

PREHOSPITAL CARE REPORT

OR - Multnomah

Case #: 3087282

County Run #: RP0609171355

Pt # 1 of 1 Unit ID: 322

Date: 9/17/2006

DISPATCH INFORMATION		Incident Location:	Initial Mode:	
Time Received:	18:29:20	NE 33 AV&NE CLACKAMAS ST, PORTLAND, OR	CODE 3	
Time Dispatched:	18:29:35		Time To Hosp:	18:48:01
Time Enroute:	18:30:00		Time At Hosp:	18:51:21
Time On Scene:	18:34:20			
Time at Pt Side:	18:34:40		Time Cleared:	
			Final Mode: CODE 3	

First In: Police Department
Nature of Call: BR1 BR Diff_Choking_Blue

PATIENT DEMOGRAPHICS		<input type="checkbox"/> Age Estimated					
Name:	Chasse, James	D.O.B.:	05/07/1964	Age:	42 years	Months:	Days:
Address:	10 NW Broadway #206,	Ethnicity:	White	Sex:	Male	Weight:	50 Kg
City, State, Zip:	Portland, OR 97209	Physician:		Triage Tag:			
Phone:	(000) 000-0000	Employer:					
SSN:	000-00-0000	Responsible Party:	Chasse, James	Phone:	(000) 000-0000		

NARRATIVE

Special Study
42 year old 50 Kg Male

CC Acute onset Unable to Respond

PRIMARY ASSESSMENT: Cardiovascular – Cardiac Arrest (non-traumatic).

Patient was in the custody of police, being transported to Portland Adventist from NW Portland. On scene, one police officer stated that the patient had been involved in some sort of altercation and had been evaluated initially by EMS in NW before the transport. Unknown medical HX, unknown medications or allergies. Unknown drug or alcohol use. The patient did have multiple abrasions on his body, along with some bruising.

Police had moved him from the back of their car to the sidewalk- he was lying supine. The police officer had been performing prior to arrival and had stopped to retrieve his AED as we arrived- whether or not the AED had been used before we arrived is still in question (the patient did not have AED pads attached). On EMS arrival, patient was pulseless and not breathing. E28 resumed CPR while M322 hooked up the monitor and spoke to the police officer (which is where we were told about the altercation above). The patient was in asystole.

Chest compressions were being performed and the patient was being bagged with supplemental O2. An IV was established and the first round of Epinephrine and Atropine were administered. Patient was intubated with good lung sounds bilaterally and the End Tidal CO2 showed a good waveform at a level of mid 30's. Print button was not pressed on the monitor at this time to record the waveform, but it was witnessed by all 3 paramedics on scene. Patient was still in asystole, so while the stretcher was prepared a second round of Epi and Atropine was administered.

The patient was loaded into the ambulance, the tube was rechecked and transport initiated. One minute into the transport, CPR was stopped to recheck the monitor. The patient was in a wide-complex, chaotic rhythm. A weak carotid pulse was verified by two EMT's and the chest compressions were held off - the patient's End Tidal CO2 level also increased to a level of 50 at that time. Lidocaine was administered and the rhythm tightened into a more normal sinus rhythm. Narcan was also given as the ambulance pulled into the Providence parking lot, and the patient's rate was 70 or 80 still with a weak carotid pulse.



AMR 000001
Chasse v. Humphreys, et al.

By the time the patient was transferred to the ER staff, the patient's rate had fallen to around 30 and ER staff were no longer able to obtain a pulse.

CARDIAC ARREST

On Arrival Breathing
 Palpable Pulse

Time of Collapse/Recognition: 1829

Witnessed Arrest Bystander

Bystander CPR Time: 1831

Witnessed Arrest EMS Personnel

Time First CPR EMS Personnel: 1833

Return Spontaneous Circulation

Time Circulation Returned: 1849

AED

AED by:

HISTORY OF PRESENT ILLNESS

Chief Complaint: Acute onset Unable to Respond

HPI: Patient was in the custody of police, being transported to Portland Adventist from NW Portland. On scene, one police officer stated that the patient had been involved in some sort of altercation and had been evaluated initially by EMS in NW before the transport.

Mechanism of Injury:

Safety Equipment:

Contributing Factors:

Environmental Factors:

Factors Affecting Delivery Of Care:

PAST MEDICAL HISTORY

History: Unknown.

Allergies: Unknown.

Medications: Unknown.

CLINICAL IMPRESSION

Primary Assessment: Cardiovascular – Cardiac Arrest (non-traumatic)

Secondary Assessment

TRAUMA TRIAGE

CRAMS Score:

Physiological Criteria:

Anatomic Criteria :

Mechanism :

Discretionary Criteria:

Paramedic Judgment:

PATIENT FINDINGS			
<input type="checkbox"/> PTA Time: _____ By: _____		Cardiac Rhythm	
Pt. Position: N/A	Pulse	Skin	Rate: N/A
Blood Pressure: N/A / N/A	Rate: N/A	Color: N/A	ECG: N/A
	Regularity: N/A	Temp: N/A	Ectopy: N/A
	Strength: N/A	Moisture: N/A	12Lead Interpretation:
	Location: N/A	Cap Refill: N/A	N/A
GCS	Level of Consciousness	Respiratory	ETCO2
Eyes: N/A	RespondTo: N/A	Rate: N/A	CO2 Value: N/A
Verbal: N/A		Effort: N/A	CO2 Color: N/A
Motor: N/A		Depth: N/A	Lung Sounds
Total:	Pupils: N/A	SAO2: N/A	Right: N/A
			Left: N/A
Acuity: N/A	Comments:		

PHYSICAL FINDINGS	
Head	Unremarkable (no signs of trauma, abrasions, contusions or deformity). No pain on palpation.
Face	Unremarkable (no signs of trauma, no discharge from ears or nose. No pain on palpation. Pupils are equal and react to light.)
Neck	Unremarkable (no signs of contusions, abrasions, or deformity, no JVD, no tenderness when palpated, trachea midline.)
Chest	Unremarkable (no signs of contusions, abrasions, or deformities. No crepitus or pain upon palpation. No subcutaneous emphysema. Chest has equal expansion right and left. Clear, equal, lung sounds bilaterally.)
Back	Not Assessed
Arm (s)	Unremarkable (no contusions, abrasions, or deformities noted. No pain upon palpation. Distal pulse, motor and sensory function intact, and full range of motions in arms.)
Abdomen	Not Assessed
Pelvis	Not Assessed
Leg (s)	Not Assessed
Skin	Unremarkable (skin is warm, dry, good turgor, normal color)
Neuro Exam	Not Assessed

TREATMENT AND RESPONSE			
PTA	Time	Medic	Procedure
<input type="checkbox"/>	1833	Hunter, James,AMR	Glasgow Coma Scale - Eyes: 1, Verbal: 1, Motor: 1. Total : 3.
<input type="checkbox"/>	1834	Hunter, James,AMR	Vital Sign/ECG - Patient Supine. Pulse Pulseless . Cardiac Rhythm: Asystole . Ectopy: None.
<input type="checkbox"/>	1834	First Responder, Parame	CPR -
<input type="checkbox"/>	1837	Hunter, James,AMR	Vascular Access - 18 gauge Saline Lock at Left AC Successful in 1 attempts. Total Volume: 10cc. Solution: Normal Saline. Result: No Change.
<input type="checkbox"/>	1839	Andrews, Lori,AMR	Epinephrine 1:10,000 1 mg IV Push, Result: No Change.
<input type="checkbox"/>	1840	Hunter, James,AMR	Atropine 1 mg IV Push, Result: No Change.
<input type="checkbox"/>	1841	Hunter, James,AMR	Intubation - 7.5 mm Oral Endotracheal Tube for Apnea to 26 cm at teeth. Successful and 1 laryngoscopies.. Assessment: Cords visualized, Breath Sounds Left, Breath sounds right, Gastric Sounds Negat, . Hospital verified
<input type="checkbox"/>	1842	Hunter, James,AMR	Tube Assessment - 5 Point Auscultation, Chest Rise, Direct Visualization, Tube Condensation, Waveform EtCo2.
<input type="checkbox"/>	1842	Hunter, James,AMR	ETCO2 - Capnography Value: 38 %
<input type="checkbox"/>	1844	Hunter, James,AMR	Epinephrine 1:10,000 1 mg IV Push, Result: No Change.

- 1845 Hunter, James,AMR Atropine 1 mg IV Push, Result: No Change.
- 1846 Hunter, James,AMR Move to Gurney
- 1848 Hunter, James,AMR Tube Assessment - 5 Point Auscultation, Chest Rise, Waveform EtCo2.
- 1849 Hunter, James,AMR Vital Sign/ECG - Patient Supine. Pulse at Carotid 160 Regular Strong . Cardiac Rhythm: Wide Complex Tachycardia at 160 .
- 1850 Hunter, James,AMR Lidocaine 75 mg IV Push, Result: Not Improved.
- 1850 Hunter, James,AMR Naloxone 2 mg IV Push, Result: No Change.
- 1852 Hunter, James,AMR Transfer Care - Report to: MD, Bed 21, Condition Not so good

PATIENT DISPOSITION			
Disposition:	Transported	Receiving Hospital:	PR (Providence Portland)
Est Time Death:	0	Other Hospital:	
Mode of Transport:	Ground by ALS	Personal Items:	
Air Request By:		First Respond Assist:	<input type="checkbox"/>
Reason For Air:		Base Hospital:	MRH
Destination Decis:	Patient/Family Reques	Base Hosp Contact:	<input type="checkbox"/>
Hosp Divert From:		Base Contact Time:	
		MD Consult:	<input type="checkbox"/>
		Base Physcian:	
		Transport Priority:	CODE 3
		Change In Priority:	CODE 3
		MileageScene:	0
		Mileage Hospital:	2
		Total Mileage:	2.00

Physician Order:

1st Attendant: Hunter, James,AMR 2nd Attendant: Andrews, Lori,AMR 3rd Attendant: Hospital Signature:

[Handwritten Signature]

Number: 129983

Number: 128807

Certification:

Certification: