



## Prehospital Care Report

**BALTIMORE CITY FIRE  
DEPARTMENT**  
401 E Fayette ST.  
Baltimore, MD 21202

Incident Date: 04/12/2015

Call #: 3479133

Patient Care #: 03315062035

## Patient Information

**Name:** grey jr, freddie**Age:** 25 Years**D.O.B:** 08/16/1989 (mm/dd/yyyy)**Gender:** Male**SSN:** 999-99-9999**Address:** 2431 callow ave**Weight:** KG / LB**Race:**

BALTIMORE, BALTIMORE CITY, MD 21217

**Phone:****Ethnicity:**

## Provider Impression

## Primary Impression

Cardiac Arrest

## Secondary Impression

## Protocols Used

Cardiac Arrest

## Narrative

## Summary of Events

## SUBJECTIVE:

Called for a reported Cardiac Arrest - MPDC 9 at 1034 N MOUNT ST / In the city of BALTIMORE. On arrival, found a 25 year Male. Chief complaint of cardiac arrest.

Events surrounding incident: called for injured arm at the police station on arrival the patient was in the rear of the police wagon. unresponsive non breathing he had a small amount of blood from nose and vomitus around mouth. police stated they heard him bang his head in the back of patty wagon. possible injury unknown. The patient's medical history, medications and allergies are noted below.

## OBJECTIVE:

At , the patient was found unresponsive nonbreathing, young black male smell of feces on assessment.called for assistance and ask police for help to transfer him to backboard and stretcher then began intervention. cpr in progress when engine company arrived on scene. client had a idiventricular rhythm on monitor and ventilations continued then cpr progressed. Initial assessment revealed the patient had a GCS of 4 (Eye = 1, Verbal = 1, Motor = 2), P - 34 II, R - 0. Other significant physical exam findings: client was arrested for suspected drug possession so possible drug ingestion or overdose was treated for as well as trauma etiology.

## ASSESSMENT:

The field impression of the patient was Cardiac Arrest. Treatment begun utilizing the following protocols: Cardiac Arrest.

## PLAN:

Treatments were administered as follows:

- 10:17:40: Airway - Bagged (via BVMask) was performed successfully after 18 attempts.
- 10:18:44: Airway - Endotracheal Intubation was performed successfully after 1 attempt.
- 10:18:48: Epinephrine 1:10,000 1 MG Intravenous (IV) Fluids per Protocol (Standing Order). The patient's response was Improved.
- 10:20:37: Blood Glucose Analysis was performed successfully after 1 attempt.
- 10:20:48: CPR - Cardiopulmonary Resuscitation was performed successfully after 1 attempt.
- 10:21:10: Defibrillation - Manual - Shock was performed successfully after 2 attempts.
- 10:21:40: Medical Consultation was performed successfully after 1 attempt.
- 10:22:02: Pulse Oximetry was performed successfully after 1 attempt.
- 10:22:20: Spinal Immobilization - Standing Take-Down was performed successfully after 1 attempt.
- 10:22:37: Venous Access - Intraosseous Adult was performed successfully after 1 attempt.
- 10:23:51: Epinephrine 1:10,000 1 MG Intravenous (IV) Fluids per Protocol (Standing Order). The patient's response was Improved.
- 10:27:31: Epinephrine 1:10,000 1 MG Intravenous (IV) Fluids per Protocol (Standing Order). The patient's response was Improved.
- 10:29:34: Cardiac Monitor was performed successfully after 1 attempt.
- 10:33:42: Naloxone (Narcan) 2 MG Intraosseous (IO) per Protocol (Standing Order). The patient's response was .
- 10:34:14: Sodium bicarbonate 1 MEQ Intravenous (IV) Fluids per Protocol (Standing Order). The patient's response was .

The outcome of field treatment was client went to v-tach twice and shocked both times with sinusb tach return on arrival at shock trauma. The patient was transported to R Adams Cowley Shock Trauma Center - 634 Lights and Sirens. Medical control contact established with 634 prior to departure from scene. Patient delivered to room 2 and verbal report was given to trauma team.

## Prior Aid

## Prior Aid

## Performed By

## Outcome

N/A,

Past Medical History		
<b>MEDICATION ALLERGIES</b>	<b>Generic Name</b>	<b>Description</b>
NKDA (No Known Drug Allergies)	NKDA (No Known Drug Allergies)	
<b>Environmental/Food Allergies</b>	<b>Description</b>	
None		
<b>Patient Medications</b>	<b>Generic Name</b>	<b>Dosage</b>
<b>Medical Surgery History</b>		
Unable to Obtain PMH		
<b>History Primarily Obtained From</b>	<b>Pregnancy</b>	<b>Advanced Directives</b>
	None	
		<b>Practitioner Name</b>

Assessment Exam	
10:36	<b>Mental Status:</b> Unresponsive, ; <b>Neuro:</b> Normal, ; <b>Eyes:</b> R: 7-mm, ; L: 7-mm, ; <b>Skin:</b> Normal, ; <b>Head/Face:</b> Normal, ; <b>Neck:</b> Normal, ; <b>Chest/Lungs:</b> Absent Lung Sounds-Right Side, Absent Lung Sounds-Left Side, ; <b>Heart:</b> Decreased Sounds, ; <b>LUQ:</b> Normal (Soft, Non-Tender), ; <b>LLQ:</b> Normal (Soft, Non-Tender), ; <b>RUQ:</b> Normal (Soft, Non-Tender), ; <b>RLQ:</b> Normal (Soft, Non-Tender), ; <b>GU:</b> Normal, ; <b>Cervical:</b> Normal (No Pain or Deformities), ; <b>Thoracic(back):</b> Normal (No Pain or Deformities), ; <b>Lumbar:</b> Normal (No Pain or Deformities), ; <b>Extremities:</b> <b>Upper R:</b> Normal, ; <b>Upper L:</b> Normal, ; <b>Lower R:</b> Normal, ; <b>Lower L:</b> Normal, ;

Patient Condition				
<b>Chief Complaint:</b> cardiac arrest X Minutes				
<b>Secondary Complaint:</b>				
<b>Alcohol/Drug Use:</b>				
<b>Injury Onset</b>	<b>Injury Cause</b>	<b>Injury Mechanism</b>	<b>Injury Intent</b>	<b>Ht. of Fall</b>
10:14 04 /12/2015	Other Injury	Other		
<b>Primary Symptom</b>	<b>Other Associated Symptoms</b>			
CardioRespiratory Arrest				

Patient Vitals																
Time	B/P	Pulse	Rhythm	Resp.	Effort	SpO2	SpO2 Qual.	ETCO2	GCS	Pain	Stroke Sci	PTA	B.G.	RTS	Limb	Patient Position
10:16		34	II		0 Absent				4	0						

ECG Monitor					
Time	ECG Type	ECG Lead	ECG Interpretation	ECG Ectopy	Cause For Change

Procedures and Treatments						
Time	Crew Name	Location	Size of Equipment	Attempts	Response	Success Comments
10:17 AH	Airway - Bagged (via BVMask)			18		Yes
10:18 AH	Airway - Endotracheal Intubation			1		Yes
10:20 AH	Blood Glucose Analysis			1		Yes 239
10:20 AH	CPR - Cardiopulmonary Resuscitation			1	Improved	Yes
10:21 AH	Defibrillation - Manual - Shock			2	Improved	Yes
10:21 AH	Medical Consultation			1	Improved	Yes
10:22 AH	Pulse Oximetry			1		Yes
10:22 AH	Spinal Immobilization - Standing Take-Down			1	Improved	Yes
10:22 AH	Venous Access - Intraosseous Adult	Tibia IO-Left		1		Yes
10:29 AH	Cardiac Monitor			1		Yes

Intubation Confirmation																							
Time	Preoxy	Gastric Sounds	Lung L/R	Chest L/R	Wave	Form	ETCO2	Numeric	ETCO2	Color	Verify Tube	EDD Draws Back	EDD Inflates	EDD	Misting	POGO Score	Secured	Tube Depth At	Depth	Tube size	Verify X-Ray	MD/RN Verify Placement	
10:18	Yes	No	++	++	Yes		55.00				Visualized Tube passed through Vocal Cords				Yes			Teeth	23				

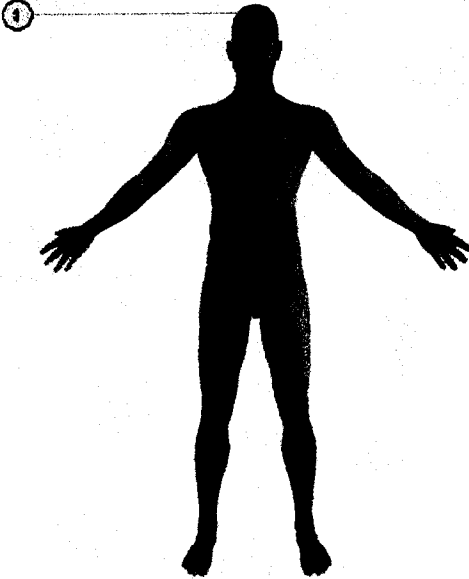
Medication Administered							
Time	Crew	Medication	Route	Dosage	Response	PTA	Comments
10:18 AH		Epinephrine 1:10,000	Intravenous (IV) Fluids	1 MG	Improved	No	
10:23 AH		Epinephrine 1:10,000	Intravenous (IV) Fluids	1 MG	Improved	No	

## Medication Administered

Time	Crew	Medication	Route	Dosage	Response	PTA	Comments
10:27	AH	Epinephrine 1:10,000	Intravenous (IV) Fluids	1 MG	Improved	No	
10:33	AH	Naloxone (Narcan)	Intraosseous (IO)	2 MG		No	
10:34	AH	Sodium bicarbonate	Intravenous (IV) Fluids	1 MEQ		No	

## Physical Assessment

Front



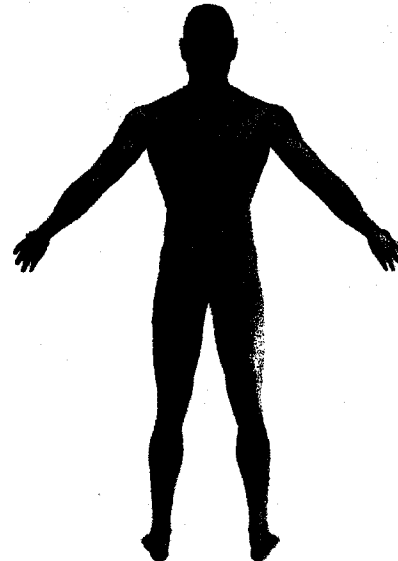
Left



Right



Back



## Injury Details

Injury #	Injury Site	Injury Detail
1	Skin	Bleeding Controlled on skin.

## Cardiac Arrest Data

Cardiac Arrest Witnessed by: Not Witnessed

Time of First CPR: 09:30

Initial Cardiac Rhythm: Unknown AED Non-Shockable Rhythm

Pre-Ambulance AED: No Pre-EMS AED

Time of First Defibrillatory Shock:

Return of Circulation: Yes, Prior to ED Arrival and at the ED

Resuscitation Attempted: Attempted Defibrillation, Attempted Ventilation, Initiated Chest Compressions

Cardiac Arrest Etiology: Presumed Cardiac

Pulse With Pre-Ambulance AED:

Rhythm at Destination: Ventricular Tachycardia - Pulseless

CPR Discontinued at:

## Patient Transport/Positioning

## Patient Moved To Ambulance

## Patient's Position In Transport

## Patient Moved From Ambulance

Call Type and Location	Call Disposition	Response Times and Mileage	
<b>Call Type:</b> Cardiac Arrest - MPDC 9 <b>Resp. Mode:</b> Lights and Sirens <b>Urgency:</b> <b>Response:</b> 911 Response <b>Location:</b> Building/Premises - Jail/Correction Facility <b>Address:</b> 1034 N MOUNT ST / BALTIMORE, BALTIMORE CITY, MD 21217	<b>Disposition:</b> Treated, Transported by This Unit <b>Resp. Mode:</b> Lights and Sirens <b>Destination:</b> R Adams Cowley Shock Trauma Center - 634, Baltimore, MD 21201 <b>Dest. Determined:</b> Specialty Resource Center <b>Diverted From:</b> <b>Response Delay:</b> None <b>Scene Delay:</b> None <b>Transport Delay:</b> None	<b>1st Resp. Arr.:</b> <b>PSAP:</b> 09:26 <b>Disp. Notified:</b> 09:29 <b>Unit Disp.:</b> 09:29 <b>Enroute:</b> 09:30 <b>At Scene:</b> 09:34 <b>At Patient:</b> 09:36 <b>Depart:</b> 10:33 <b>Arrive Dest:</b> 10:38 <b>PT Released:</b> 10:38 <b>In Service:</b> 10:49 <b>In Quarters:</b> <b>Cancelled:</b>	<b>Incident #:</b> 15047223 <b>Call Sign:</b> M43 <b>Veh. #:</b> 20742 M43 <b>Start Miles:</b> <b>Scene Miles:</b> <b>Dest. Miles:</b> <b>End Miles:</b>
			<b>To Scene:</b> <b>To Dest:</b> <b>To End:</b>

## Unit Personnel

Crew Member	Level of Certification	Role
HERBERT, ANGELIQUE (AH)	CRT (Cardiac Rescue Technician)	Primary Patient Caregiver
WHITE, THERMAN (TW)	EMT	Driver

## Billing Information

Payment Method: Not Applicable

Work Related? Not Applicable

## Patient Occupation Information

Occupation	Industry
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## Service Defined Questions

Did you leave any equipment at the hospital? If no, do not reply to other equipment questions	No
Select from list 1	
Amount left from list 1	
Select from list 2	
Amount left from list 2	
Select from list 3	
Amount left from list 3	
Other/Comments	
EMS / JHSPH LADDER Study: 1. Was the patient screened for the Ladder study? If you have not been trained for the Ladder Study answer "NO" regardless of patient's condition. If "No" do not reply to other study questions. If yes continue to next question.	No
EMS / JHSPH LADDER Study: 2a. Did the patient indicate alcohol use?	
EMS / JHSPH LADDER Study: 2b. Did the patient indicate prescription opioid use?	
EMS / JHSPH LADDER Study: 2c. Did the patient indicate heroin, cocaine, or other illicit drug use?	
EMS / JHSPH LADDER Study: 3. Was the provider's impression that the patient is using substances?	
EMS / JHSPH LADDER Study: 4. Is the patient eligible for the Ladder study? (Based on responses to questions 2 and 3)	
EMS / JHSPH LADDER Study: 5. Was a referral card given to the patient?	

Patient Name: grey jr, freddie

Patient Name: grey jr, freddie

**Hospital/Receiving Agent Signature**

**Hospital/Receiving Agent**

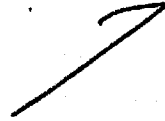
The patient named on this form was received by this facility on the date and at the time indicated above. I am signing on behalf of the patient to authorize the submission of a claim to Medicare, Medicaid, or any other payer for any services provided to the patient by Baltimore City Fire Department. My signature is not an acceptance of financial responsibility for the services rendered.

**I Agree**

**I Disagree**

**Not Applicable**

Signature



Printed Name maura jones m

Date

**Technician**

**Ambulance Crew Member Statement**

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 the "Authorized Representative Signature" section of this form were available or willing to sign on the patient's behalf. I am signing on behalf of the patient to authorize the submission of a claim to Medicare, Medicaid, or any other payer for any services provided to the patient by Baltimore City Fire Department. My signature is not an acceptance of financial responsibility for the services rendered.

**I Agree**

**I Disagree**

**Not Applicable**

Technician


I acknowledge that I have provided the above assessments/treatments for this patient.

**I Agree**

**I Disagree**

**Not Applicable**

Signature



Printed Name ANGELIQUE HERBERT

Date 04/12/2015

Reason Pt. Unable to Sign

**Valuables**

**Valuables:**

**Belongings Left: Not Recorded**

Patient Name: ,



## Prehospital Care Report

BALTIMORE CITY FIRE  
DEPARTMENT401 E Fayette ST.  
Baltimore, MD 21202

Incident Date: 04/12/2015

Call #: 3479190

Patient Care #: 03315062090

## Patient Information

Name: ,

Age:

D.O.B: (mm/dd/yyyy)

Gender:

SSN:

Address:

Weight: KG / LB

Race:

Phone:

Ethnicity:

## Provider Impression

## Primary Impression

## Secondary Impression

## Narrative

## Summary of Events

Assisted m43 with a 25 year old male in cardiac arrest from unknown causes found in back of police wagon while in custody.

## Prior Aid

## Prior Aid

## Performed By

## Outcome

N/A

## Past Medical History

## MEDICATION ALLERGIES

## Generic Name

## Description

## Patient Medications

## Generic Name

## Dosage

## Medical Surgery History

## History Primarily Obtained From Pregnancy Advanced Directives

## Practitioner Name

## Assessment Exam

## Patient Condition

Chief Complaint:

Secondary Complaint:

Alcohol/Drug Use:

## Primary Symptom

## Other Associated Symptoms

## Patient Vitals

Time	B/P	Pulse	Rhythm	Resp.	Effort	SpO2	SpO2 Qual.	EtCO2	GCS	Pain	Stroke Sci	PTA	B.G.	RTS	Limb	Patient Position
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## ECG Monitor

Time	ECG Type	ECG Lead	ECG Interpretation	ECG Ectopy	Cause For Change
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## Procedures and Treatments

Time	Crew Name	Location	Size of Equipment	Attempts	Response	Success	Comments
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## Medication Administered

Time	Crew Medication	Route	Dosage	Response	PTA	Comments
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## Injury Details

## Patient Transport/Positioning

## Patient Moved To Ambulance

## Patient's Position In Transport

## Patient Moved From Ambulance

## Call Type and Location

## Call Disposition

## Response Times and Mileage

Call Type: Cardiac Arrest - MPDC 9

Disposition: Operational Support

1st Resp. Arr.:

Resp. Mode: Lights and Sirens

Provided Only

PSAP: 09:26

Incident #: 15047223

Urgency:

Resp. Mode:

Disp. Notified: 09:40

Call Sign: EMS2

Response: 911 Response

Destination:

Unit Disp.: 09:40

Veh. #: 40708 EMS2

Dest. Determ.:

Enroute: 09:41

Start Miles:

Patient Name: ,

Call Type and Location		Call Disposition		Response Times and Mileage	
<b>Location:</b> Building/Premises - Jail/Correction Facility <b>Address:</b> 1034 N MOUNT ST / BALTIMORE, Baltimore (city), MD 21229		<b>Diverted From:</b> <b>Response Delay:</b> None <b>Scene Delay:</b> None <b>Transport Delay:</b> None		<b>At Scene:</b> 09:47 <b>At Patient:</b> <b>Depart:</b> <b>Arrive Dest:</b> <b>In Service:</b> 09:40 <b>In Quarters:</b> <b>Cancelled:</b>	
				<b>Scene Miles:</b>  <b>Dest. Miles:</b>  <b>End Miles:</b>	<b>To Scene:</b>  <b>To Dest:</b>  <b>To End:</b>
Unit Personnel					
<b>Crew Member</b>		<b>Level of Certification</b>		<b>Role</b>	
IRONS, JAMES (JI)		Paramedic		Supervisor	
Billing Information					
<b>Payment Method:</b>				<b>Work Related?</b> Not Applicable	
Patient Occupation Information					
<b>Occupation</b>			<b>Industry</b>		
Service-Defined Questions					
Did you leave any equipment at the hospital? if no, do not reply to other equipment questions No Select from list 1 Amount left from list 1 Select from list 2 Amount left from list 2 Select from list 3 Amount left from list 3 Other/Comments EMS / JHSPH LADDER Study: 1. Was the patient screened for the Ladder study? If you have not been trained for the Ladder Study answer "NO" regardless of patient's condition. If "No" do not reply to other study questions. If yes continue to next question. No EMS / JHSPH LADDER Study: 2a. Did the patient indicate alcohol use? EMS / JHSPH LADDER Study: 2b. Did the patient indicate prescription opioid use? EMS / JHSPH LADDER Study: 2c. Did the patient indicate heroin, cocaine, or other illicit drug use? EMS / JHSPH LADDER Study: 3. Was the provider's impression that the patient is using substances? EMS / JHSPH LADDER Study: 4. Is the patient eligible for the Ladder study? (Based on responses to questions 2 and 3) EMS / JHSPH LADDER Study: 5. Was a referral card given to the patient?					

Patient Name: ,

Technician

**Ambulance Crew Member Statement**

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 the "Authorized Representative Signature" section of this form were available or willing to sign on the patient's behalf. I am signing on behalf of the patient to authorize the submission of a claim to Medicare, Medicaid, or any other payer for any services provided to the patient by Baltimore City Fire Department. My signature is not an acceptance of financial responsibility for the services rendered.

I Agree

I Disagree

Not Applicable

Technician

I acknowledge that I have provided the above assessments/treatments for this patient.

I Agree

I Disagree

Not Applicable

Signature



Printed Name JAMES IRONS

Date

Reason Pt. Unable to Sign

Valuables

Valuables:

Belongings Left: Not Recorded