

MT

Patient Name: RAYNER, KELSEY J.

GBI

Prehospital Care Report

Appling County Ambulance Service

471 Fair Street

Baxley, GA 31513

Incident Date: 07/26/2017

Call #: 2017072815495

Patient Care #: 20170906

Patient Information

Name: RAYNER, KELSEY J.	Age: 42 Years	D.O.B: [REDACTED] 1975 <small>(mm/dd/yyyy)</small>
Address: 21 ROGERS ST Baxley, Appling, GA 31513	Gender: Male Weight: KG / LB	SSN: [REDACTED] Race: Black or African American
	Phone:	Ethnicity: Not Hispanic or Latino

Provider Impression

Primary Impression	Secondary Impression
Cardiac Arrest	

Narrative

Summary of Events

1M6 RESPONDED EMERGENT TO APPLING DETENTION CENTER FOR A PT UNRESPONSIVE, NOT BREATHING. ON ARRIVAL EMS WAS INFORMED BY STAFF THAT CPR WAS CURRENTLY IN PROGRESS. UPON MAKING PT CONTACT, PT APPEARS TO BE A 40S YOM LAYING SUPINE IN FLOOR WITH DARK BROWN VOMITUS TO THE LEFT OF HIS HEAD, CPR IN PROGRESS BY STAFF. PT ABDOMEN GREATLY DISTENDED. STAFF STATED "THAT HE HAD BEEN LAYING IN FLOOR FOR ABOUT THE LAST HOUR TALKING TO THEM." WHEN ASKED IF HE HAD BEEN TALKING OR JUST MAKING NOISES STAFF STATED "HE HAD JUST BEEN MAKING NOISE." STAFF STATED IT WAS A WITNESSED ARREST APPROXIMATELY 5 MINUTES PRIOR TO EMS ARRIVAL. PT PUPILS FIXED AND DILATED, SKIN TEMP COLD AND DRY, PT TORSO COLD TO THE TOUCH. UPON VISUAL INSPECTION PT APPEARS ATRAUMATIC. CARDIAC MONITOR ATTACHED, ASYSTOLE IN LEADS I,II,III. RESUSCITATIVE EFFORTS CEASED. PT TURNED OVER TO DEPUTY ANTHONY TILLMAN.

Prior Aid

Prior Aid	Performed By	Outcome

Past Medical History

MEDICATION ALLERGIES	Generic Name	Description
NKDA		

Patient Medications	Generic Name	Dosage

Medical Surgery History

Psychological/Behavioral - Depression, Psychological/Behavioral - Manic/Depressive (Bi-Polar), Psychological/Behavioral - Schizophrenia

History Primarily Obtained From	Pregnancy	Advanced Directives	Practitioner Name
Health Care Personnel	N/A		

Assessment Exam

07:54	Mental Status: Unresponsive, ; Neuro: Not Done, ; Skin: Cold, Dry, ;
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Patient Condition

Chief Complaint: CARDIAC ARREST X Minutes

Patient Condition																				
Secondary Complaint:																				
Alcohol/Drug Use: No Apparent Alcohol/Drug Use																				
Primary Symptom							Other Associated Symptoms													
Patient Vitals																				
Time	B/P	Pulse	Rhythm	Resp.	Effort	SpO2	SpO2 Qual.	EtCO2	GCS	Pain	Stroke Scl	PTA	B.G.	RTS	Limb	Patient Position				
ECG Monitor																				
Time	ECG Type	ECG Lead	ECG Interpretation								ECG Ectopy		Cause For Change							
22:22	ECG-Monitor	II	ASYSTOLE LEADS I,II,III								No Ectopy Noted									
Procedures and Treatments																				
Time	Crew	Name	Location	Size of Equipment	Attempts	Response	Success	Comments												
		CPR -Cardiopulmonary Resuscitation			1															
22:21	LM	Cardiac Monitor			1	Unchanged	Yes	ASYSTOLE I,II,III												
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	
Medication Administered																				
Time	Crew	Medication	Route	Dosage	Response	PTA	Comments													
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 Resp. Mode: Lights and Sirens Urgency: Response: 911 Emergency Response (Scene) Location: Jail, Prison, Other Incarceration Institution Address: APPLING DETENTION CENTER Baxley, Appling, GA 31513				Disposition: Dead at Scene Resp. Mode: Destination: Dest. Determ.: Diverted From:				1st Resp. Arr.: PSAP: Incident #: 2017072815495 Dispatch Notified: 22:02 Call Sign: 1-M-6 Unit Disp.: 22:02 Veh. #: 05572 Enroute: 22:02 Start Miles: 0.0 At Scene: 22:04 Scene Miles: 1.4 To Scene: 1.4 At Patient: 22:05 Depart: Arrive Dest: Miles: 1.4 To Dest: 0.0 In Service: 22:26 In Quarters: Miles: 1.4 To End: 0.0 Cancelled:												

Unit Personnel		
Crew Member	Level of Certification	Role
MERCER, LOGAN (LM)	EMT-Paramedic <i>Logan, Mercer</i>	Primary Patient Caregiver
LIGHTSEY, JIM (JL)	EMT-Paramedic	Driver

Billing Information	
Payment Method: Insurance	Work Related?

Patient Occupation Information	
Occupation	Industry

Date: 7/26/17

Appling County Ambulance Service
471 Fair Street • Baxley, GA 31513
Director: Jimmy Twiggs

Run # 20170906

NAME Royall, Key Jerome AGE 42 D.O.B. [REDACTED] 175
ADDRESS 21 Rogers Street CITY Baxley STATE GA ZIP 31513
SSN [REDACTED] RACE B SEX M F PHONE # _____
PCP _____ INSURANCE _____
CHIEF COMPLAINT Cardiac Arrest

INCIDENT/TIMES
LOCATION: _____
DISP: <u>2202</u> 10-76 <u>2202</u> 10-23 <u>2204</u>
10-23 PT <u>2205</u> 10-76 DEST _____
10-23 DEST _____ 10-8 <u>2226</u>

GCS SCORE: INITIAL 3 DEST 3 SPONTAN - 4 ORIENTED - 5 OBEDIENT - 6
 TO VOICE - 3 CONFUSED - 4 LOCALIZED - 5
 MEDICAL HX: Schizophrenia, bi-polar, Depression TO PAIN - 2 INAPPROP - 3 WITHDRAWAL - 4
 NONE - 1 INCOMPRE - 2 FLEXION - 3
 NONE - 1 EXTENSION - 2
 NONE - 1

ALLERGIES: NKA MEDICATIONS: _____

Mileage: 10-76: 6.0 10-23: 1.4 10-23 DEST: _____ 10-8: 1.4

TIME	EMT#	PULSE	RESP	SaO2	B/P	NEURO	D-STICK	ETCO2	ORDERS - TREATMENT - RX - EKG

NARRATIVE: _____

MENT EXAMINATION - EMS

MENTAL STATUS

Level of Consciousness (AVPU)

Speech: "You can't teach an old dog new tricks"

Questions (age, month)

Commands (close, open eyes)

CRANIAL NERVES

Facial Droop (show teeth or smile)

Visual Fields (four quadrants)

Horizontal Gaze (side to side)

LIMBS

Drift - Arm (close eyes, extend arms palms down)

Drift - Leg (open eyes, lift each leg separately)

Sensory - Arm (close eyes & touch, pinch)

Sensory - Leg (close eyes & touch, pinch)

Coordination - Arm (finger-nose)

Coordination - Leg (heel-shin)

Date / Time Symptoms _____

TRANSPORTED TO: N/T

CARE RENDERED	D	1	2	CARE RENDERED	D	1	2	ATTEMPT	SUCCESS
ASSIST DELIVERY				OTHER				1 2 3	Y N
BAG - VALVE - MASK				SYNC CARDIOVERT				1 2 3	Y N
BLEED CONTROL				MANUAL DEFIB.				1 2 3	Y N
CARDIAC MONITOR				CHEST DECOMP.				1 2 3	Y N
CPR				ORAL/NAS AIRWAY				1 2 3	Y N
C - SPINE MANAGED				ADV AIRWAY				1 2 3	Y N
GLUCOSE				ET/NT INTUB				1 2 3	Y N
MEDICATION				INTRAOSSEOUS				1 2 3	Y N
OXYGEN				IV #1				1 2 3	Y N
SPLINTS				IV #2				1 2 3	Y N
SUCTION				IV #3				1 2 3	Y N
TRACTION SPLINT				NEEDLE CRIC				1 2 3	Y N
COMBI - TUBE				PACING				1 2 3	Y N
WOUND DRESSING				VAGAL MANVR				1 2 3	Y N

PATIENT REC'D BY: CPI [Signature] DATE _____ DRIVER/MEDIC: _____ CERT & # _____
 PHYSICIAN SIGNATURE: _____ DATE _____ ATTENDING MEDIC: [Signature] CERT & # 13387
 ER PHYSICIAN: _____ ADDITIONAL PERSONNEL _____ CERT & # _____

EMS
Call Starting With Department

E911 Radio Operator Log

Call By All Unit(s) With Traffic Details

Print Date / Time
07/26/2017 22:34.56

Page : Page 1 of 1

M/D	Time	Case Number	Signal Code	Unit	Dispatch Time	InRoute Time	Arrival Time	LeftScene Time	SecondScene Time	Completion Time	Status
7/26/17	22:01:58	17-07-0147-E	10-52	1-M-6	22:02:06	22:02:07	22:04:21			22:26:42	

Complainant
TINA MERCED
Location
560 BARNES ST

Telephone
367-8121
Dispatcher
Felicia

Nature of Transmission
MALE PATIENT IN THE DETENTION CENTER NOT BREATHING 0.0 - 1.4
CALL TURNED OVER TO THE CORONER

Appling County Ambulance Service
471 Fair Street • Baxley, GA 31513
Director: Jimmy Twiggs

Run # 20170906

INCIDENT/TIMES
LOCATION: _____
DISP: 2202 10-76 2202 10-23 2204
10-23 PT 2205 10-76 DEST _____
10-23 DEST _____ 10-8 2226

6/17
Rayner, Wesley Jerome
ADDRESS 21 Rogers Street CITY Baxley STATE GA ZIP 31513
AGE 42 D.O.B. 1/75
SSN [REDACTED] RACE B SEX M F PHONE # _____
PCP _____ INSURANCE _____
CHIEF COMPLAINT Cardiac Arrest

GCS SCORE: INITIAL 3 DEST 3
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CARE RENDERED	D	1	2	CARE RENDERED	D	1	2	ATTEMPT			SUC
								1	2	3	
ASSIST DELIVERY				OTHER				1	2	3	Y
BAG - VALVE - MASK				SYNC CARDIOVERT				1	2	3	Y
BLEED CONTROL				MANUAL DEFIB.				1	2	3	Y
CARDIAC MONITOR				CHEST DECOMP.				1	2	3	Y
CPR				ORAL/NAS AIRWAY				1	2	3	Y
C - SPINE MANAGED				ADV AIRWAY				1	2	3	Y
GLUCOSE				ET/NT INTUB				1	2	3	Y
MEDICATION				INTRAOSSEOUS				1	2	3	Y
OXYGEN				IV #1				1	2	3	Y
SPLINTS				IV #2				1	2	3	Y
SUCTION				IV #3				1	2	3	Y
TRACTION SPLINT				NEEDLE CRIC				1	2	3	Y
COMBI - TUBE				PACING				1	2	3	Y
WOUND DRESSING				VAGAL MANVR				1	2	3	Y

PATIENT REC'D BY: (CP) [Signature] DATE _____ DRIVER/MEDIC: _____ CERT & # _____
PHYSICIAN SIGNATURE: _____ DATE _____ ATTENDING MEDIC: [Signature] CERT & # 1338
ADDITIONAL PERSONNEL _____ CERT & # _____

EMS

E911 Radio Operator Log

Call By All Unit(s) With Traffic Details

Starting With Department

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Complainant
TINA MERCED
Location
560 BARNES ST

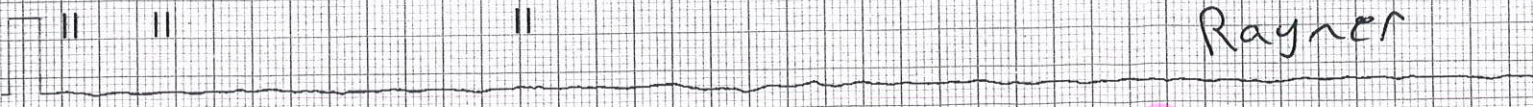
Telephone
367-8121
Dispatcher
Felicia

Nature of Transmission
MALE PATIENT IN THE DETENTION CENTER NOT BREATHING 0.0 - 1.4
CALL TURNED OVER TO THE CORONER

Record ID: 072617222025 Record ID: 072617222025 26 Jul 17 22:22:07 HR: ---

20170900
Rayner

Copy



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C02 Filter line Off

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