Beaufort County Emergency Medical Services
Patient Care Record

Name: HAMMOND, GEOFF **Incident #:** 17EM06216 **Date:** 06/14/2017 Patient 1 of 1

Patient Information			
Last	HAMMOND	Address	12 HANOVER WAY
First	GEOFF	Address 2	COLLETON RIVER
Middle		City	Bluffton
Gender	Male	State	SC
DOB	08/15/1947	Zip	29909
Age	69 Yrs, 9 Months, 30 Days	Country	US
Weight		Tel	
Pedi Color		Physician	
SSN		Ethnicity	Not Hispanic or Latino
Race	White		
Advance Directive		None	
Resident Status			

Clinical Impression			
Primary Impression	Cardiac Arrest		
Secondary Impression			
Protocol Used	Asystole		
Anatomic Position	General/Global		
Chief Complaint	CARDIAC ARREST		
Duration	10	Units	Minutes
Secondary Complaint			
Duration		Units	
Patient's Level of Distress	None		
Signs & Symptoms	Cardiac - Cardiac Arrest		
Injury	--		
Medical/Trauma	Medical		
Barriers of Care	Unconscious		
Alcohol/Drugs	None		
Pregnancy	No		

Medication/Allergies/History	
Medications	Other - STATIN
Allergies	NKDA
History	Hyperlipidemia

Vital Signs

Time	AVPU	Side	POS	BP	Pulse	RR	SPO2	ETCO2	CO	BG	Temp	Pain	GCS(E+V+M)/Qualifier	RTS	PTS
10:24	U		Lay	/	0	0							3=1+1+1		
10:27	U		Lay	/	0	0				112			3=1+1+1		
10:33	U		Lay	/	0	0							3=1+1+1		

ECG

Time	3-Lead ECG	12-Lead ECG
10:24	Asystole	
10:27	Asystole	
10:33	Asystole	

Flow Chart

Time	Treatment	Description	Provider
PTA	King Airway	5.0; Placement Verfication: Lung Sounds, No Epigastric Sounds, Chest Rise, Waveform CO2 Patient Response: Unchanged; Stop Time: 10:35; Successful;	
PTA	OPA	Comments PER BLUFFTON FIRE; Patient Response: Unchanged;	
PTA	CPR	Comments VIA BLUFFTON FIRE; Patient Response: Unchanged;	
10:24	3-Lead ECG	Comments ASYSTOLE IN MULTIPLE LEADS; Patient Response: Unchanged;	TISDALE, DOUGLAS
10:24	BLS Assessment	Comments APNEIC, PULSELESS; Patient Response: Unchanged;	TISDALE, DOUGLAS
10:24	Intraosseous	EZ-IO (Adult); Tibia - Right; Normal Saline; Total Fluid 150 ml; Patient Response: Unchanged; Successful;	TISDALE, DOUGLAS
10:25	ALS Assessment	Comments PT ASYSTOLIC; Patient Response: Unchanged;	TISDALE, DOUGLAS
10:25	Epinephrine 1:10	1 mg; Intraosseous; Patient Response: Unchanged;	TISDALE, DOUGLAS
10:30	Epinephrine 1:10	1 mg; Intraosseous; Patient Response: Unchanged;	TISDALE, DOUGLAS
10:33	Consult/Order Requested	Comments REQUEST TO CEASE RESUSCITATION GRANTED BY DR. PRUITT; Patient Response: Unchanged;	TISDALE, DOUGLAS
10:33	CPR Discontinued	Comments CPR CEASED ON ORDER OF DR PRUITT AT HILTON HEAD ER; Patient Response: Unchanged;	TISDALE, DOUGLAS

Initial Assessment

Category	Comments	Abnormalities		
Mental Status		Mental Status	+	Unresponsive
Skin	CYANOSIS PRESENT FROM CLAVICLES SUPERIOR THROUGH FACE AND HEAD	Skin	-	Cold, Cyanotic, Diaphoresis, Hot, Jaundiced, Lividity, Mottled, Pale
HEENT	MANUAL VENILATION WITH BVM AND KING AIRWAY	Head/Face		Not Assessed
		Eyes	+	Left: Non-Reactive, Right: Non-Reactive
		Neck/Airway		Not Assessed
Chest		Chest		Not Assessed
		Heart Sounds		Not Assessed
		Lung Sounds	+	LL: Absent, LU: Absent, RL: Absent, RU: Absent

06/14/2017 14:00:15
PCRID: 4641e5d3-9a6a-4fe0-96ed-a79200b4cf7d
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Template Version: PCR-WEB-1.1.5
Data Version: 00297-00000000A01623DD

Beaufort County Emergency Medical Services
Patient Care Record

Name: HAMMOND, GEOFF **Incident #:** 17EM06216 **Date:** 06/14/2017 Patient 1 of 1

Initial Assessment

Category	Comments	Abnormalities		
Abdomen		General		No Abnormalities
		Left Upper		Not Assessed
		Right Upper		Not Assessed
		Left Lower		Not Assessed
		Right Lower		Not Assessed
Back		Cervical		Not Assessed
		Thoracic		Not Assessed
		Lumbar/Sacral		Not Assessed
Pelvis/GU/GI		Pelvis/GU/GI		Not Assessed
Extremities		Left Arm		Not Assessed
		Right Arm		Not Assessed
		Left Leg		Not Assessed
		Right Leg		Not Assessed
		Pulse		Not Assessed
		Capillary Refill		Not Assessed
Neurological		Neurological		Not Assessed

Assessment Time: 06/14/2017 10:24:00

Narrative

EMS 8 DISPATCHED TO A CARDIAC ARREST. PRIOR TO ARRIVAL BLUFFTON FIRE ARRIVED ON SCENE AND INITIATED CPR. ON EMS ARRIVAL PATIENT LYING SUPINE WITH FIRE PERSONNEL PROVIDING MANUAL CHEST COMPRESSIONS AND VENTILATING WITH BVM AND KING AIRWAY. PATIENT HAS CLEAR BILATERAL BREATH SOUNDS. AED APPLIED BY FIRE PERSONNEL BUT NO SHOCK GIVEN. GOOD COMPRESSION PULSE LOCATED IN RIGHT FEMORAL ARTERY. IMMEDIATELY APPLIED CARDIAC MONITOR WHICH SHOWS ASYSTOLE IN LEADS I II AND III. WIFE STATES SHE HEARD PATIENT COUGH UPSTAIRS AND THEN DIDN'T HEAR ANYTHING ELSE. SHE WENT TO CHECK ON PATIENT AND FOUND HIM PRONE AND UNRESPONSIVE. SHE CALLED 911 AND WAS UNABLE TO GET PATIENT ON HIS BACK TO PERFORM CPR. WIFE WAS ADAMANT WANTING EVERYTHING POSSIBLE DONE FOR HER HUSBAND. SHE STATES PATIENT HAS NO MEDICAL HX SAVE HYPERLIPIDEMIA. PATIENT HAS NOT COMPLAINED OF ANYTHING OUT OF THE ORDINARY TODAY. INITIATED IO TO RIGHT TIBIA WITH ADULT IO NEEDLE. GOOD BLOOD RETURN AND FLUSHED 10CC SALINE WITH EASE. SECURED WITH IO DEVICE. ATTACHED NORMA SALINE AT 125CC/HR RATE. ADMINISTERED EPI 1 MG IO AND FLUSHED WITH SALINE. CONTINUED DEEP RAPID CHEST COMPRESSIONS AND VENTILATIONS. AFTER 5 MINUTES ADMINISTERED 2ND DOSE OF EPI 1MG IO AND FLUSHED WITH SALINE. CONTACTED ONLINE MEDICAL CONTROL AT HILTON HEAD ER AND ADVISED PHYSICIAN OF CURRENT FINDINGS AND PRIOR TREATMENT. ER PHYSICIAN ADVISED TO CEASE EFFORTS. IMMEDIATELY CEASED EFFORTS AND NOTIFIED WIFE. CORONER CONTACTED BY PARAMEDIC KAMINOWITZ COMPLETED DEATH IN THE FIELD FORM AND LEFT WITH BCSO. RETURNED TO SERVICE.

Specialty Patient - Advanced Airway

Airway	Indications	Monitoring Devices	Rescue Devices	Reasons Failed Intubation
	Apnea/Agonal Respirations	EtCO2	BVM Combitube/King Airway	N/A

Specialty Patient - CPR

Cardiac Arrest	Yes, Prior to EMS Arrival	Prearrival CPR Instructions	Yes	In Field Pronouncement	
Cardiac Arrest Etiology	Presumed Cardiac	First Defibrillated By		Expired	Yes
Estimated Time of Arrest	4-6 Minutes	Time of First Defib		Time	10:33
Est Time Collapse to 911	2 Minutes	Initial ECG Rhythm	Asystole	Date	06/14/2017
Est Time Collapse to CPR	8 Minutes	Rhythm at Destination		Physician	PRUITT
Arrest Witnessed By	Not Witnessed	Hypothermia	No		
CPR Initiated By	Medical/Health Care provider	End of Event	Pronounced in the Field		
Tme 1st CPR	10:14 06/14/2017	ROSC	No		
CPR Feedback	No	ROSC Time			
ITD Used	No	ROSC Occured	Never		
Applied AED	Yes	Resuscitation Discontinued	10:33 06/14/2017		
Applied By	Medical/Health Care provider	Discontinued Reason	Medical Control Order		
Defibrillated	No	Resuscitation	Resuscitation Attempted - Yes ; Initiated Chest Compressions, Attempted Ventilation		
CPR Type					

Incident Details		Destination Details		Incident Times	
Location Type	Home	Disposition	Dead on Scene, No Transport	PSAP Call	10:09:51
Location		Transport Due To		Dispatch Notified	10:09:51
Address	12 HANOVER WAY	Transported To		Call Received	10:09:51
Address 2	COLLETON RIVER	Requested By	Family	Dispatched	10:10:45
		Destination		En Route	10:11:15
City	Bluffton			Resp on Scene	

06/14/2017 14:00:
PCRID: 4641e5d3-9a6a-4fe0-96ed-a79200b4cf
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Template Version: PCR-WEB-1.1
Data Version: 00297-00000000A01623(

Beaufort County Emergency Medical Services
Patient Care Record

Name: HAMMOND, GEOFF **Incident #:** 17EM06216 **Date:** 06/14/2017 Patient 1 of 1

Incident Details		Destination Details		Incident Times	
County	Beaufort	Address		On Scene	10:22:14
State	SC	Address 2		At Patient	10:24:00
Zip	29909	City			
Medic Unit	EMS8	County		Depart Scene	11:04:00
Medic Vehicle	EMS8	State		At Destination	
Run Type	911 Response	Zip		Pt. Transferred	
Priority Scene	Lights/Sirens	Zone		Call Closed	11:04:47
Shift	A Crew	Condition at Destination		In District	11:10:00
Zone	9A Colleton River Dr -Moss Creek Plantation Dr	Destination Record #			
Level of Service	Advanced Life Support	Trauma Registry ID			
EMD Complaint	Cardiac Arrest	EMD Card Number			

Crew Members

Personnel	Role	Certification Level
TISDALE, DOUGLAS	Lead	EMT-Paramedic (South Carolina) - SC036416
FITZGIBBONS, MARK	Driver	NREMT-Basic (NREMT-B) - E1834121

Mileage	
Scene	6.3
Destination	
Loaded Miles	
Start	0.1
End	6.3
Total Miles	6.2

Delays	
Category	Delays
Dispatch Delays	None
Response Delays	None
Scene Delays	None
Transport Delays	None
Turn Around Delays	None

Additional Agencies

Beaufort County EMS, Beaufort County SO, Bluffton Fire and Rescue

Personal Items

Item	Given To	Comment
NONE		

Billing Authorization

Authorization	

Section I - Authorization for Billing

Signature

Signed On	
Notice of Privacy Practices Provided	
Billing Authorization	
HIPAA Acknowledgement	

06/14/2017 14:00:1
PCRID: 4641e5d3-9a6a-4fe0-96ed-a79200b4cf7
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[illegible] County Emergency Medical Services
Patient Care Record

Name: HAMMOND, GEOFF **Incident #:** 17EM06216 **Date:** 06/14/2017 Patient 1 of 1

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)

Patient's Legal Guardian
Patient's Medical Power of Attorney
Relative or other person who receives benefits on behalf of the patient
Relative or other person who arranges treatment or handles the patient's affairs
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	
Printed Name	
Reason unable to sign	

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	
Notice of Privacy Practices Provided	
Printed Name	
Title of Representative	

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Beaufort County Emergency Medical Services
Patient Care Record

Name: HAMMOND, GEOFF **Incident #:** 17EM06216 **Date:** 06/14/2017 Patient 1 of 1

Facility Signatures

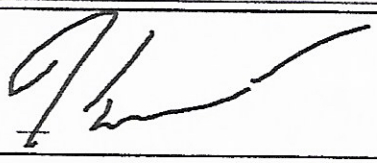
Signed On	
Receiving	

Signed On	
Paperwork Received	

Signed On	
Airway Confirmation	

Provider Signatures

Lead Provider	TISDALE, DOUGLAS	**Certification Level**	EMT-Paramedic (South Carolina) - SC036416



Provider	FITZGIBBONS, MARK	**Certification Level**	NREMT-Basic (NREMT-B) - E1834121

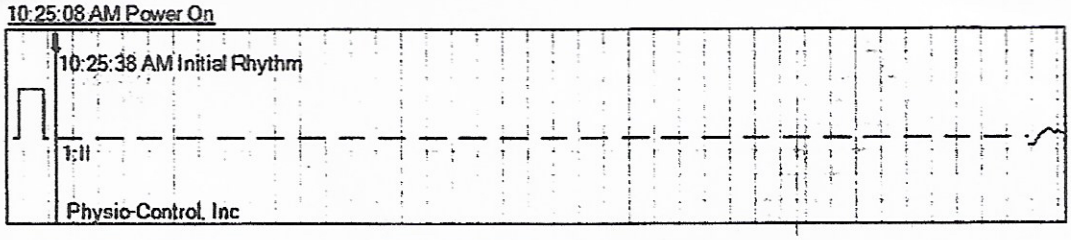
Provider		**Certification Level**	

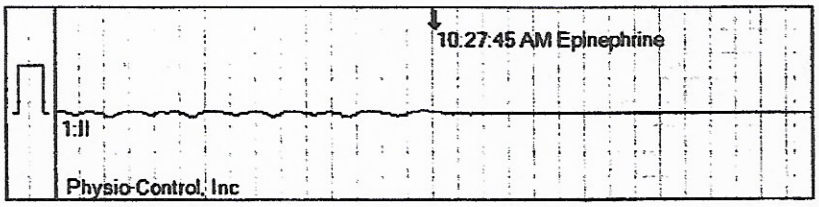
Provider		**Certification Level**	

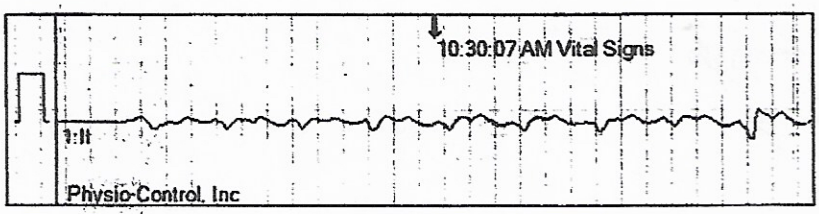
Bedford County Emergency Medical Services
Patient Care Record

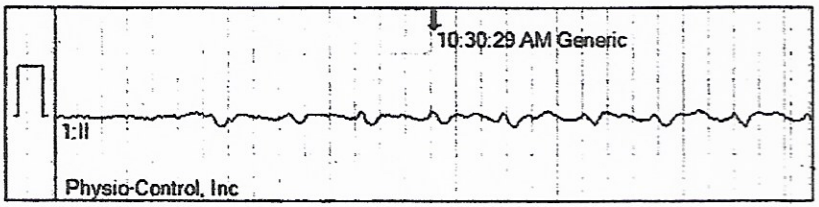
Name: HAMMOND, GEOFF **Incident #:** 17EM06216 **Date:** 06/14/2017 Patient 1 of 1

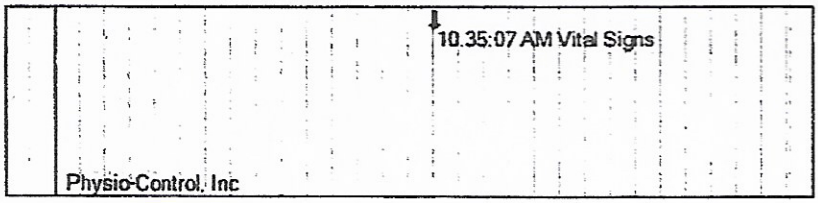
10:25:08 AM Power On











10:35:13 AM Power Off

Name:		Power On	6/14/2017 10:25:08 AM	Physio-Control, Inc
ID:	061417102507	Elapsed Time	0:09:59	
Patient ID:				
Incident ID:				
Location:				
Age:	Sex:	3306808-007 LP1542480064		

No Data Available

06/14/2017 14:00:1
PCRID: 4641e5d3-9a6a-4fe0-96ed-a79200b4cf7
Electronically Signed by: TISDALE, DOUGLA
Template Version: PCR-WEB-1.1
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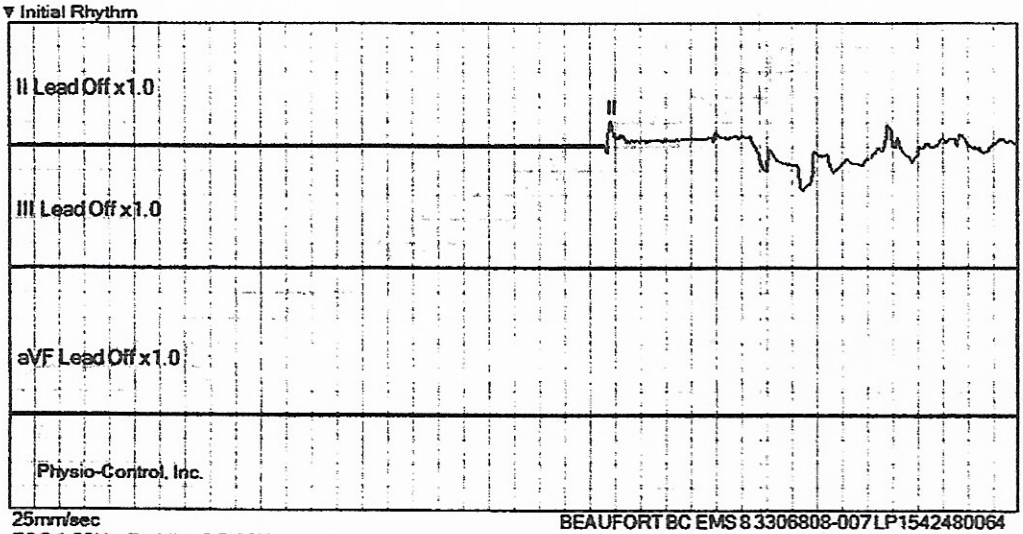
Beaufort County Emergency Medical Services
Patient Care Record

Name: HAMMOND, GEOFF **Incident #:** 17EM06216 **Date:** 06/14/2017 Patient 1 of 1

Name:		Initial Rhythm	10:25:38 AM	SpO2+PR	---
ID:	061417102507			SpCO	---
Patient ID:				SpMet	---
Incident ID:					
Location:					
Age:	Sex:				
6/14/2017					

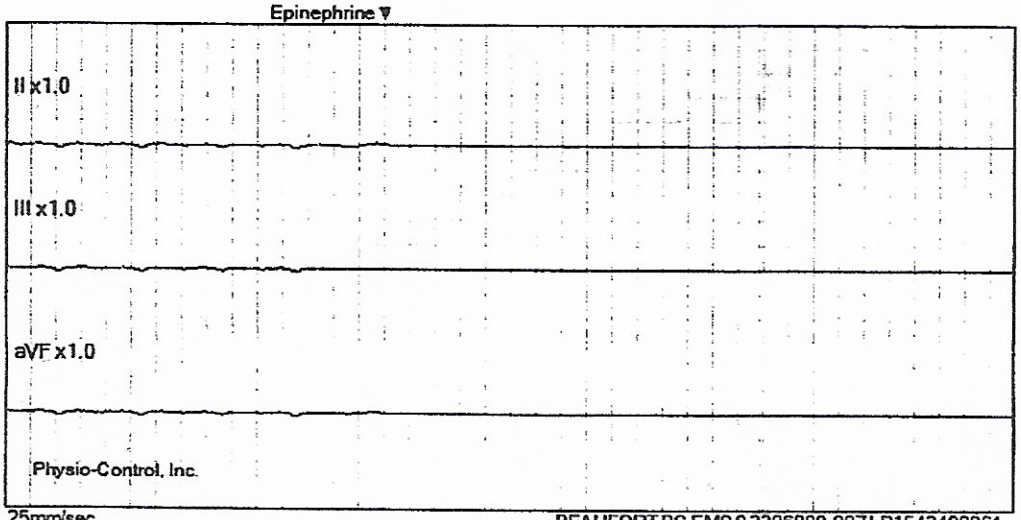
▼ Initial Rhythm



25mm/sec BEAUFORT BC EMS 8 3306808-007 LP1542480064
ECG 1-30Hz Paddles 2.5-30Hz

Name:		Epinephrine	10:27:45 AM	HR	---
ID:	061417102507			SpO2+PR	---
Patient ID:				SpCO	---
Incident ID:				SpMet	---
Location:					
Age:	Sex:				
6/14/2017					

Epinephrine ▼



25mm/sec BEAUFORT BC EMS 8 3306808-007 LP1542480064
ECG 1-30Hz Paddles 2.5-30Hz

06/14/2017 14:00:15
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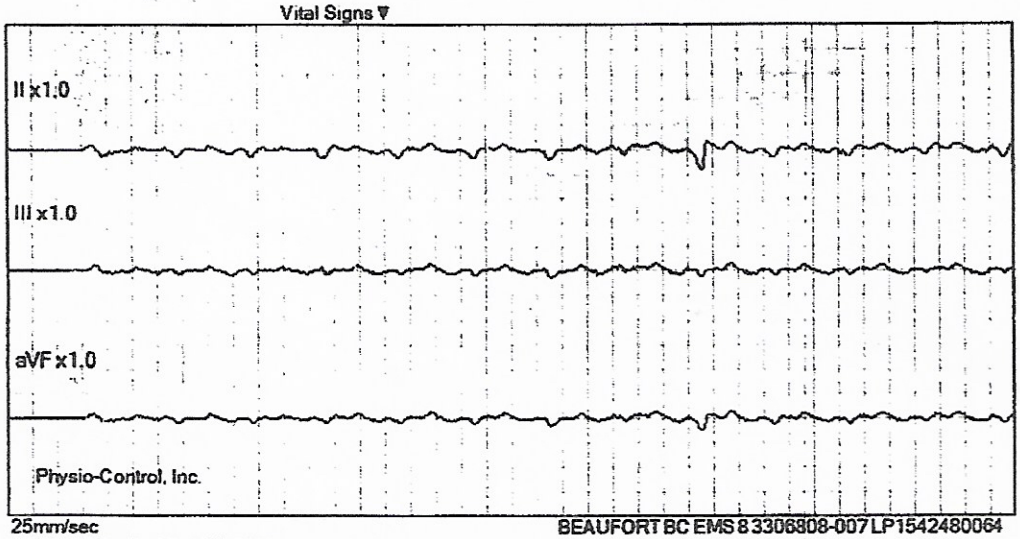
Beaufort County Emergency Medical Services
Patient Care Record

Name: HAMMOND, GEOFF **Incident #:** 17EM06216 **Date:** 06/14/2017 Patient 1 of 1

Name:		Vital Signs	10:30:07 AM	HR	—
ID:	061417102507			SpO2+PR	---•---
Patient ID:				SpCO	—
Incident ID:				SpMet	---
Location:					
Age:	Sex:				
6/14/2017					

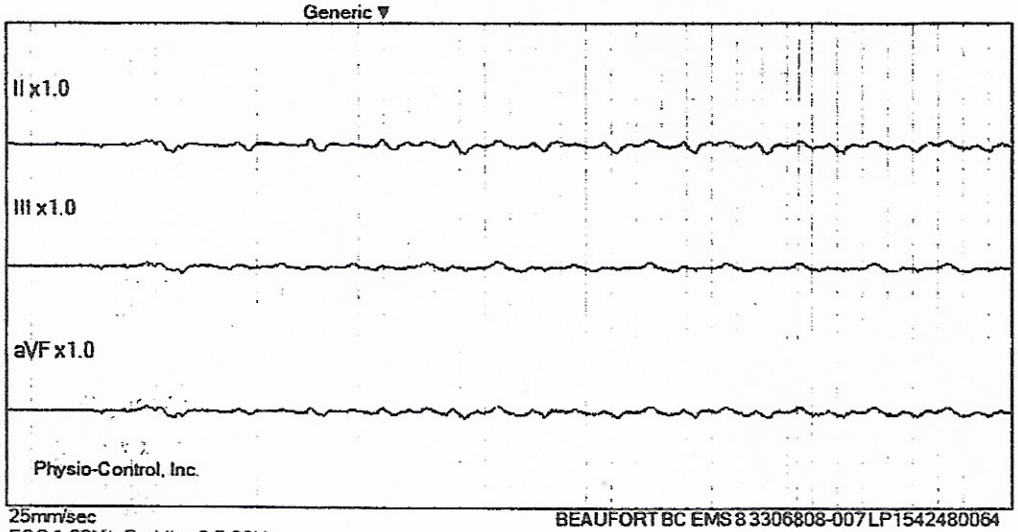
Vital Signs ▼



25mm/sec
ECG 1-30Hz Paddles 2.5-30Hz
BEAUFORT BC EMS 8 3306808-007 LP1542480064

Name:		Generic	10:30:29 AM	HR	---
ID:	061417102507			SpO2+PR	---•---
Patient ID:				SpCO	---
Incident ID:				SpMet	---
Location:					
Age:	Sex:				
6/14/2017					

Generic ▼



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ECG 1-30Hz Paddles 2.5-30Hz
BEAUFORT BC EMS 8 3306808-007 LP1542480064

06/14/2017 14:00:1
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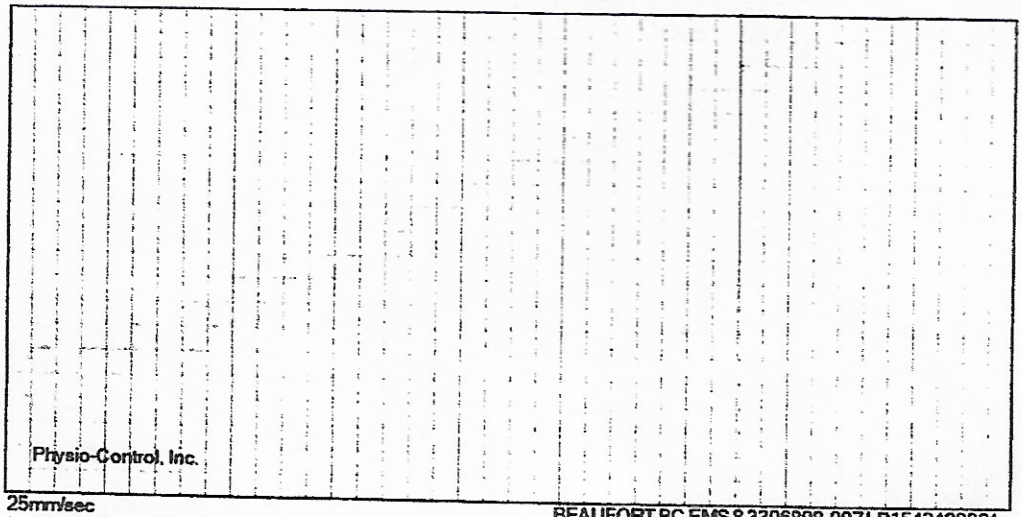
Beaufort County Emergency Medical Services
Patient Care Record

Name: HAMMOND, GEOFF

Incident #: 17EM06216

Date: 06/14/2017

Name:		Vital Signs	10:35:07 AM	HR	—
ID:	061417102507			SpO2+PR	— —
Patient ID:				SpCO	—
Incident ID:				SpMet	—
Location:					
Age:	Sex:				
6/14/2017					



25mm/sec
ECG 1-30Hz Paddles 2.5-30Hz

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