERROR, I LOOKED DOWN AND THE NRB BAG WAS FULL AND NO MOVEMENT. PARAMEDIC GARRETT HAD THE LINE IN LEFT AC AND SECURED WITH FLUENT IN TACT BECAUSE SOMEONE HAD PICKED MY BAG UP AND EMPTIED IT. COULD NOT FIND AN INT. I CHECKED HER CAROTID AND RADIAL PULSES AND THERE WERE NONE, I YELLED GET HER DOWN SHE'S GONE INTO FULL ARREST. WE GOT TO START CPR. WHILE WE WERE GETTING HER DOWN, SOME LADY IN THE CROWD SAID SHE KNEW CPR AND JUMPED IN TRYING TO START COMPRESSIONS BEFORE WE LAID BLIZZARDY DOWN ON HARD SURFACE RD. I TOLD HER TO GET BACK, KEEP THE AREA CLEAR, AND I BEGAN CPR. AFTER ABOUT 70 TO 80 COMPRESSIONS BLIZZARDY BEGAN TO START KICKING HER LEGS & GRABBER AND WE HAD HER BACK. I TOLD EMT-IV HUTCHERSON AND PARAMEDIC GARRETT THAT I WAS GOING TO RADIO FOR A HELICOPTER. BY THE TIME I TALKED TO DISPATCH, PARAMEDIC GARRETT BROKE RADIO AND SAID "COME BACK DOUG! SHE'S DOWN AGAIN". BY THE TIME I GOT BACK TO SCENE, PARAMEDIC GARRETT HAD GOTTEN HER BACK AFTER ABOUT THE SAME AMOUNT OF COMPRESSIONS AS BEFORE. (CPR X 2) SHE SEEMED TO REGAIN SOME CONSCIOUSNESS AND IMPROVE. SO I LEFT THEM IN CHARGE, GOT A HELICOPTER UP VIA DISPATCH. AT THAT TIME LCA # UNIT 20 ARRIVED ON THE SCENE. PARAMEDIC TERRY JANDA AND EMT-IV MARY ELLIS TOOK OVER AND PARAMEDIC GARRETT AND EMT-IV

I LEFT PARAMEDIC <sup>UNCERTAIN</sup> DAVID GARRETT AND EMT-20  
ZACH HUTCHERSON IN CHARGE OF HELPING LCIA UNIT  
IN LOADING AND ASSISTING CREW WITH PT. I WENT  
TO SET UP LZ FOR WINGS 6 ON SOUTH END  
OF FOOTBALL FIELD BECAUSE OF WINDS AND THEY  
HAVE NEVER LANDED ON SOUTH END. AS HELICOPTER  
WINGS 6 WAS ARRIVING, I GAVE THEM REPORT ON  
PT. AND MARKED LZ. LCIA UNIT #20 WAS  
ARRIVING WITH PT. IN SOUTH END ZONE OF  
FOOTBALL FIELD. PARAMEDIC GARRETT AND EMT-20  
ZACH HUTCHERSON ASSISTED UNIT #20 TO LZ.  
I WAS ASKED BY FLIGHT CREW TO ASSIST IN  
LOADING PT. PT. WAS ALERT AND VITALS IMPROVED  
PT SQUEEZED MY HAND AND SAID "THANK YOU" AS  
WE WERE LOADING HER ON WINGS 6. HELICOPTER  
CREW HAD PT CARE AT THAT TIME. SO REYNOLDS  
AND LCIA UNIT #20 WENT BACK IN SERVICE.

DG

8-15-2014



# Lauderdale County Ambulance Authority

## Prehospital Care Report

Incident # 201408152208  
Run# /Call # 4  
Call Sign #18

**Bonds, Brittany**  
16 yrs Female  
DOB: 05-03-1998

View: Original  
Created By: Janda, Terry  
Created DT: 08/15/2014 23:57 CDT

### Dispatch Info

#### Response Information:

**Response Urgency:** Lights and Sirens  
**Date:** August 15, 2014  
**Address:**  
Halls Foot Ball Field  
HALLS, TN 38040

#### Times:

<b>Time Received:</b>	21:07	<b>Transport:</b>	21:32
<b>Responding:</b>	21:10	<b>At Destination:</b>	21:32
<b>On Scene:</b>	21:21	<b>Transfer Of Care:</b>	21:38
<b>Patient Contact:</b>	21:21	<b>Available Time:</b>	21:51

#### Other Dispatch Info:

**Type Of Service Req:** 911 Response (Scene)  
**Complaint Reported:** Breathing Problem  
**Pts:** 1

### Medical Information

#### Medical History:

Asthma

#### Medications:

unknown

#### Allergies:

None (NKDA)

### History of Present Illness

**Complaint:** Resp. Distress **Dur:** 15 mins

**Symptom:** Breathing Problem

#### Narrative:

Dispatched to pt c/o respiratory distress. Responded emergency. On Arrival HFD FD FR on scene sts pt was having SOB, became unresponsive, and had no pulse. After 2 min. Of CPR. pt regained pulse and respirations. Pt was given albuterol breathing Tx. Found F/B/16 yo setting on side walk, has 12L/O2/NRM. Pt is A/O x3, airway patent, skin WNL, lungs congested/wheezing, good distal, pulses, cap refill <2 secs, good equal grips, MAEW, but weak. Pt placed on stretcher in POC, rails up x2, straps x5, placed in amb. Pt has INT, L AC. Started 20 ga, INT R AC, started NS TKO. Pt given 125 solumedrol IV, flushed with 10cc NS, placed on CM (SR), EKG shows NS. Pt transported to landing zone where we meet wing 6. Crew given report and care. Assisted crew in loading pt. Pt flown to lebonhuer.



Treatment			
<b>Primary:</b>		Respiratory Distress	
<b>Protocol Used:</b>		Resp. Distress	
Time	Treatment	Response	Performed By
PTA	Oxygen; Type: Non-Rebreather Mask; Rate: 12 l/per min; Complications: None; Authorized By: protocol/standing order	Improved	Janda, Terry
PTA	Venous Access Extremity; Number Of Attempts: 1; Type: Saline Lock; Size: 18 Gauge; Rate: TKO; Site: Antecubital-Left; Success: Yes; Complications: None; Authorized By: protocol/standing order	Unchanged	Janda, Terry
21:21	Patient Contact		
21:25	<b>Vitals Taken:</b> BP: 120/86; Automated; <b>MAP:</b> 97.3 mmHg; <b>Pulse:</b> 106; Regular; Strong; <b>Respiration Rate:</b> 20; Fatigued; <b>ECG Rate:</b> 106/Normal NSR; <b>SPO2:</b> 96; <b>Cap Refil:</b> < 2 seconds; <b>GCS Score:</b> 15; <b>Pain Score:</b> 0 of 10; <b>AVPU:</b> A; <b>Position:</b> Sitting;		Janda, Terry
21:32	Transport		
21:32	At Destination		
21:38	Transfer Of Care		
21:40	<b>Vitals Taken:</b> BP: 116/82; Automated; <b>MAP:</b> 93.3 mmHg; <b>Pulse:</b> 88; Regular; Strong; <b>Respiration Rate:</b> 18; Fatigued; <b>ECG Rate:</b> 88/Normal NSR; <b>III:</b> <b>SPO2:</b> 98; <b>Cap Refil:</b> < 2 seconds; <b>GCS Score:</b> 15; <b>Pain Score:</b> 0 of 10; <b>AVPU:</b> A; <b>Position:</b> Supine;		Janda, Terry
21:42	Venous Access Extremity; Number Of Attempts: 1; Type: Normal Saline; Size: 18 Gauge; Rate: TKO; Site: Antecubital-Right; Success: Yes; Complications: None; Authorized By: protocol/standing order	Unchanged	Janda, Terry
21:42	12 Lead Ecg-transmitted; Number Of Attempts: 1; Success: Yes; Complications: None; Authorized By: protocol/standing order	Unchanged	Janda, Terry
Disposition			
<b>Patient Disposition:</b>		Patient Treated, Transferred Care to Another EMS Professional	
<b>EMS Transport Method:</b>		Ground Ambulance	
<b>Moved to Ambulance By:</b>		Stretcher	
<b>Transport Mode From Scene:</b>		No Lights or Sirens	
<b>Patient Position During Transport:</b>		Semi-Fowlers	
<b>No Of Patients Transported:</b>		1	
<b>Primary Role of Medic Unit:</b>		Ground Transport	
<b>EMS Condition Code:</b>		Difficulty Breathing (ALS-786.05)	
<b>Primary Care Giver:</b>		Janda, Terry	
<b>Medical Necessity:</b>		Pt required oxygen and other emergency treatment	
<b>Destination:</b>		Other EMS Responder (air)	
<b>Reason for Choosing Destination:</b>		Specialty Resource Center	

Patient: Bonds, Brittany DOB: 05-03-1998 Incident #201408152208



**Disposition (continued)**

Moved From Ambulance By: Stretcher  
Condition on Arrival: Unchanged  
Destination Name: Wing 6

**Crew Information****Driver:**

Ellis, Marty - EMT-Basic



Date: 08-15-2014

ID #: 24185

**Primary Patient Caregiver:**

Janda, Terry - EMT-Paramedic



Date: 08-15-2014

ID #: 10893

**Financial Responsibility and Assignment of Benefits****SAMPLE AUTHORIZATION STATEMENT****Section I - Patient Signature**

I authorize the submission of a claim for payment to Medicare, Medicaid, or any other payor for any services provided to me by Lauderdale County Ambulance Authority now, in the past, or in the future, until such time as I revoke this authorization in writing. I understand that I am financially responsible for the services and supplies provided to me by Lauderdale County Ambulance Authority, regardless of my insurance coverage, and in some cases, may be responsible for an amount in addition to that which was paid by my insurance. I agree to immediately remit to Lauderdale County Ambulance Authority any payments that I receive directly from insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to Lauderdale County Ambulance Authority. I authorize Lauderdale County Ambulance Authority to appeal payment denials or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical information or other relevant documentation about me to release such information to Lauderdale County Ambulance Authority and its billing agents, the Centers for Medicare and Medicaid Services, and/or any other payors or insurers, and their respective agents or contractors, as may be necessary to determine these or other benefits payable for any services provided to me by Lauderdale County Ambulance Authority now, in the past, or in the future.

**Section II - Authorized Representative Signature**

I am signing on behalf of the patient to authorize the submission of a claim for payment to Medicare, Medicaid, or any other payor for any services provided to the patient by Lauderdale County Ambulance Authority now, in the past or in the future (where permitted). By signing below, I acknowledge that I am one of the authorized signers listed below. My signature is not an acceptance of financial responsibility for the services rendered.

Authorized representatives include only the following individuals:

- Patients legal guardian

**Financial Responsibility and Assignment of Benefits (continued)**

- Relative or other person who receives social security or other governmental benefits on behalf of the patient
- Relative or other person who arranges for the patient's treatment or exercises other responsibility for the patient's affairs
- Representative of an agency or institution that did not furnish the services for which payment is claimed (i.e., ambulance services) but furnished other care, services, or assistance to the patient

**Section III - Ambulance Crew and Receiving Facility Signatures**

**A. Ambulance Crew Member Statement** (must be completed by crew member at time of transport)

My signature below indicates that, at the time of service, the patient named above was physically or mentally incapable of signing, and that none of the authorized representatives listed in Section II of this form were available or willing to sign on the patient's behalf. My signature is not an acceptance of financial responsibility for the services rendered.

**B. Receiving Facility Representative Signature**

The patient named on this form was received by this facility at the date and time indicated above. My signature is not an acceptance of financial responsibility for the services rendered to this patient.

The patient received a copy of the Ambulance Notice of Privacy Practices.

No

**Patient:**

**Relationship:** Self

**Date:**

**Reason could not sign:**

pt under age no parent

**Patient Demographics**

**Patient SSN:**

**Address:**

55 Thomas Cv  
RIPLEY, TN 38063  
(731) 413-2089

**Phone:**

**Email:**

**Advanced Directive:**

**Race:**

Black or African American

**Emergency Contact:**

**Primary Phone:**

**Secondary Phone:**

**Primary Practitioner:** Sriv

**Drivers License:**

**State:**

**Ethnicity:**

Not Hispanic or Latino

**Guarantor:**

**Name:**

LaKenya Parker

**DOB:**

**Rel:**

Son/Daughter

**Address:**

55 Thomas Cv  
RIPLEY, TN 38063

**SSN:**

**Phone:**

(731) 413-2089

**Other Phone:**

**Primary Insurance:**

**Ins Comp:**

BCBS of Michigan





Memphis Medical Center Air  
Ambulance Service, Inc.

PRID:31613190	Dispatch Number:141871
Service:Hospital Wing	Date:August 15, 2014
Base:Brownsville	Team:Critical Care
Unit:Wing 06	Crew 1:*McCallister, Jenny
Tail/Reg:HW 856	Nurse
Dispatched As:Breathing Problems	Crew 2:*Randall, Matthew
Type of Svc:Interfacility Unscheduled	Paramedic
Response Code:Emergent	Crew 3: Jones, Michael
Mode to Ref:Not Applicable	* designates an ALS Provider
Outcome:Treated, Transported by	Mode to Rec:Not Applicable
Hospital Wing	
Ref Name:Lauderdale County E M S	Receiving:Hospital
Location:Halls, TN	Lebonheur Children's
United States	Medical Center
Ref County:Lauderdale	Emergency Department
	50 North Dunlap
	Memphis, TN 38103-
	2800
	Rec. MD:Meredith
	Destination Basis:Specialty Resource
	Center
	Dest. Basis Comment:GT - 10 min., pt.
	contact - 8 min.

Last Name: Bonds First: Brittany  
Address: 55 Thomas Cove  
City: Ripley ST:TN Zip:38063  
County: Lauderdale  
Country: United States  
Phone: (731) 413-2089  
DOB: 05/03/1998 SSN: 000-00-0000  
Age: 16y Sex: F Weight: 130 lb  
Height:  
Subscriber: No  
Race: Black, non-Hispanic  
Billing Information:  
None Given

Times
Onset: 21:19
Received: 21:19
Dispatch: 21:22
EnRoute: 21:27
At Ref: 21:39
At Patient: 21:41
Leave Ref: 21:49
At Rec: 22:17
Available: 22:20
In Qtrs: 22:21
Call Completed: 23:28

Payment Information
CMS Condition: Abnormal Cardiac Rhythm/Cardiac Dysrhythmia, Cardiac Symptoms other than Chest Pain (atypical pain), Cardiac/Hemodynamic Monitoring Required
Why Transport Air-A-Long Distance, Air-B-Traffic Precludes Ground Transport, Air-C-Time Called (CMS): Precludes Ground Transport
CMS Transport Patient was transported for the care of a specialist or for availability Reason: of equipment
Amb. Conditions Ambulance service was medically necessary
Indicator: Patient was moved by stretcher
Patient was transported in an emergency situation
Scene Information
Patient Belongings: transported in clothes
Chief Complaint (Category: Breathing Problems)
Post cardiac arrest/ asthma
History of Present Illness
Reportedly pt. was at the football game tonight and became short of breath. She layed down. For a paramedic on scene, he sat the pt. up and she passed out and became pulseless. He reportedly did CPR for 2 minutes and got a pulse back. Pt. is now awake, alert, and oriented x 3.

<b>Medical History</b>	<b>Current Medications</b>	<b>Allergies</b>
Asthma	Unknown	None

<b>Neurological Exam</b>										
<b>Level of Consciousness:</b> Alert <b>Chemically Paralyzed:</b> No <b>Neurological Present:</b> Speech Normal <b>Mental Present:</b> Oriented-Person, Oriented-Place, Oriented-Time	<b>Loss of Consciousness:</b> Yes	<b>Glasgow Coma Scale</b>  <table border="1"> <tr> <td>E</td> <td>V</td> <td>M</td> <td>Tot</td> </tr> <tr> <td>Int: 4</td> <td>5</td> <td>6</td> <td>= 15</td> </tr> </table> <b>Length Based Tape Measure</b> Not Applicable	E	V	M	Tot	Int: 4	5	6	= 15
E	V	M	Tot							
Int: 4	5	6	= 15							

<b>Pupils</b> <table border="1"> <tr> <td></td> <td><b>Left</b></td> <td><b>Right</b></td> </tr> <tr> <td>Size:</td> <td>4mm</td> <td>4mm</td> </tr> <tr> <td>React:</td> <td>Reactive</td> <td>Reactive</td> </tr> <tr> <td>React:</td> <td></td> <td></td> </tr> </table>			<b>Left</b>	<b>Right</b>	Size:	4mm	4mm	React:	Reactive	Reactive	React:			<table border="1"> <tr> <td></td> <td><b>Motor</b></td> <td><b>Sensory</b></td> </tr> <tr> <td>LA:</td> <td>Normal</td> <td>Normal</td> </tr> <tr> <td>RA:</td> <td>Normal</td> <td>Normal</td> </tr> <tr> <td>LL:</td> <td>Normal</td> <td>Normal</td> </tr> <tr> <td>RL:</td> <td>Normal</td> <td>Normal</td> </tr> </table>		<b>Motor</b>	<b>Sensory</b>	LA:	Normal	Normal	RA:	Normal	Normal	LL:	Normal	Normal	RL:	Normal	Normal
	<b>Left</b>	<b>Right</b>																											
Size:	4mm	4mm																											
React:	Reactive	Reactive																											
React:																													
	<b>Motor</b>	<b>Sensory</b>																											
LA:	Normal	Normal																											
RA:	Normal	Normal																											
LL:	Normal	Normal																											
RL:	Normal	Normal																											

Motor Comments: MAEW  
Sensory Comments: Intact

<b>Airway</b>	<b>Respiratory</b>
Status: Patent	Effort: Normal Sounds: L: Wheeze R: Wheeze Oxygen: 12 lpm via NRB Performed By: Other Healthcare Provider Outcome: Not Known Comments: Equal chest rise and fall and wheezes heard bilat upper lung fields

<b>Cardiovascular</b>													
JVD: Not Appreciated Edema: Not Appreciated Heart Tones: S1S2	<table border="1"> <tr> <td colspan="2"><b>Pulses</b></td> </tr> <tr> <td><b>Left</b></td> <td><b>Right</b></td> </tr> <tr> <td>Carotid: Normal</td> <td>Normal</td> </tr> <tr> <td>Radial: Normal</td> <td>Normal</td> </tr> <tr> <td>Femoral: Not Checked</td> <td>Not Checked</td> </tr> <tr> <td>Dorsalis: Normal</td> <td>Normal</td> </tr> </table>	<b>Pulses</b>		<b>Left</b>	<b>Right</b>	Carotid: Normal	Normal	Radial: Normal	Normal	Femoral: Not Checked	Not Checked	Dorsalis: Normal	Normal
<b>Pulses</b>													
<b>Left</b>	<b>Right</b>												
Carotid: Normal	Normal												
Radial: Normal	Normal												
Femoral: Not Checked	Not Checked												
Dorsalis: Normal	Normal												

<b>Injury Details</b>
Reason for Encounter: Non-Injury Drugs/Alcohol?:

<b>Initial Physical Findings</b>
<b>Assessment</b> Head Findings: Unremarkable Neck Findings: Unremarkable Chest Findings: Unremarkable Abdominal Appearance: Normal Abdominal Palpation: Soft, non-tender Abdominal Bowel Sounds: deferred Pelvis Findings: Intact Back Findings: No abnormalities Extremity Findings: Moves all extremities well Skin Findings: Warm and dry

Initial Physical Findings
Trachea: Midline



Labs											
Date: 08/15/2014 Time: 00:00											
<b>Chemistry - CHEM 9</b> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 10px auto; position: relative;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; background: linear-gradient(to bottom right, transparent 49%, black 49%, black 51%, transparent 51%);"></div> </div>					<b>Blood Gases</b> Access:						
Glu: 123 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: 0 mL	250 mL	EBL: mL	mL	1	20G	Left AC	NS	INT		Other Healthcare Provider	Unchanged
		UO: mL	mL	2	20G	Right AC	NS	INT		Other Healthcare Provider	Unchanged
Medications / Infusions Prior to Assessment											
Time	IV# / Other Route	Medication	Concentration	Dose	Performed By		Outcome				
PTA	IV#1	solumedrol		125mg	Other Healthcare Provider		Not Known				
PTA	Inhalation	Albuterol			Other Healthcare Provider		Not Known				

Impression / Diagnosis
<b>Impression:</b> Cardiac Arrest, Respiratory distress <b>CMS Condition:</b> Abnormal Cardiac Rhythm/Cardiac Dysrhythmia, Cardiac Symptoms other than Chest Pain (atypical pain), Cardiac/Hemodynamic Monitoring Required <b>Initial Patient Acuity:</b> Critical (Red)

Activity									
Time	H.R.	B.P.	SaO2	ETCO2	Resp	Rhythm	GCS	ECG Method	Action
	H.R. Method	Method	LOC		Resp Effort				Comment
21:39									Wing 6 landed at scene. Large open football field. EMS unit stationed on sideline approx. 28 yds from LZ
21:41	99	138 / 69	98		14	Normal Sinus Rhythm (REG)	4/5/6		Electric Monitor Auto. Cuff Alert Normal - Cardiac Arrived at pt side in back of EMS unit. Pt awake and alert. Reported by EMS that pt had difficulty breathing and then went pulseless. CPR performed for approx. 2 min and pt regained pulse and became awake and alert. Pt semi fowlers on stretcher. Bilat 20G IV in place. Assessment shows lungs wheezing bilat upp lung fields. Heart tones audible and regular. abdomen is soft and non tender. Pt PERRL at 4mm bilat. Pt has negative neuro deficits.
21:44									Cardiac 12-Lead EKG performed by Jenny McCallister. 12-lead EKG shows normal sinus with no ectopyLead Change(s): II, Successful. Complication: None. Authorization: Via Protocol. Pt. Response: Unchanged.
21:46	100	131 / 77	98		14	Sinus Tachycardia (REG)	4/5/6		Electric Monitor Auto. Cuff Alert Normal - Cardiac Med. Wing LP 15 in place. Pt remained on O2 at 15L/min NRB. Pt moved to wing stretcher and secured with all straps. Normal Saline, 250 ML via IV - Drip given by Matthew Randall. Complication: None. Authorization: Via Protocol. Pt. Response: Unchanged. NS bolus administered.
21:48									Operations Pt moved to A/C and secured to airframe. Safety Brief: Bonds, Brittany, Weight: 130lb.
21:49									Wing 6 lifted off en route to LBCH
21:51	94	125 / 77	98	35	14	Normal Sinus Rhythm (REG)	4/5/6		Electric Monitor Auto. Cuff Alert Normal - Cardiac Med.

Activity								
Time	H.R.	B.P.	SpO2	ETCO2	Resp	Rhythm	GCS	ECG Method
	H.R. Method	Method	LOC		Resp Effort			
Action	Comment							
	ETCO2 placed on Pt. IV running with no s/sx of infiltration. Albuterol, 5.0 MG via Nebulized given by Matthew Randall. Complication: None. Authorization: Via Protocol. Pt. Response: Improved, Pt reporting increased difficulty breathing. Following breathing treatment pt had resp improvement.							
21:56	92	126 / 75	98	36	14	Normal Sinus Rhythm (REG)	4/5/6	
	Electric Monitor	Auto. Cuff	Alert		Normal			
	- Cardiac							
	No change in patient status.							
22:01	92	126 / 74	98	36	14	Normal Sinus Rhythm (REG)	4/5/6	
	Electric Monitor	Auto. Cuff	Alert		Normal			
	- Cardiac							
	Hosp. No change in patient status. Notification alert sent by Matthew Randall via Radio. Report called to LBCH via Notify MEDCOM							
22:06	90	119 / 72	98	36	14	Normal Sinus Rhythm (REG)	4/5/6	
	Electric Monitor	Auto. Cuff	Alert		Normal			
	- Cardiac							
	No change in patient status.							
22:11	90	119 / 74	98	36	14	Normal Sinus Rhythm (REG)	4/5/6	
	Electric Monitor	Auto. Cuff	Alert		Normal			
	- Cardiac							
	No change in patient status.							
22:17	92	122 / 76	98	36	14	Normal Sinus Rhythm (REG)	4/5/6	
	Electric Monitor	Auto. Cuff	Alert		Normal			
	- Cardiac							
Operations Wing 6 landed at LBCH. Pt offloaded onto hospital stretcher. Pt moved to ER. Verbal report given to staff RN/MD. Staff RN assumed pt care. Operations: Patient Offload - Hot.								

Paperwork from Referring: Personal Belongings

Paperwork to Receiving: Personal Belongings

McCallister, Jenny: Electronically Signed on 08/16/2014 00:04:00 CST

Randall, Matthew: Electronically Signed on 08/16/2014 00:04:21 CST