

Flow Chart			
Time	Treatment	Description	Provider
09:00	Epinephrine 1:10	1 Milligrams (mg); Intraosseous (IO); Patient Response: Unchanged;	GENTRY, JOSHUA
09:01	Pleural Decompression	Left Mid Clavicular; Patient Response: Unchanged; Successful;	GENTRY, JOSHUA
09:05	Epinephrine 1:10	1 Milligrams (mg); Intraosseous (IO); Patient Response: Unchanged;	GENTRY, JOSHUA

Initial Assessment			
Category	Comments	Abnormalities	
Mental Status		Mental Status	+ Other, Unresponsive
Skin		Skin	+ Pale
			- Cold, Cyanotic, Diaphoresis, Hot, Jaundiced, Lividity, Mottled, Other
HEENT	Airway possibly partially obstructed or compromised due to decreased LOC and blood is noted to be coming from the patient's mouth.	Head/Face	Not Assessed
		Eyes	Not Assessed
		Neck/Airway	+ Compromised, Obstructed
Chest	Patient's body is moving upon respiration, and respirations appear to be inadequate, possibly due to patient's body position.	- JVD, Other, Stridor, SubQ Air, Tracheal Deviation	
		Chest	+ Accessory Muscle
		Heart Sounds	Not Assessed
Abdomen		Lung Sounds	Not Assessed
		General	Not Assessed
		Left Upper	Not Assessed
		Right Upper	Not Assessed
		Left Lower	Not Assessed
Back		Right Lower	Not Assessed
		Cervical	Not Assessed
		Thoracic	Not Assessed
Pelvis/GU/GI		Lumbar/Sacral	Not Assessed
Pelvis/GU/GI		Pelvis/GU/GI	Not Assessed
Extremities	Pulse is initially present, but is noted to be weak.	Left Arm	Not Assessed
		Right Arm	Not Assessed
		Left Leg	Not Assessed
		Right Leg	Not Assessed
		Pulse	+ Carotid: 1+ Thready
		Capillary Refill	Not Assessed
		Neurological	Unresponsive
			- Seizures

Assessment Time: 07/20/2020 08:50:00

Ongoing Assessment			
Category	Comments	Abnormalities	
Mental Status	Unresponsive	Mental Status	+ Unresponsive
Skin		Skin	+ Pale
			- Cold, Cyanotic, Diaphoresis, Hot, Jaundiced, Lividity, Mottled, Other
HEENT	Blood is draining from the patient's nares and ears, and is present in the oropharynx requiring suction to evacuate. Pupils dilated.	Head/Face	+ Drainage, Hemorrhage (4), Other
			- Facial Droop, Mass, Swelling
		Eyes	+ Left Pupil: 6-mm, Left: Dilated, Right Pupil: 6-mm, Right: Dilated
			- Left: Constricted, Left: Other, Right: Constricted, Right: Other
Chest	Patient is apneic at time of assessment, however, breath sounds are auscultated after placement of ETT, revealing decreased breath sounds in the left quadrants. Ecchymosis noted to the left upper quadrant of the chest just below the clavicle.	Neck/Airway	+ Compromised, Obstructed, Other
		- JVD, Stridor, SubQ Air, Tracheal Deviation	
		Chest	+ Ecchymosis (2)
		Heart Sounds	Not Assessed
		Lung Sounds	+ LL: Clear, LL: Decreased, LU: Clear, LU: Decreased, RL: Clear, RU: Clear
			- LL: Absent, LL: Other, LL: Rales, LL: Rhonchi, LL: Wheezing, LU: Absent, LU: Other, LU: Rales, LU: Rhonchi, LU: Wheezing, RL: Absent, RL: Decreased, RL: Other, RL: Rales, RL: Rhonchi, RL: Wheezing, RU: Absent, RU: Decreased, RU: Other, RU: Rales, RU: Wheezing, RU: Rhonchi

Patient Information				Clinical Impression			
Last	SOLOMON	Address		Primary Impression	Traumatic Circulatory Arrest		
First	GRANT	Address 2		Secondary Impression			
Middle	R	City	Franklin	Protocol Used	Trauma-Arrest		
Gender	Male	State	TN	Anatomic Position	General/Global		
DOB		Zip	37064	Chief Complaint	Traumatic cardiac arrest		
Age	18 Yrs, 1 Months, 7 Days	Country	US	Duration		Units	
Weight	190.0lbs - 86.2kg	Tel		Secondary Complaint			
Pedi Color		Physician		Duration		Units	
SSN		Ethnicity	Not Hispanic or Latino	Patient's Level of Distress			
Race	White			Signs & Symptoms	Injuries - Multiple injuries Cardiovascular - Cardiac arrest Respiratory - Respiratory arrest Injuries - Injury to head		
Advance Directives	None			Injury	Pedestrian - Vehicle Accident - Car/pick-up truck/van collision injures pedestrian - Street or Highway - 07/20/2020		
Resident Status				Medical/Trauma	Trauma		
				Barriers of Care	Physical Barrier (Unable to Access Patient)		
				Alcohol/Drugs	None Reported		
				Pregnancy			
				Initial Patient Acuity	Critical (Red)		
				Final Patient Acuity	Critical (Red)		
				Patient Activity			

Medication/Allergies/History	
Medications	Unable to Obtain - Other Reason
Allergies	Unable to Obtain - Other Reason
History	Unable to Obtain - Other Reason

Vital Signs																
Time	AVPU	Side	POS	BP	Pulse	RR	SPO2	ETCO2	CO	BG	Temp	Pain	GCS(E+V+M)/Qualifier	RTS	PTS	
09:01	Unresponsive	R	Lay	UTO	136 II	10 V	85 Ox	5		UTO		UTO	3=1+1+1/NQ			
09:03	Unresponsive	R	Lay	/	180 R	13	80 Ox	14					3=1+1+1/NQ			
09:05	Unresponsive	R	Lay	/	228 R	10 V	81 Ox	15					3=1+1+1/NQ			

ECG			
Time	Type	Rhythm	Notes
09:01	3-Lead	PEA	
09:03	3-Lead	Other (Not Listed), PEA, Sinus Tachycardia	Chest compression artifact with underlying sinus tachycardia PEA
09:05	3-Lead	Other (Not Listed), PEA, Sinus Tachycardia	Chest compression artifact with underlying sinus tachycardia PEA

Flow Chart			
Time	Treatment	Description	Provider
08:50	BLS Assessment	Patient Response: Unchanged;	GENTRY, JOSHUA
08:53	Stretcher	Comments Patient rapidly extricated onto long spine board ; Patient Response: Unchanged;	GENTRY, JOSHUA
08:53	CPR	Patient Response: Unchanged; Successful;	WEIDNER, TYLER
08:55	3-Lead ECG	Patient Response: Unchanged; Successful;	GENTRY, JOSHUA
08:55	Oxygen	Bag Valve Mask (BVM); Flow Rate 15 lpm; Patient Response: Improved; Successful;	GENTRY, JOSHUA
08:56	Intraosseous	EZ-IO (Blue 25mm); IO-Tibia-Left Proximal; Normal Saline (.9% NaCl); Total Fluid 300 ml; Patient Response: Unchanged; Successful;	WEIDNER, TYLER
08:57	Epinephrine 1:10	1 Milligrams (mg); Intraosseous (IO); Patient Response: Unchanged;	GENTRY, JOSHUA
08:58	Suction	Contents Blood; Amount 100; Patient Response: Unchanged; Successful;	GENTRY, JOSHUA
08:58	Orotracheal Intubation	7.5; Placed At 23cm; Placement Verification: Auscultation, Chest Rise, Visualization of Vocal Cords, Waveform ETCO2, Condensation in Tube, Complications: None Patient Response: Improved; Successful;	GENTRY, JOSHUA

no pain / electrical activity but

Ongoing Assessment

Category	Comments	Abnormalities	
Abdomen	Ecchymosis noted to the left lateral abdomen/flank.	General	Not Assessed
		Left Upper	- Distension, Mass, Other
		Right Upper	- Distension, Mass, Other
		Left Lower	- Distension, Mass, Other
		Right Lower	- Distension, Mass, Other
Back		Cervical	Not Assessed
		Thoracic	Not Assessed
		Lumbar/Sacral	Not Assessed
Pelvis/GU/GI		Pelvis/GU/GI	Not Assessed
Extremities	Absent pulses. No obvious deformity or visible injuries to the extremities.	Left Arm	+ Abnormal Pulse
			- Edema, Other
		Right Arm	+ Abnormal Pulse
			- Edema, Other
		Left Leg	- Edema, Other
		Right Leg	- Edema, Other
		Pulse	+ Carotid: Absent, Radial: Absent
Capillary Refill	Not Assessed		
Neurological	Unresponsive	Neurological	+ Other

Assessment Time: 07/20/2020 08:56:00

Narrative

Medic 12 responds emergency traffic to the scene of a reported MVC vs. a pedestrian.

Patient is C/O multiple injuries due to being struck by a vehicle, and a resulting traumatic cardiac arrest.

Patient's PMHx is unable to be obtained as the patient is unresponsive UOA. Patient was reportedly forced under the vehicle as it was rolling down an inclined parking lot until finally coming to rest in the drainage ditch bordering the roadway with the patient trapped underneath the vehicle and unresponsive. EMS was requested by witnesses on scene at the time of the incident.

UOA to scene, we find an 18 YOM lying supine on the large rocks in the drainage ditch, underneath the front of the truck between the two front tires, however, the weight of the vehicle was supported by the wheels and was not being exerted upon the patient. Upon initial impression, patient is noted to be unresponsive but breathing, and is noted to have some bleeding from the scalp, nose and ears. Primary assessment is limited due to inability to access the patient. Initially, the patient's airway appears to be patent, but at risk of obstruction due to blood. Patient's respirations are initially of an adequate rate and depth, but appear to be labored as evidenced by the movement of the patient's body upon respiration. Patient initially has a present, but weak carotid pulse prior to extrication, however, during extrication, the pulse is reassessed and can no longer be palpated. Patient's V/S are as noted previously, however, V/S are unable to be assessed until after the cardiac arrest occurred. Patient's presenting ECG rhythm is a wide-complex PEA, with the only change occurring is a later conversion to a narrow-complex tachycardic PEA. Breath sounds after placement of the ETT reveal decreased volume on the left side of the chest, and are clear on the right. Patient is w/ no obvious deformities upon assessment, although assessment is limited. Detailed assessment findings are as noted previously.

Primary assessment is performed. Patient access is limited due to patient's position under the vehicle. GFD is able to lift the front of the vehicle enough to allow the patient to be rapidly extricated, and patient is placed on a long spine board and secured x3 straps. Chest compressions are initiated at that time. Patient is lifted onto stretcher x4 person lift and LSB with patient are placed supine on stretcher and secured x3 straps. Patient is transported to unit via stretcher with compressions ongoing. Patient is loaded and secured via locking bar. Ventilations are initiated via BVM with O2 at greater than or equal to 15 LPM. Multifunction pads with CPR feedback device are placed on the patient's chest, and ECG is obtained at that time. Vascular access is established w/ a 25mm EZ-IO needle and an infusion of NS is initiated at that time. Patient is then administered 1mg of Epinephrine 1:10,000 via IO. Patient's oropharynx is then suctioned, evacuating blood using a large-bore rigid suction catheter, and patient is then intubated w/ a 7.5 ETT, which is advanced to a depth of 23cm at the teeth. Vocal cords are visualized, condensation is noted in the ETT, epigastric sounds are absent, BBS are present, and tracheal placement is confirmed with waveform capnography. Tube is secured with Thomas tube holder. Patient is then administered a second dose of 1mg of Epinephrine via IO. IAW protocol for blunt traumatic arrest, and due to decreased breath sounds in the left quadrants and significant ecchymosis to the left side of the chest, a needle chest decompression is performed, with placement in the second intercostal space, along the left midclavicular line. Transport is initiated at that time.

Patient is continuously reassessed and monitored for any changes en route, and CPR is cont'd for duration of transport. During transport, patient is administered an additional 1mg of Epinephrine 1:10,000 via IO. Patient is transported without incident and w/ no changes during transport. UOA to SRMC, patient is unloaded and transported via stretcher to ED room. Patient is transferred to bed via LSB x4 person lift with an additional team member maintaining the patient's airway. Chest compressions and ventilations are cont'd by receiving resuscitation team. Verbal report is given. At that time, patient care is assumed by accepting facility's staff.

Specialty Patient - CPR

Cardiac Arrest	Yes, After EMS Arrival	Prearrival CPR Instructions	No	In Field Pronouncement	
Cardiac Arrest Etiology	Trauma	First Defibrillated By	Not Applicable	Expired	No
Estimated Time of Arrest	0-2 Minutes	Time of First Defib		Time	
Est Time Collapse to 911	1 Minutes	Initial ECG Rhythm	PEA	Date	
Est Time Collapse to CPR	1 Minutes	Rhythm at Destination	PEA	Physician	
Arrest Witnessed By	Witnessed by Healthcare Provider	Hypothermia	No		
CPR Initiated By	EMS	End of Event	Expired in ED		
Time 1st CPR	18:30 07/20/2020	ROSC	No		

Specialty Patient - CPR			
CPR Feedback	Yes	ROSC Time	
ITD Used	No	ROSC Occured	Never
Applied AED	No	Resuscitation Discontinued	
Applied By		Discontinued Reason	
Defibrillated	No	Resuscitation	Resuscitation Attempted - Yes ; Attempted Ventilation, Initiated Chest Compressions
CPR Type	Compressions - Continuous, Compressions - Intermittent with Ventilation, Ventilation - Bag Valve Mask		

Specialty Patient - CDC 2011 Trauma Criteria			
Vital Signs	Respiratory Rate, Glasgow Coma Scale, Systolic Blood Pressure (mmHg)	Trauma Activation	
Anatomy of Injury	Skull Fracture	Time	
Mechanism of Injury	Auto vs. Pedestrian	Date	
Special Considerations	EMS Provider Judgment	Trauma level	Level 1
		Reason Not Activated	

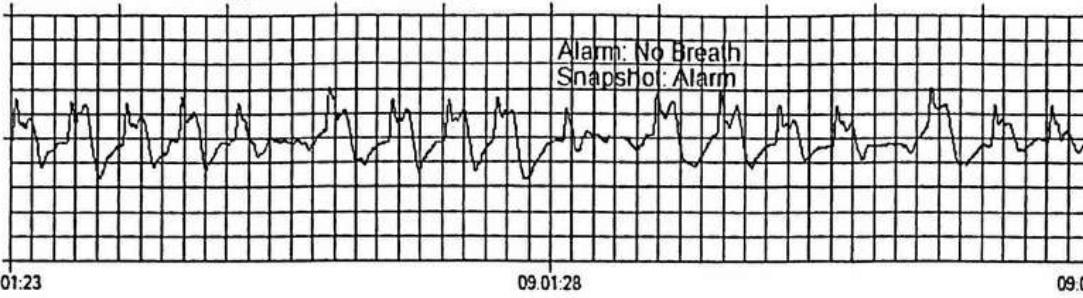
Incident Details		Destination Details		Incident Times	
Location Type	Street or Highway	Disposition	Transported Lights/Siren	PSAP Call	
Location	Ward Performances Institute (S. Water Ave.)	Transport Due To	Closest Facility	Dispatch Notified	
Address	1357 S Water Ave	Transported To	SRMC ER	Call Received	08:43:57
Address 2		Requested By	Bystander	Dispatched	08:45:00
Mile Marker		Destination	Hospital	En Route	08:45:40
City	GALLATIN	Department	Emergency Room	Resp on Scene	
County	SUMNER	Address	555 Hartsville Pk	On Scene	08:48:08
State	TN	Address 2		At Patient	08:50:00
Zip	37066	City	Gallatin	Care Transferred	
Medic Unit	EM12	County	Sumner	Depart Scene	09:03:48
Medic Vehicle	83-03-81	State	Tennessee	At Destination	09:08:08
Run Type	911 Response	Zip	37066	Pt. Transferred	09:15:40
Priority Scene	Emergent	Zone	Zone 1	Call Closed	10:00:00
Shift	B - Shift	Condition at Destination	Worse	In District	
Zone	Zone 12	Destination Record #		At Landing Area	
Level of Service		Trauma Registry ID			
EMD Complaint	Traffic Accident	STEMI Registry ID			
EMD Card Number		Stroke Registry ID			

Crew Member		
Personnel	Role	Certification Level
GENTRY, JOSHUA	Lead	2009 Paramedic - 40101; EMT-Paramedic - 40101
Sayles, Trent	Driver	
WEIDNER, TYLER	Other	2009 Advanced Emergency Medical Technician(AEMT) - 209560
Roberts, Joseph	Other - Student	

Insurance Details					
Insured's Name	GRANT R SOLOMAN	Primary Payer	Insurance	Dispatch Nature	Motor vehicle collision
Relationship	Self	Medicare		Response Urgency	Immediate
Insured SSN		Medicaid		Job Related Injury	No
Insured DOB	06/13/2002	Primary Insurance		Employer	
Address1		Policy #		Contact	
Address2		Group #		Phone	
Address3		Secondary Ins			
City	Franklin	Policy #			
State	TN	Group #			
Zip	37064				
Country	US				

Mileage	Delays	Additional Agencies

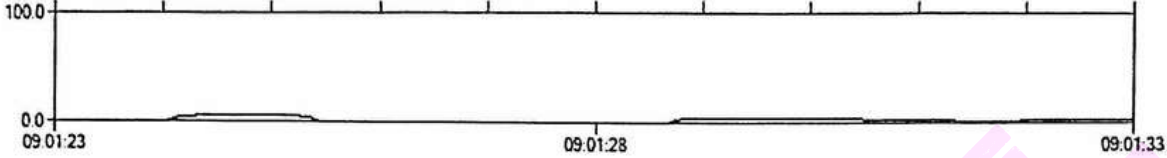
Pads ECG x1 HR:PR 136 RR [0] CO2 5 mmHg FiCO2 0 mmHg



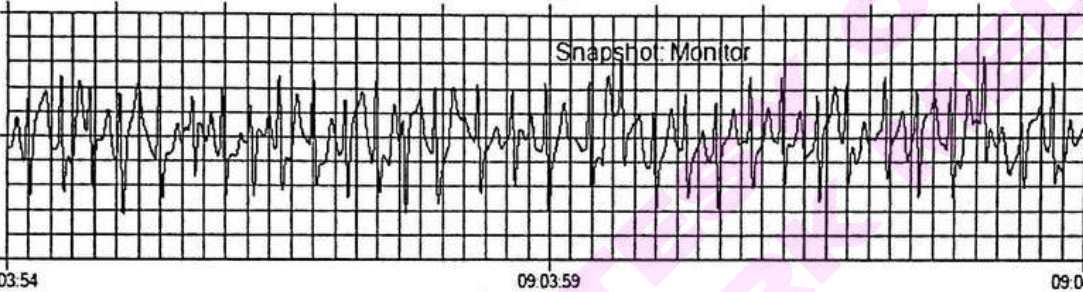
NCT
VIAU

09:01:23 09:01:28 09:01:33

EtCO2 (mmHg)



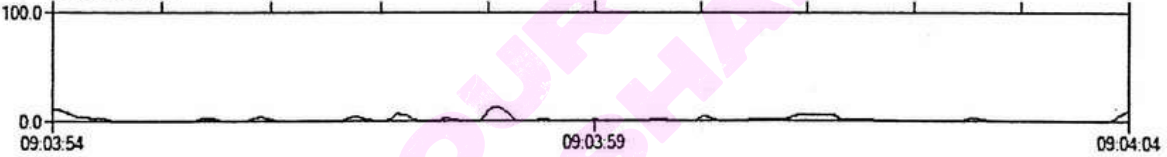
Pads ECG x1 HR:PR 180 SpO2 80 % RR 13 CO2 14 mmHg FiCO2 0 mmHg PI 0.5 %



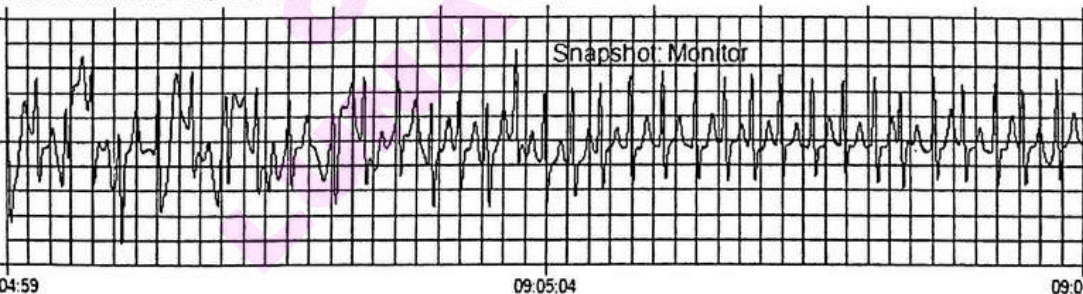
SINUS
TACH

09:03:54 09:03:59 09:04:04

EtCO2 (mmHg)

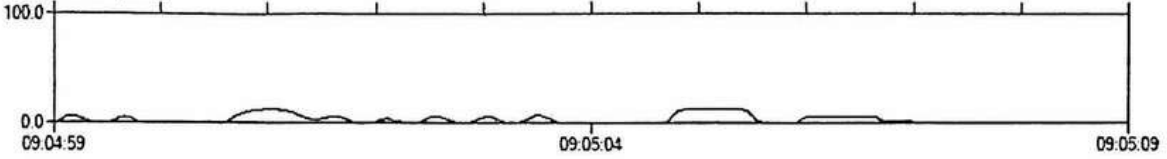


Pads ECG x1 HR:PR 228 SpO2 81 % RR 10 CO2 14 mmHg FiCO2 0 mmHg PI 2.7 %



09:04:59 09:05:04 09:05:09

EtCO2 (mmHg)



Facility Signatures

[Handwritten Signature]

Signed On	07/20/2020 09:33:45
Receiving	Tabitha, RN

Signed On	
Paperwork Received	

Signed On	
Airway Confirmation	

Provider Signatures

[Handwritten Signature: J. Gentry]

Lead Provider	GENTRY, JOSHUA	Certification Level	2009 Paramedic - 40101; EMT-Paramedic - 40101
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Provider		Certification Level	
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Provider		Certification Level	
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Provider		Certification Level	
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Scene	1.0	Category	Delays	Gallatin Fire Department, Gallatin Police Department
Destination	4.0	Dispatch Delays	None/No Delay	
Loaded Miles	3.0	Response Delays	None/No Delay	
Start	geo-verified	Scene Delays	Extrication, Patient Access	
End		Transport Delays	None/No Delay	
Total Miles		Turn Around Delays	Decontamination, Clean-up	

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

Patient Transport Details			
How was Patient Moved to Ambulance	Stretcher	How was Patient Moved From Ambulance	Stretcher
Patient Position During Transport	Supine	Condition of Patient at Destination	Worse

Transfer Details			
PAN		Sending Physician	
PCS		Sending Record #	
ABN		Receiving Physician	
CMS Service Level	ALS, Level 2	Condition Code	
ICD-9 Code		Condition Code Modifier	
Transfer Reason			
Other/Services			
Medical Necessity			

Billing Authorization

Authorization

Section I - Patient / Parent of Minor Authorization Signature

Signature

Signed On	
Notice of Privacy Practices Provided	
Printed Parent Name	
Billing Authorization	
HIPAA Acknowledgement	

Section II - Authorized Representative Signature

Complete this section only if the patient is physically or mentally unable to sign.
Authorized representatives include only the following: (Check one)

<input type="checkbox"/> Patient's Legal Guardian
<input type="checkbox"/> Patient's Medical Power of Attorney
<input type="checkbox"/> Relative or other person who receives benefits on behalf of the patient
<input type="checkbox"/> Relative or other person who arranges treatment or handles the patient's affairs
<input type="checkbox"/> Representative of an agency or institution that provided care, services or assistance to patient

I am signing on behalf of the patient to authorize the submission of a claim for payment to Medicare, Medicaid, or any other payer for any services provided to the patient by the transporting ambulance service now or in the past or in the future. 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.**

Signature

Signed On	
Notice of Privacy Practices Provided	
Printed Name	
Reason unable to sign	

Section III - EMS Personnel and Facility Signatures

Complete this section if the patient was mentally or physically incapable of signing, and no Authorized Representative (section II) was available or willing to sign on behalf of the patient at the time of service.

EMS Personnel Signature


My signature below indicates that, at the time of service, the patient 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.**



Signed On	07/20/2020 09:34:29
Printed Name	Joshua Gentry
Reason unable to sign	Unresponsive

Facility Representative Signature

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



Signed On	07/20/2020 09:33:53
Notice of Privacy Practices Provided	Yes
Printed Name	Tabitha, RN
Title of Representative	ED Registered Nurse