



Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000

Governor Mike Beebe

Paul K. Halverson, DrPH, FACHE, Director and State Health Officer

February 23, 2011

Metropolitan Emergency Medical Services
Attn: Jon Swanson
P.O. Box 2452
Little Rock, AR 72203

Dear Mr. Swanson:

The Section of EMS (Section) has concluded an investigation concerning a complaint which was filed with this office March 26, 2010.[see attached complaint] Based on the investigation findings the following violations were identified:

1. MEMS crews failed to follow established medical protocols.
 - a. Protocol number 101 - Universal Patient Care
 - b. Protocol number 803 - Withholding / Withdrawing Life Support
 - c. Protocol number 203 - Pulseless Electrical Activity (PEA)
 - d. Protocol number 106 - Hypothermia

The Section is issuing a “WRITTEN WARNING” to Metropolitan Emergency Medical Services (MEMS) for the failure of MEMS employees to follow appropriate and established medical protocols while functioning as Emergency Medical Personnel.

Current Arkansas Rules and Regulations for Emergency Medical Services (EMS), Section XIII,A,3 state:

Any demonstration of incompetence, knowingly or willfully violating these rules and regulations or other inability to provide adequate service shall subject a service licensee or certified EMT, to Departmental corrective action which may result in a written warning, probation, suspension or revocation of a service license vehicle permit, EMT certificate, Instructor status or training-site license.

Also, as a result of the investigative findings and in accordance with current Arkansas Rules & Regulations for EMS, Section XIII,A,3 the following disciplinary actions were taken:

Pat Bajorek and Brandi Johnson will have their paramedic license suspended for thirty-four (34) days. Mr. Bajorek and Ms. Johnson will remain on probation for no less than (6) months. During Mr. Bajorek's and Ms. Johnson's suspension neither will be allowed to function as a paramedic in Arkansas.

Additionally, Miles McDonnell and Keith Summerlin will receive a written warning which will be placed in their EMT file.

Please provide in within thirty (30) working days from the receipt of this letter a corrective action plan addressing the findings.

If you wish to appeal the decision of the Section, in accordance with current Arkansas Rules and Regulations for EMS, Section XIII,B,1,2,3,4,5,6,7 you must contact the Section within thirty (30) working days from the receipt of this letter. If the Section can be of future assistance please contact me at 501-661-2262.

Sincerely,

Greg Brown, Section Chief
Section of EMS
Arkansas Department of Health

Cc; Legal Staff
Dr. Paul Halverson
Donnie Smith
Renee Mallory
MEMS's Ambulance File



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Paul K. Halverson, DrPH, FACHE, Director and State Health Officer

February 23, 2011

Pat Bajorek
[REDACTED]

Dear Mr. Bajorek:

The Section of EMS (Section) has concluded an investigation concerning a complaint which was filed with this office on March 26, 2010. [See attached] Based on our investigation the following findings were identified:

1. Failure to follow the following established MEMS protocols

- a. Protocol number 101 - Universal Patient Care
- b. Protocol number 803 - Withholding / Withdrawing Life Support

Current Arkansas Rules and Regulations for Emergency Medical Services (EMS), Section XIII,A,3 state:

Any demonstration of incompetence, knowingly or willfully violating these rules and regulations or other inability to provide adequate service shall subject a service licensee or certified EMT, to Departmental corrective action which may result in a written warning, probation, suspension or revocation of a service license vehicle permit, EMT certificate, Instructor status or training-site license.

As a result of the investigative findings and in accordance with the above protocols and the Arkansas Rules and Regulations for Emergency Medical Services (EMS), your paramedic license #4286 is hereby suspended for a period of thirty-four (34) days and on probation for period of not less than six (6) months. During your thirty-four (34) day suspension you will not be allowed to function as a paramedic in Arkansas.

If you wish to appeal the decision of the Section, in accordance with current Arkansas Rules and Regulations for EMS, Section XIII,B,1,2,3,4,5,6,7 you must contact the Section within **thirty (30)** days from the receipt of this letter. If the Section can be of future assistance please contact me at 501-661-2262.

Sincerely,

Greg Brown, Section Chief
Section of EMS
Arkansas Department of Health

Cc; Legal Staff
Dr. Paul Halverson
Donnie Smith
Renee Mallory
Pat Bajorek's file



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Governor Mike Beebe

Paul K. Halverson, DrPH, FACHE, Director and State Health Officer

February 23, 2011

Brandi Johnson
[REDACTED]

Dear Ms. Johnson:

The Section of EMS (Section) has concluded an investigation concerning a complaint which was filed with this office on March 26, 2010.[complaint attached] Based on our investigation the following findings were identified:

1. Failure to properly apply the following established MEMS protocols
 - a. Protocol number 203 - Pulseless Electrical Activity (PEA)
 - b. Protocol number 106 – Hypothermia
 - c. Protocol number 803 – Withholding / Withdrawing Life Support

Current Arkansas Rules and Regulations for Emergency Medical Services (EMS), Section XIII,A,3 state:

Any demonstration of incompetence, knowingly or willfully violating these rules and regulations or other inability to provide adequate service shall subject a service licensee or certified EMT, to Departmental corrective action which may result in a written warning, probation, suspension or revocation of a service license vehicle permit, EMT certificate, Instructor status or training-site license.

As a result of the investigative findings and in accordance with the above protocols and the Arkansas Rules and Regulations for Emergency Medical Services (EMS) the Section is hereby

suspending your paramedic license # 21982 for a period of thirty-four (34) days and on probation for a period of no less than six months. During your thirty-four (34) day suspension you will not be allowed to function as a paramedic in Arkansas.

If you wish to appeal the decision of the Section, in accordance with current Arkansas Rules and Regulations for EMS, Section XIII,B,1,2,3,4,5,6,7 you must contact the Section within **thirty (30)** days from the receipt of this letter. If the Section can be of future assistance please contact me at 501-661-2262.

Sincerely,

Greg Brown, Section Chief
Section of EMS
Arkansas Department of Health

Cc; Legal Staff
Dr. Halverson
Donnie Smith
Renee Mallory
Brandi Johnson's File



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Governor Mike Beebe

Paul K. Halverson, DrPH, FACHE, Director and State Health Officer

February 23, 2011

Miles McDonnell

Dear Mr. McDonnell:

The Section of EMS (Section) has concluded our investigation concerning a complaint which was filed with this office on March 26, 2010. [see attached] Based on our investigation the following findings were identified:

1. Failure to follow the following established MEMS protocols

- a. Protocol number 203 - Pulseless Electrical Activity (PEA)
- b. Protocol number 106 – Hypothermia
- c. Protocol number 803 – Withholding / Withdrawing Life Support

Current Arkansas Rules and Regulations for Emergency Medical Services (EMS), Section XIII,A,3 state:

Any demonstration of incompetence, knowingly or willfully violating these rules and regulations or other inability to provide adequate service shall subject a service licensee or certified EMT, to Departmental corrective action which may result in a written warning, probation, suspension or revocation of a service license vehicle permit, EMT certificate, Instructor status or training-site license.

As result of the investigative findings and in accordance with the above protocols and the Arkansas Rules and Regulations for Emergency Medical Services (EMS) the Section is hereby issuing you a written warning. This document will be placed in your EMT file License #24861.

If you wish to appeal the decision of the Section, in accordance with current Arkansas Rules and Regulations for EMS, Section XIII,B,1,2,3,4,5,6,7 you must contact the Section within **thirty (30)** days from the receipt of this letter. If the Section can be of future assistance please contact me at 501-661-2262.

Sincerely,

Greg Brown, Section Chief
Section of EMS
Arkansas Department of Health

Cc; Legal Staff
Dr. Paul Halverson
Renee Mallory
Donnie Smith,
Miles McDonnell's file



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Paul K. Halverson, DrPH, FACHE, Director and State Health Officer

February 23, 2011

Keith Summerlin
[REDACTED]

Dear Mr. Summerlin:

The Section of EMS (Section) has concluded an investigation concerning a complaint that was filed with this office on March 26, 2010.[see attached] Based on our investigative findings the following violations were identified:

1. Failure to follow the following established MEMS protocols
 - a. Protocol number 101 - Universal Patient Care
 - b. Protocol number 803 - Withholding / Withdrawing Life Support

Current Arkansas Rules and Regulations for Emergency Medical Services (EMS), Section XIII,A,3 state:

Any demonstration of incompetence, knowingly or willfully violating these rules and regulations or other inability to provide adequate service shall subject a service licensee or certified EMT, to Departmental corrective action which may result in a written warning, probation, suspension or revocation of a service license vehicle permit, EMT certificate, Instructor status or training-site license.

As result of the investigative findings and in accordance with the above protocols and the Arkansas Rules and Regulations for Emergency Medical Services (EMS) the Section is hereby issuing you a written warning. This document will be placed in your EMT file License #25249.

If you wish to appeal the decision of the Section, in accordance with current Arkansas Rules and Regulations for EMS, Section XIII,B,1,2,3,4,5,6,7 you must contact the Section within **fifteen (15)** working days from the receipt of this letter. If the Section can be of future assistance please contact me at 501-661-2262.

Sincerely,

Greg Brown, Section Chief
Section of EMS
Arkansas Department of Health

Cc; Legal Staff
Dr. Paul Halverson
Renee Mallory
Donnie Smith,
Keith Summerlin's file

Eric Higginbotham, MD, FAAP, FACEP

Austin, TX

Greg Brown
Section Chief
Section of EMS
Arkansas Department of Health

Mr. Brown,

I've finished my summary and assessment of the Pamela Harper investigation. This included the careful review of the following:

- Coroner's report
- MEMS Investigation
- Section of Emergency Medical Services & Trauma Systems Interview Tracking Sheet
- Persons involved
- MEMS Protocols relevant to the investigation
- Run Sheets for the following:
 - 3 MEMS Crews
 - Little Rock Police Department
 - EMT students
- Newspaper and other articles related to the investigation
- Arkansas Rules and Regulations

My summary and assessment will examine each of the different calls that occurred the morning of March 26th, 2010.

First Call (call taken 0636, on scene 0649):

MEMS:

Pat Bajorek Paramedic
Keith Summerlin EMT-B

LRFD:

Captain Isaac Jenkins
FF Roy Wert
FF Jenifer Winchell

From careful review of the interviews of the EMS crew and the run sheet it is apparent that hypothermia was not considered in the evaluation of Pamela Harper. The failure to recognize hypothermia led them to attribute Ms. Harper's presentation entirely as sequelae of death with the signs of hypothermia being mistakenly interpreted as signs of lividity and rigor mortis. There was failure to consider the apparel Ms. Harper was clothed in, the ambient temperature and possible duration of exposure. This would seem to be a violation of the Universal Patient Care protocol (protocol number 101). The assumption of death led to an incomplete assessment of Ms. Harper as there were no attempts to auscultate heart rate,

respirations or assesses blood pressure. There was no attempt to open the airway. Further there were no attempts to assess the rhythm of Ms. Harper's heart via a monitor. This would seem in violation of the Withholding/Withdrawal of Life Support protocol (protocol number 803).

These cognitive errors led to the delay in the eventual resuscitation of Ms. Harper by the 3rd responding MEMS team.

Second Call (call taken 0909, on scene 0921):

MEMS:

Brandy Johnson	Paramedic
Miles McDonnell	EMT-B

LRFD:

Captain Isaac Jenkins
FF Tye Herring
FF Donald O'Brannon

From careful review of the above mentioned records there was again failure to recognize hypothermia as possible cause for Ms. Harper's presentation. It is apparent that signs of profound hypothermia were again mistaken for lividity and other sequelae of death. There was failure to consider the apparel Ms. Harper was clothed in, the ambient temperature and possible duration of exposure. This would seem to be a violation of the Universal Patient Care protocol (protocol number 101). The Withholding/Withdrawal of Life Support protocol (protocol number 803) was violated secondary to:

- Confusion of signs of hypothermia with signs of death
- Hypothermia present at the time of cessation of life support
- Failure to recognize Pulseless Electrical Activity on the rhythm strip
- Failure to check more than one lead on the rhythm strip

The assumption of death again led to an incomplete assessment of Ms. Harper as there were no attempts to auscultate heart rate or respirations, assesses blood pressure or attempt to open the airway.

From my review of the records there was a combination of errors on the second call. There were cognitive errors that led to failure to recognize hypothermia that were compounded by further errors in protocol in the assessment of the Ms. Harper. These errors led to the delay in the eventual resuscitation of Ms. Harper by the 3rd responding MEMS team.

Third Call (call taken 1019, on scene 1027):

MEMS:

Joshua Richmond	Paramedic
Lacey Walker	EMT-B
Chris Marshall	Supervisor, Paramedic
Chris Coleman	Supervisor, Paramedic

On review of the records there was adherence to the both the Universal Patient Care protocol (protocol number 101) and the Pulseless Electrical Activity protocol. There was clear recognition of the possibility of hypothermia along with steps to reverse this en route to the hospital.

Please do not hesitate to contact me with any questions.

Sincerely,

Eric Higginbotham, MD, FAAP, FACEP
1701B South 2nd Street
Austin, TX 78704



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February 16, 2011

Metropolitan Emergency Medical Services

Attn: Jon Swanson

P.O. Box 2452

Little Rock, AR 72203

Dear Mr. Swanson:

The Section of EMS (Section) has concluded an investigation concerning a complaint which was filed with this office March 26, 2010.[see attached complaint] Based on the investigation findings the following violations were identified:

1. MEMS crews failed to follow established medical protocols.
 - a. Protocol number 101 - Universal Patient Care
 - b. Protocol number 803 - Withholding / Withdrawing Life Support
 - c. Protocol number 203 - Pulseless Electrical Activity (PEA)
 - d. Protocol number 106 – Hypothermia

The Section is issuing a 'WRITTEN WARNING' to Metropolitan Emergency Medical Services (MEMS) for the failure of MEMS employees to follow appropriate and established medical protocols while functioning as Emergency Medical Personnel.

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Also, as a result of the investigative findings and in accordance with current Arkansas Rules & Regulations for EMS, Section XIII,A,3 the following disciplinary actions were taken:

Pat Bajorek and Brandi Johnson will have their paramedic license suspended for sixty (60) days beginning February 18, 2011 and ending on April 18, 2011. Mr. Bajorek and Ms. Johnson will remain on probation beginning April 18, 2011 and ending February 18, 2012. During Mr. Bajorek's and Ms. Johnson's suspension neither will be allowed to function as a paramedic in Arkansas.

Additionally, Miles McDonnell and Keith Summerlin will be on probation beginning February 18, 2011 and ending on February 18, 2012.

Please provide in within fifteen (15) working days from the receipt of this letter a corrective action plan addressing the findings.

If you wish to appeal the decision of the Section, in accordance with current Arkansas Rules and Regulations for EMS, Section XIII,B,1,2,3,4,5,6,7 you must contact the Section within fifteen (15) working days from the receipt of this letter. If the Section can be of future assistance please contact me at 501-661-2262.

Sincerely,

Greg Brown, Section Chief
Section of EMS
Arkansas Department of Health

Cc; Legal Staff
Dr. Paul Halverson
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February 16, 2011

Pat Bajorek


Dear Mr. Bajorek:

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As a result of the investigative findings and in accordance with the above protocols and the Arkansas Rules and Regulations for Emergency Medical Services (EMS), your paramedic license #4286 is hereby suspended for a period of sixty days, beginning February 18, 2011 ending on April 16, 2011. Furthermore, you will be on probation from April 18, 2011 until February 18, 2012. During your sixty (60) day suspension you will not be allowed to function as a paramedic in Arkansas.

If you wish to appeal the decision of the Section, in accordance with current Arkansas Rules and Regulations for EMS, Section XIII,B,1,2,3,4,5,6,7 you must contact the Section within fifteen (15) working days from the receipt of this letter. If the Section can be of future assistance please contact me at 501-661-2262.

Sincerely,

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Paul K. Halverson, DrPH, FACHE, Director and State Health Officer

February 16, 2011

Brandi Johnson
[REDACTED]

Dear Ms. Johnson:

The Section of EMS (Section) has concluded an investigation concerning a complaint which was filed with this office on March 26, 2010. [complaint attached]

Based on our investigative findings the following violations were identified:

1. Failure to properly apply the following established MEMS protocols
 - a. Protocol number 203 - Pulseless Electrical Activity (PEA)
 - b. Protocol number 106 - Hypothermia
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Current Arkansas Rules and Regulations for Emergency Medical Services (EMS), Section XIII,A,3 state:

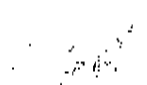
Any demonstration of incompetence, knowingly or willfully violating these rules and regulations or other inability to provide adequate service shall subject a service licensee or certified EMT, to Departmental corrective action which may result in a written warning, probation, suspension or revocation of a service license vehicle permit, EMT certificate, Instructor status or training-site license.

As a result of the investigative findings and in accordance with the above protocols and the Arkansas Rules and Regulations for Emergency Medical Services (EMS) -the Section is hereby

suspending your paramedic license # 21982 for a period of sixty days, beginning February 18, 2011 ending on April 18, 2011. Furthermore, you will be on probation from April 18, 2011 until February 16, 2012. During your sixty (60) day suspension you will not be allowed to function as a paramedic in Arkansas.

If you wish to appeal the decision of the Section, in accordance with current Arkansas Rules and Regulations for EMS, Section XIII,B,1,2,3,4,5,6,7 you must contact the Section within fifteen (15) working days from the receipt of this letter. If the Section can be of future assistance please contact me at 501-661-2262.

Sincerely,


Greg Brown, Section Chief
Section of EMS
Arkansas Department of Health

Cc; Legal Staff
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Paul K. Halverson, DrPH, FACHE, Director and State Health Officer

February 16, 2011

Miles McDonnell


Dear Mr. McDonnell:

The Section of EMS (Section) has concluded our investigation concerning a complaint which was filed with this office on March 26, 2010. [see attached] Based on our investigative findings the following violations were identified:

1. Failure to follow the following established MEMS protocols
 - a. Protocol number 203 - Pulseless Electrical Activity (PEA)
 - b. Protocol number 106 – Hypothermia
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As results of the investigative findings and in accordance with the above protocols and the Arkansas Rules and Regulations for Emergency Medical Services (EMS), the Section is hereby

placing your EMT license #24861 on probation beginning February 18, 2011 and ending February 18, 2012.

If you wish to appeal the decision of the Section, in accordance with current Arkansas Rules and Regulations for EMS, Section XIII,B,1,2,3,4,5,6,7 you must contact the Section within **fifteen (15)** working days from the receipt of this letter. If the Section can be of future assistance please contact me at 501-661-2262.

Sincerely,


Greg Brown, Section Chief
Section of EMS
Arkansas Department of Health

Cc; Legal Staff
Dr. Paul Halverson
Renee Mallory
Donnie Smith,
Miles McDonnell's file

Section of Emergency Medical Services & Trauma Systems Interview Tracking Sheet

Date & Time	Name	Phone #	Comments/Interview Questions
March 26, 2010	Unknown	Unknown	<p>I received a phone call on Friday, March 26, 2010 at 1530 (3:30PM) concerning an incident that involved MEMS and two (2) paramedics that are employed with MEMS. The incident occurred in the early AM on March 26, 2010 when MEMS responded to an emergency involving a lady that was found behind her home. It was thought by the first MEMS' crew that responded the lady was deceased and did not initiate any life saving procedures. MEMS left the scene, leaving the body with Little Rock Police Department (LRPD). A short time later a Little Rock Police Officer thought he saw the lady take a breath, once again calling MEMS to respond. The second MEMS unit was dispatched to the scene. The second MEMS unit attended the patient finding no evidence of life not initiating any life saving care and left the scene with the LRPD. Later, another person saw the lady take a deep breath and a third MEMS was dispatched. The third MEMS crew transported the patient to Baptist Medical Center. The staff at Baptist Medical Center found that the patient was hypothermic and after initiating care a pulse was restored. The patient's respirations were not restored and the patient was placed on a ventilator. The caller said that the Arkansas Gazette was going to have an article concerning this on Saturday, March 27, 2010.</p>
March 27, 2010	Arkansas Gazette		<p>I was off duty in Junction City, Arkansas on Saturday, March 27, 2010. I traveled to El Dorado to purchase an Arkansas Gazette to see if the caller from March 26, 2010 was correct in their allegations concerning MEMS. On the front page of the Arkansas Gazette was an article concerning an incident that occurred on March 26, 2010. The article headline was "WOMAN DEAD? YES, NO, THEN SHE BREATHEDES." The article identified the situation the caller had informed me about on March 26, 2010. The article concerned Pamela Harper who was found lying unresponsive in a yard in west Little Rock. The article said that an ambulance crew from MEMS was dispatched and informed LRPD officers that the 52 year old woman was dead. A detective on scene later thought he saw the victim take a breath and called for the second (2nd) MEMS ambulance. The second MEMS' ambulance was dispatched. Upon arrival of the second MEMS' ambulance they too informed the detective that she was dead. A deputy coroner on scene said that she wasn't. A third MEMS ambulance crew transported her to Baptist Medical Center where she was alive in critical conditions. Pamela Harper was found outside in her underwear covered with a thin bed sheet for more than three (3) hours in temperatures ranging from 41 to 50 degrees. Garland Camper, Pulaski County Coroner said he had examined thousands of people and this is the</p>

Section of Emergency Medical Services & Trauma Systems Interview Tracking Sheet

first time we've experienced this. Jon Swanson, Executive Director said that this is the first time anything like this has happened to Metropolitan Emergency Medical Services crews. Two certified paramedics, two senior members of the two crews that couldn't find any indications that Harper was alive are on paid suspension pending an internal investigation by MEMS. Two basic EMTs have not been suspended. Jon Swanson said that there's nothing to suggest that there is an issue with the basic EMTs. They are not trained at the same level that a paramedic is. It is really the paramedic's call. Jon Swanson stated that the two paramedics on suspension are "very experienced" and the first to arrive has 18 years experience as a paramedic. Dr. Chuck Mason, Medical Director for MEMS will be part of the internal investigation. MEMS will also ask for assistance from the hospital during the investigation. **The first crew was called about 6:30am to the home of Pamela Harper's brother-in-law at 1322 Hunters Cove Drive where Pamela Harper was lying in the backyard.** The senior member of the two-person MEMS crew determined that Harper didn't show signs of life and LRPD Detectives were called. While the detectives were investigating, one of the detectives notices that Pamela Harper appeared to be alive. Another MEMS ambulance crew was dispatched but once again found no vital signs. The MEMS crew called the on-call emergency room doctor who handles death pronouncements for people who show no vital signs after paramedics perform cardiopulmonary resuscitation. The doctor pronounced Harper dead at 9:29am. Coroner Camper, Deputy Coroner Patrick McElroy, and Chief Deputy Coroner Gerone Hobbs arrived at 9:55am to examine what they thought was Harper's dead body. Hobbs and McElroy began examining Harper while Camper interviewed her family members, including her brother-in-law. During his examination, McElroy, a paramedic who previously had worked for MEMS saw "several signs of life. McElroy immediately called over Coroner Camper. The coroner and two deputy coroners reacted the same way. They couldn't believe what they were seeing, especially because two ambulance crews had been there twice and had walked away. Camper said that it was an eerie feeling, she's alive and we've got to do something. McElroy raised Harper's chin to open her airway, and "she took a breath, a real one." The men covered Harper up to keep her warm. Coroner Camper alerted 911 and notified an emergency room doctor at Baptist Health Medical Center to expect Harper's arrival. A third MEMS ambulance arrived and McElroy and Hobbs assisted the crew. The MEMS' crew transported Pamela Harper and her husband to the hospital. Officer Michelle Hill, a LRPD spokesman, said Harper's "extensive medical history," medications she may have been

**Section of Emergency Medical Services & Trauma Systems
Interview Tracking Sheet**

			taking, and Friday morning's cold weather may have come into play in the case, but detectives "had no idea why she wasn't breathing" when crews first arrived. <u>This information was taken from March 27, 2010 Arkansas Gazette. A copy of the news article is enclosed in the investigation.</u> Larry New, Regulatory Administrator
March 28, 2010	FOX 16		An update was reported by FOX 16 News, released at 7:15pm. A copy of the update can be found in this investigation. The UPDATE: Women dies day after paramedics make wrong Call.
March 28, 2010	AESN News		A copy of AESN News 1 report was released by the Associated Press at 4:38PM on March 27, 2010. The Section did not get notification of the report until March 28, 2010. The report titled, "Ark. Ambulance service suspends 2 EMS crew members who thought living women was dead" is included in this investigation
March 30, 2010	FOX 16		A copy of FOX 16 News, released at 8:23am titled "Corner looks for answers in mistaken Death case" is enclosed in this investigation. LN
March 30, 2010	Renee Mallory		I, Larry New, Regulatory Administrator for the Section of EMS & Trauma Systems talked to Renee Mallory, Branch Chief concerning allegations against MEMS. Mrs. Mallory informed me that MEMS would be conducting an internal investigation. It was recommended that I send a letter to MEMS, Jon Swanson, and Executive Director requesting all of their findings discovered during their internal investigation. Larry New, Regulatory Administrator
April 01, 2010	Larry New		The Section drafted a letter to MEMS, Jon Swanson requesting a copy of their findings discovered during their internal investigation concerning Pamela Harper. The letter was mailed by certified mail and MEMS was given fifteen (15) days to comply after the receipt of this letter. The letter was mailed on April 01, 2010.
April 02, 2010	FOX 16		An article "Coroners discuss ways to prevent more mistaken deaths" can be found in this investigation. The article was released at 8:01am on this date. LNEW
April 06, 2010	Section		The United States Postal Service returned confirmation that MEMS, Jon Swanson received the certified letter on April 05, 2010. The letter was received and signed for by Portia Davis. As per the request in the letter MEMS, Jon Swanson must reply by April 20, 2010. LNEW
April 13,	Jon Swanson		The Section received a call from Jon Swanson, Director for MEMS concerning a request for information regarding the death of Pamela Harper. A letter was drafted by the Section and

**Section of Emergency Medical Services & Trauma Systems
Interview Tracking Sheet**

2010				mailed on April 01, 2010 giving MEMS fifteen days to respond. It was due on April 20, 2010. Mr. Swanson wanted to know, if needed could the fifteen days be extended. The Section informed Mr. Swanson that we would extend the time if needed, but not indefinite. Mr. Swanson informed the Section that he would let us know if additional time was needed and that he appreciated our assistance. The conversation ended. LNEW
April 16, 2010	Jon Swanson			The Section received an email from Jon Swanson wanting to extend the deadline for requested information until April 23, 2010. The original due date was April 20, 2010. The Section returned Mr. Swanson email honoring his request for extension. The information requested should be received by April 23, 2010.
April 20, 2010	FOX 16			A copy of FOX 16 News, released at 3:59pm on this date can be found within this investigation. It was titled "Paramedics who ruled live woman dead acted properly." LNEW
April 20, 2010	Jon Swanson			Jon Swanson contacted the Section informing me that MEMS had concluding their investigation and would have a copy for the Section to review within a few days. I thanked Mr. Swanson and the conversation ended. LN
April 23, 2010	Section			The Section received a copy of MEMS final evaluation of Pamela Harper's investigation from Jon Swanson, MEMS Director. The information was reviewed by the Regulatory Administrator. A copy is included in packet.
April 26, 2010	Renee Mallory			Renee Mallory was informed that the Section had received MEMS' investigation relating to the death of Pamela Harper. I, Larry New requested the Section wait until the coroner's report was released and pictures from the scene were obtained to continue with this investigation. Permission was granted by Mrs. Mallory. LNEW
June 18, 2010	Section			The Section received word that the Pulaski County Coroner had completed its report on Pamela Harper. The Section contacted the coroner's office regarding a copy of the coroner's Report. The secretary from the coroner's office informed the Section that a FOI had to be completed to receive a copy of the report. The secretary said that they had necessary FOI forms and I could fill out the form and pick the report up at the same time. I thanked the secretary and the call ended. LN
June 21, 2010	Section			I traveled to the Pulaski County Coroner's Office to get a copy of Pamela Harper's coroner's report. I signed the FOI request and received the report from the Office of Coroner of Pulaski County, Arkansas. The coroner's report can reviewed in its entirety and is enclosed in this investigation. After I, Larry New, Regulatory Administrator reviewed the coroner's

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			<p>report it was noticed that Dr. Kennedy was identified as Dr. Janie Kennedy and Dr. Alicia Kennedy. I was curious as to whether this was the same physician or two different physicians. I contacted the coroner's office speaking to Kerri. Kerri informed me that I was the first to identify the differences and assured me that both Dr. Janie Kennedy and Dr. Alicia Kennedy are the same person.</p>
<p>June 22, 2010</p>	<p>Coroner's Office</p>		<p>While picking up the coroner's report on June 21, 2010 I met Garland Camper, Coroner of Pulaski County. Mr. Camper informed me that he would request the MEMS' Investigation when the Section had completed our investigation. I informed Mr. Camper that the Section would need a written request and under the Arkansas Freedom of Information Act release the investigation after competition. Mr. Camper said that would be fine. On June 22, 2010 Garland Camper faxed a FOI request for a copy of the final investigative report concerning Pamela Harper.</p>
<p>June 23, 2010</p>	<p>Larry New</p>		<p>I traveled to MEMS' base station to interview EMS personnel involved in the events of March 26, 2010 death of Pamela Harper. Prior to my first interview, Jon Swanson, Director for MEMS asked me if I had read his rebuttal concerning the coroner's report. I informed him that I had not read any reply from MEMS to the Pulaski County Coroner's Office. Mr. Swanson informed me that the rebuttal was in the June 23, 2010 Arkansas Democrat/Gazette. I thanked Mr. Swanson for the information. I obtained a copy of the June 23, 2010 Arkansas Democrat/Gazette when I departed MEMS. Mr. Swanson had informed me that MEMS was in disagreement with items listed in the coroner's report. A rebuttal from MEMS was discussed in the June 23, 2010 paper. A copy is enclosed in this investigation. The first interview involved Brandi Johnson. Ms. Johnson responded with the second crew and is an Arkansas Paramedic. The following questions were presented to Ms. Johnson. Her responses are as follows:</p> <p><u>The interview of Brandi Johnson, Paramedic with the 2nd Crew</u></p> <p>Question No. 1. Did you respond with the second MEMS unit to Pamela Harper? Answer: Yes</p> <p>Question No. 2. Do you know the time frame between the first responding ambulance and the second responding ambulance? Answer: I believe it was approximately 2 1/2 to 3 hours.</p>

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	<p>Question No. 3. How long have you been in EMS and how long have you been a paramedic? Answer: I have been in EMS for 7 years with 5 years as a paramedic</p> <p>Question No. 4. Was Little Rock Fire Department (LRFD) doing CPR upon your arrival? Answer: Yes</p> <p>Question No. 5. After seeing LRFD doing CPR what was your response concerning the patient? Answer: Upon arrival and seeing LRFD doing CPR we approached the patient an attached an AED to her. No shock was advised. I continued CPR. I felt of the patient and she was cold to the touch, her eyes were fixed and dilated. I checked for a carotid pulse and a radial pulse but did not feel a pulse at either location. I checked for a carotid pulse for 30-45 seconds. We hooked her up to our ambulance monitor. The patient was in asystole. I checked for trauma noticing an abrasion to the left knee. I did not notice any visible evidence of major trauma. She did have abrasions on her lower back but nothing serious. There was no evidence that the patient had vomited. We stopped CPR, check for the presence of a pulse, none found, and her eyes were still fixed and dilated. At that point I called medical control informing them that the patient had no pulse, no respirations, was cold to the touch and in asystole. Dr. Kennedy said to stop the code. We ran an EKG strip in lead II and then left the scene for the police and coroner.</p> <p>Question No. 6. Did Dr. Kennedy mention anything concerning hypothermia? Answer: No</p> <p>Question No. 7. Did you mention anything to Dr. Kennedy concerning the possibility of hypothermia? Answer: No</p> <p>Question No. 8. While evaluating the patient did you consider hypothermia? Answer: No it did not cross my mind.</p>

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		<p>Question No. 9. Did you ever consider IV drugs/fluids? Answer: I did not consider IV drugs/fluids.</p> <p>Question No. 10. Prior to leaving the scene you stated that you ran an EKG strip in only I lead that being lead II. Did you consider obtaining a second EKG strip in another lead such as lead III? Answer: Did not realize that one (I) lead was all I had.</p> <p>Question No. 11. Did you know that MEMS had previously been dispatched to the same scene you was working? Answer: Yes, I knew they were dispatched but was not familiar with what transpired with the first unit.</p> <p>Question No. 12. Did you roll the patient onto her stomach to check for blood pooling or injuries to her back? Answer: No, I did not roll her over.</p> <p>Question No. 13. Did you check for rigor mortise? Answer: I was lifting her arm and noticed it was stiff but I was not specifically checking for rigor mortis.</p> <p>Question No. 14. Did anyone give you any information concerning Mrs. Harper? Answer: They told me she left the house in the middle of the night. Only info I received.</p> <p><u>That concluded the interview with Brandi Johnson</u></p> <p><u>Miles McDonnell, EMT-Basic Interview, 2nd MEMS Unit</u></p> <p>Question No. 1. How long have you been in EMS? Answer: I have been an EMT for two (2) years.</p> <p>Question No. 2. Tell me what you saw upon your arrival.</p>
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<p>Answer: I saw a lot of police officer, fire department member performing CPR, I noticed it was in an alley, the patient was pale, not wearing much and partially covered by a sheet. The patient's fingers and toes were blue around the circumstance of her foot.</p>	
<p>Question No. 3. Did you assist with CPR? Answer: I was getting the equipment out of the ambulance for Brandi to use. I did get an IV set ready but it was never used.</p>	
<p>Question No. 4. What happened after that? Answer: Brandy hooked up the leads from the FD's AED to our monitor. The patient was in asystole, Brandi contacted Dr. Kennedy and stopped CPR. We covered the patient up.</p>	
<p>Question No. 5. Did anyone request any intubation equipment? Answer: No</p>	
<p><u>This concluded the interview with Miles McDonnell</u></p>	
<p><u>Chris Marshall, Paramedic, responding as a Supervisor with 3rd MEMS unit interview</u></p>	
<p>Question No. 1. Did you respond with the third MEMS ambulance? Answer: No, I responded in a supervisor's vehicle.</p>	
<p>Question No. 2. How long have you worked in EMS? Answer: 20 years with 18 years as a paramedic.</p>	
<p>Question No. 3. Tell me what you saw upon your arrival. Answer: The patient was already in the ambulance and the crew was doing CPR. Josh Richmond and I attempted to intubate the patient but was unsuccessful. Chris Coleman intubated the patient. The crew had attempted to initiate a peripheral IV but had failed one (1) time. They used an IO in the leg for fluid/drugs. The crew administered two (2) epinephrine, two (2) atropine, and two (2) mg. of narcan</p>	

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	<p>prior to arriving at the hospital. I looked at the monitor and saw what looked like an agonal beat. This occurred prior to the ambulance leaving for the hospital and me exiting the ambulance.</p> <p>Question No. 4. While you were attempting to intubate the patient was rigor mortis considered?</p> <p>Answer: Rigor mortis was not considered during my attempt to intubate.</p> <p>Question No. 4. Who was ventilating the patient and how difficult was it to ventilate her?</p> <p>Answer: I was bagging the patient with no difficulty except one (1) time I thought she may have attempted to take one (1) breath making it more difficult to get air to her lungs.</p> <p>Question No. 5. Did you consider hypothermia protocols?</p> <p>Answer: No</p> <p>Question No. 6. Did you ride in the ambulance to the hospital?</p> <p>Answer: No</p> <p>Question No. 7. When the ambulance arrived at the hospital what transpired at that time?</p> <p>Answer: I do not know. The ambulance got to the hospital before me. When I arrived the patient was already there. I saw Dr. Kennedy but I did not talk to her concerning the patient.</p> <p>Question No. 8. Did Dr. Kennedy have any comments concerning Pamela Harper?</p> <p>Answer. Dr. Kennedy did not make any comments concerning Pamela Harper to me.</p> <p>Question No. 9. Did you have any medical history concerning Pamela Harper prior to your arrival at the scene?</p> <p>Answer: I had not medical knowledge of Mrs. Harper while responding to the scene.</p>
<p><u>That concluded the interview of Chris Marshall</u></p> <p><u>Interview with Chris Coleman, Supervisor with 3rd MEMS unit</u></p>	

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		<p>Question No. 1. How long have you been in EMS? Answer: I have been in EMS for 15 years, 11 as a paramedic and 11 employed at MEMS.</p> <p>Question No. 2. Did you respond with MEMS unit to take care of Pamela Harper? Answer: No, I responded to support Chris Marshall, another MEMS supervisor in a supervisor's vehicle. Chris Marshall was supervisor on that date.</p> <p>Question No. 3. What did you see and do at the scene? Answer: The crew had the patient inside the ambulance upon our arrival. I attempted to intubate the patient and was unsuccessful on the first attempt. I intubated into the esophagus. The patient vomited. It had the smell of alcohol, clear liquid with no evidence of pill fragments. I was successful on the second attempt although I had to suction the patient. I saw the cord move prior to inserting the ET tube. I think the patient tried to take a breath. While Josh was attempting to intubate, I attempted to start an IV. I did not get a flash back and withdrew the catheter. I attempted to start the IV in the left External Jugular. We went to the IO.</p> <p>Question No. 4. Did you meet any resistance while opening the airway? Answer: No</p> <p>Question No. 5. Did you note any rigor mortis? Answer: No</p> <p>Question No. 6. Did you ride to the hospital with the patient? Answer: Yes</p> <p>Question No. 7. What did you do and observe while transporting the patient to the hospital? Answer: I bagged the patient. I did note that the patient eyes were fixed and dilated and dry. I noted that the nail beds were black and could not check capillary refill.</p> <p>Question No. 8. Did you consider hypothermia or the hypothermia protocol? Answer: I remember the patient was cold to the touch. Don't remember considering the</p>
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	<p>hypothermia protocol because we were keeping the ambulance warm, keeping the patient covered as much as possible while performing CPR and we gave two (2) epinephrine and two (2) atropine while doing CPR. Under the situation that is the hypothermia protocol.</p> <p>Question No. 9. Do you know what the patient's core temperature was? Answer: I believe it was 68 degrees. The patient's blood sugar was 118.</p> <p>Question No. 10. Did you have any prior history on this patient? Answer: No history what so ever.</p> <p><u>That concluded the interview of Chris Coleman.</u></p>			
<p>June 23, 2010</p>	<p>Jon Swanson</p>	<p>After concluding the interviews I reminded Jon Swanson, Director for MEMS that he failed to include pictures in the information he had given to me on April 23, 2010. Mr. Swanson gave me copies of the pictures taken by the Little Rock Police Department. Pictures are included in this investigation.</p>		
<p>June 29, 2010</p>	<p>Larry New</p>	<p>Helen Hult and Larry New traveled to MEMS to continue interviews with MEMS personnel who responded to the scene concerning Pamela Harper. The interviews are as follows:</p> <p><u>Keith Summerland, EMT Basic, 1st. MEMS Unit</u></p>	<p>Question No. 1. How long have you been in EMS? Answer: Just about one (1) year.</p> <p>Question No. 2. Was LRFD doing CPR upon your arrival? Answer: No CPR was initiated by either LRFD or MEMS.</p> <p>Question No. 3. When you arrived on scene how did the patient present? Answer: MEMS was called for a woman down and to hold back until it was cleared for MEMS to enter the scene. The patient was covered up almost totally. LRFD checked for a carotid pulse and found no pulse. We partially removed the blanket and I watched the chest for 45 seconds to one (1) minute. I did not see the chest</p>	

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rise or fall. I felt her skin and it was cold to the touch. I saw the discolored skin on her hands and arms and thought it was Levy. I noticed blood on her pants, that were at her side, and thought it was a crime scene and stepped back. I was a police officer for eight (8) years and did not want to mess up a crime scene. We then covered her entire body with a sheet. Crime scene protocols.

Question No. 4. Did you consider hypothermia?
Answer: No

Question No. 5. Did you examine the back for blood pooling?
Answer: No, I did not.

Question No. 6. Did anyone attach a monitor to her?
Answer: No.

Question No. 7. Did you receive any information upon your arrival?
Answer: No, not to my knowledge. I did overhear the police officer talking to two (2) men and one (1) women talking. They said it was my brother's wife. That is all I heard.

Question No. 8. Do you know who called the coroner?
Answer: No, I don't know who called the coroner.

Question No. 9. When did you leave the scene?
Answer: We were on scene for approximately 45 minutes and did not leave until dispatch clear us to leave.

Question No. 10. Who left the scene first, MEMS or the LRFD?
Answer: LRFD left the scene before MEMS.

According to Jon Swanson, Director for MEMS photos were taken after the first crew finished and the arrival of the second MEMS' Crews.

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That concluded the interview of Keith Summerlin.

Interview of Lacey Walker, EMT-Basic, 3rd MEMS Unit.

Question No. 1. How long have you been in EMS?

Answer: Four (4) years in EMS and nine (9) months at MEMS.

Question No. 2. Were you the EMT responding with the third crew?

Answer: Yes, Josh Richmond was the paramedic.

Question No. 3. When you received the call were you aware of MEMS being dispatched on two (2) other occasions for this call?

Answer: No

Question No. 4. What did you see upon your arrival?

Answer: Several police officers, 3 coroners, and the patient. The patient was on the ground covered from neck to toes. I got the equipment and pulled back the sheet to check for respirations and to hook up the FAST patches. The FAST patches were already on the patient at this time. Josh check for a pulse and checked pupils. Leads hooked to patient. I believe the patient was in asystole. Josh told me to begin CPR. I started doing chest compressions and Josh was ventilating the patient. We decided to move the patient to our ambulance. We continued CPR in the ambulance. I took over both compressions and ventilations while Josh look for a location to place an IV. Chris Coleman and Chris Marshall arrived at this point. Chris Coleman attempted an IV in the EJ while Josh attempted to place an ET tube. Josh could not place the ET tube and it was attempted by Chris Marshall. Josh and Chris Marshall both missed placing the tube. Chris Coleman finally got the ET tube. After Chris Coleman missed the IV an IO was put in. I did CPR and Josh did ventilations. Chris Coleman rode to the hospital and did CPR while enroute with the assistance of Josh. I drove the ambulance.

Question No. 5. Did LRFD respond with the third unit?

Answer: LRFD did not respond with the third unit.

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	<p>Question No. 6. Did Dr. Kennedy ask any questions when you arrived at the hospital? Answer: The only statement made by Dr. Kennedy was if this is the same patient she pronounced earlier. I went outside to straighten up the ambulance.</p>
	<p>Question No. 7. Did any family member ride to the hospital with MEMS' Ambulance? Answer: Yes, the husband rode to the hospital with MEMS' s Ambulance.</p>
	<p>Question No. 8. Did he ask any question or give you any information concerning his wife? Answer: The only thing he said for the entire trip was when he asked if his wife was going to OK. I told him that her heart was not beating and she was not breathing but the crew was doing CPR.</p>
	<p>Question No. 9. To your knowledge did the patient vomit? Answer: Yes, it had the odor of alcohol. It was clear fluid.</p>
	<p>Question No. 10. Did you notice any pill fragments in the vomitus (clear fluid)? Answer: No</p>
	<p>Question No. 11. Did the police give you any information concerning the patient? Answer: They said the patient may have been drinking and taking pills. They gave us the information as we were loading the patient.</p>
	<p>Question No. 12. Was there any hesitation to take the patient to the ER? Answer: No, we treated the patient like any other code.</p>
	<p>Question No. 13. Did you give hypothermia any consideration? Answer: No</p>
	<p><u>Interview with Pat Bajorek – Paramedic 1st paramedic on scene with 1st responding ambulance. July 09, 2010 at 10:00AM</u></p>
	<p>Question No. 1: Were you on the 1st responding ambulance?</p>

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Answer: Yes, Keith Summerlin was on the 1st unit also. He is a basic.

Question No. 2: How long have you been in EMS?

Answer: Since 1976. My EMT number is 4286. I've been a paramedic since 1981.

Question No. 3: What did you see upon your arrival?

Answer: I waited for thirteen (13) minutes after arrival in a staging area behind the LRFD for the Little Rock Police Department to secure the scene. Pat informed his partner Keith Summerlin that it doesn't look good. When we received the call I was not informed that this was a DOA. We waited for the LRPD to secure the scene per our protocols. Once on the scene I saw a lady covered in a blanket with only her head exposed. LRFD checked for carotid pulse while I check the brachial pulse. I think the LRFD member that checked for a carotid pulse was Jessica or Jennifer, I'm not sure. The patient was abnormally cold to the touch, skin mottled. I did not notice any blood pooling. I did notice droplets of blood on the patient's sweat pants but it was not significant. I stood over the patient for 30-45 seconds watching for chest movement or any signs of life. I did not see any signs of life and we started backing out. I thought it was a crime scene and did not want to disturb the scene any further than we had to.

Question No. 4: Do you know the level of training of the LRFD member that was checking for a carotid pulse?

Answer: No

Question No. 5: Did you consider attaching a monitor to the patient?

Answer: No, I did not.

Question No. 6: Is it in your protocol to attach monitor leads to a suspected DOA patient?

Answer: If you suspect it is a crime scene, as we did, it is not necessary. This patient appeared to have been pulseless and breathless for a while.

Question No. 7: Did you listen for breath or heart sounds with a stethoscope?

Answer: No

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Question No. 8: You stated the patient was abnormally cold to the touch. Did you consider hypothermia?

Answer: No

Question No. 9: Who makes the determination that LRFED responds with MEMS Ambulance?

Answer: MEMS ultimately makes the decision if LRFED is needed.

Question No. 10: What convinced you that the patient was deceased?

Answer: The patient was pulseless and breathless. She had been lying on the concrete for a while. I thought the concrete sucked out her body heat. The skin was modeled, no respirations, and no pulse. In my mind she was dead. The coroner check for a pulse after I did and found no pulse.

Question No. 11: What made you think it was a crime scene?

Answer: I did not know who covered the patient. No one was standing around the patient or the immediate area. The way the LRPD and family members were position threw up a red flag that something was not right. That is why we waited for the scene to be secured by LRPD prior to entering.

Question No. 12: Did the patient show any signs of rigor mortis?

Answer: I found the patient's arm stiff while checking for a pulse. I thought it was rigor mortis.

Question No. 13: Did you open the airway?

Answer: No

Question No. 14: When did you shift begin?

Answer: My shift begin at 6:00AM on that date.

End interview with Pat Bajorek

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Beginning Interview with Josh Richmond, Paramedic responding on 3rd ambulance.
Interview on July 09, 11:00AM.

Question No. 1: How long have you been in EMS?
Answer: I have been in EMS for six (6) years. I have been a paramedic for two (2) years.

Question No. 2: What ambulance, 1st, 2nd, or 3rd did you respond?
Answer: I responded on the 3rd ambulance along with Lacy Walker. Supervisor's Chris Marshall and Chris Coleman responded in a supervisor's vehicle.

Question No. 3: Did you know that MEMS had been dispatched to the same incident on two (2) prior occasions?
Answer: I did not know about the two (2) previous calls.

Question No. 4: Upon your arrival at the scene what did you see?
Answer: I noticed several police cars, three (3) coroners standing around the patient. They were not doing anything for the patient. The LRFD did not respond with us. I grabbed the bag out of the ambulance. As I approached the scene police officers informed me that we were the third (3rd) ambulance that had responded to this scene. I told Lacy to grab the monitor, oxygen, and the blue bag. I asked the coroner what was going on. The coroner said the patient had agonal respirations. I noticed the patient's hand. They were purple. The patient was covered up with a sheet and blanket. I started CPR and we hooked the monitor up to fast patches already in place. The patient appeared to be in asystole. I rolled the patient onto her back. There were no signs of lividity on the back and legs. We moved the patient to the stretcher and then to the ambulance. CPR was continued to the ambulance. Lacy was doing chest compressions while I bagged the patient. Chris Marshall came to the ambulance and asked what was going on. I gave a second breath and felt her neck move. I then told Chris Marshall that the patient had agonal respiration. Chris Coleman attempted an IV (External Jugular) with no success. Josh Richmond attempted to intubate the patient. The patient had a small mouth and frame. I could not see the cords or get her intubated. I started an IV with an Intraosseous Needle. Chris Marshall attempted to intubate the patient with

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no success. Chris Coleman intubated the patient successfully. During transport I gave two(2) epinephrine, two (2) atropine, and two (2) mg of narcan. Transported patient to Baptist Med Center.

Question No. 5: What happened when you arrived at Baptist?

Answer: We transported the patient from the ambulance cot to the ER bed. The patient had another agonal respiration. I continued CPR and ventilations. Then the ER staff came in and took over. I left the room. A nurse came out and told me the patient had a core temperature of 67 degrees.

Question No. 6: Did Dr. Kennedy make any statements regarding the patient?

Answer: Dr. Kennedy asked what was going on. I asked if she remembered pronouncing a patient early today. She seemed Baffled.

Question No. 7: When you arrived on scene did anyone give you any information?

Answer: I overheard a detective say she had taken davocet and had been drinking. This was not said directly to me, just overheard.

Question No. 8: Did you recognize any rigor mortis?

Answer: The patient's jaw was a little hard to open but chest compressions were not difficult to perform.

Question No. 9: Did you feel that the patient had any chance of survival?

Answer: Not at all

Question No. 10: Did you consider hypothermia?

Answer: Yes, the crew did everything to passively warm the patient. The ambulance was warm and we kept the patient covered as much as possible while performing CPR.

Question No. 11: What did you think the patient's chief complaint was?

Answer: Cardiac Arrest

Question No. 12: When viewing the cardiac monitor did you notice any PEA?

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<p>Answer: I did notice a little PEA. It was initially asystole. When the patient attempted to breath I noticed a wider QRS.</p> <p>Question No. 13: Were you ever reluctant to transport the patient? Answer: I was never reluctant to transport the patient.</p> <p>Question No. 14: Did the coroner give you instruction to transport the patient? Answer: To my knowledge the coroner gave no instructions while I was there.</p>				<p>Answer: I did notice a little PEA. It was initially asystole. When the patient attempted to breath I noticed a wider QRS.</p> <p>Question No. 13: Were you ever reluctant to transport the patient? Answer: I was never reluctant to transport the patient.</p> <p>Question No. 14: Did the coroner give you instruction to transport the patient? Answer: To my knowledge the coroner gave no instructions while I was there.</p>
<p><u>This ends the interview with Josh Richmond</u> After questioning paramedic Pat Bajorek concerning the level of training, I, Larry New contacted Chief Doug Coney with the Little Rock Fire Department. I questioned Chief Coney about who responds to a medical or trauma at MEMS request. Mr. Coney said that in most cases EMTs respond but sometimes a First Responder will go on the call. I asked concerning the March 26, 2010 dispatch of MEMS and LRFD. He stated that Jennifer had responded with LRFD and that she was a licensed EMT. I thanked Chief Coney for the information and the call ended.</p>	Section			
<p>The coroner's office had faxed an FOI request for the contents of the MEMS' investigation upon completion of the investigation. The requested was faxed on June 22, 2010. The caller wanted to know if we received the FOI request and an approximate date of complete regarding the MEMS' investigation. I informed the caller that the investigation was near completion and would call the coroner's office once completed. The caller thanked me for the information and the call ended. Larry New, Regulatory Administrator</p>	Little Rock Coroner's Office	340.8355		
<p><u>FINDINGS:</u> After reviewing all of the contents of this investigation, things that stands out is MEMS' protocol on "Universas Patient Care," Protocol number 101, "Withholding/Withdrawing Life Support," Protocol number 803, "Pulseless Electrical Activity (PEA)," Protocol number 203, and "Hypothermia", Protocol Number 106.. After completing the investigation and interviewing all paramedics and EMTs involved in this investigation, it is evident and stated that the first two MEMS' ambulances <u>DID NOT</u> consider hypothermia. The crew on the</p>	Section			

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<p>first MEMS' ambulance was paramedic Pat Bajorek and EMT-B Keith Summerlin. According to MEMS' protocols 'WITHOLDING/WITHDRAWAL OF LIFE SUPPORT, Protocol number 803'. Since CPR was not initiated by anyone on the first MEMS' ambulance. The following protocols apply:</p>	<p>Life Support May Be Withheld in the The Following Circumstances: (Reference Tab 4)</p> <ol style="list-style-type: none"> 1) Obviously dead patients with dependent lividity, rigor mortis, tissue decomposition or massive trauma such as evacuation of the cranial vault or tissue decomposition. 2) Patients without vital signs who cannot be accessed for treatment due to entrapment for prolonged time. 3) Severe blunt trauma with absence of vital signs and papillary response. 4) When presented a valid DO Not Resuscitate (DNR) Order or when the patient's private physician takes direct responsibility for withholding resuscitation efforts. 	<p>Do Not Resuscitate orders which are not on the Official State Form can be accepted if it is a DRN documented in a medical record such as nursing home chart, hospice care, or home nursing.</p>	<p>Pat Bajorek, Paramedic was with MEMS' first ambulance. Mr. Bajorek felt like this was a crime scene. Mr. Bajorek waited until the scene was secured by LRPD prior to entering the scene. There is no documented evidence that the patient was assessed other than by checking a carotid and brachial pulse and watching for chest movement for respirations. No attempt was made to check for a blood pressure. Reviewing the pictures (enclosed) this would be difficult observing the chest for movement without first moving the patient to a prone position. The patient was lying in a semi left lateral recumbent position with her face to her right side and it was never noted that the MEMS' crew moved the patient to a supine position. Also, no documented evidence that the patient was ever checked for blunt trauma injuries that, once again, would require repositioning the patient. All that was noted was stiffness in her arm when attempting to check a pulse and noting blood droplets on her sweat pants; with no significance. Without examining the patient or without a LRPD member informing you this was a crime scene, this could be only an assumption. Mr. Bajorak said that the patient was extremely cold to the touch, thinking that the concrete had sucked the</p>

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Interview Tracking Sheet**

heat from her body, never considering the patient was only in panties and a light short sleeve shirt with temperatures around 41 to 50 degrees. Mr. Bojorek did not note any blood pooling and did not consider hypothermia. Mr. Bajorak never considered attaching a cardiac monitor to the patient or listening for lung and heart sounds with a stethoscope. Mr. Bajorak said that the skin was mottled. MEMS' protocols for Crime Scene Management does not prioritize crime scene management above appropriate patient care. Crime scene is secondary to appropriate patient care. Keith Summerlin, EMT-Basic with 1st MEMS' Ambulance noted discolored skin on the patient's hands and arms and thought it was levidity. Mr. Summerlin did not consider hypothermia. The rest of Keith Summerlin's interview conveyed the same basic message as Pat Bajorak's.

Comparing to the second MEMS' ambulance to the first MEMS' ambulance LRFD was performing CPR upon arrival of the second MEMS' ambulance. The second MEMS' ambulance consisted of Brandy Johnson, paramedic and Miles McDonnell, EMT-B. CPR was continued by MEMS crews. MEMS' protocols for the second MEMS' ambulance falls under number three (3), four (4), and five (5), second paragraph of protocol "WITHHOLDING/WITHDRAWAL OF LIFE SUPPORT". This shows that protocols were not followed by the second (2nd) MEMS' ambulance crew.

Once life support has been initiated in the field, in order to discontinue life support, the paramedic must contact Medical Control. The following conditions must be met:

1. There is an absence of pulse, respirations, and neurological reflexes AND
2. Advanced cardiac life support measures have not been initiated AND
3. Obvious signs of death in the absence of hypothermia, cold water drowning, lightning strikes, or drug induced coma. AND
4. Asytole is present on the ECG in two leads. AND
5. The patient has fixed, dilated pupils.

In addition to:

- a. The E.M.S. provider documented lack of CPR for 10 minutes, or
- b. Prolonged resuscitation in the field without hope for survival, or

Section of Emergency Medical Services & Trauma Systems Interview Tracking Sheet

	<p>c. Massive trauma such as evacuation of cranial vault, etc., or d. Severe blunt trauma with absence of vital signs and capillary response Hypothermia was not a consideration with Mrs. Harper's case. Brandi Johnson misinterpreted the cardiac monitor identifying the rhythm as asystole when it was PEA. Even misinterpreting asystole Ms. Johnson did not get an EKG in two leads. In accordance with MEMS' Universal Patient Care, General Medical Protocols, Environmental conditions were not met by either ambulance No. 1 or ambulance No. 2. Assessing and management of the airway was never initiated. No one opened the airway. Assessing breathing was assessed by viewing the patient's chest for movement. No one listed for breath sound with a stethoscope. Hypothermia was never considered by either MEMS' crews. It is evident that the 1st or 2nd MEMS' crews did not follow the General Medical Protocols/Universal Patient Care.</p> <p>The third (3rd) MEMS' ambulance consisted of Joshua Richmond, paramedic, Lacy Walker, EMT-Basic, and paramedic supervisor's Chris Marshall and Chris Coleman. The 3rd MEMS' ambulance begin CPR, continued CPR until reaching the hospital, initiated an IV, intubated the patient, initiated warming to the patient, and administered drugs. The 3rd MEMS' ambulance did everything noted in their protocol to treat and possibly save the patient's life. The 3rd MEMS' ambulance continued life saving techniques until the patient was turned over to the Baptist ER Staff.</p> <p><u>VIOLATIONS:</u></p> <p><u>SECTION XIII.A.3, page 62:</u></p> <p>Any demonstration of incompetence, knowingly or willfully violating these rules and regulations or other inability to provide adequate service shall subject a service license or certified EMT, to Departmental corrective action which may result in written warning, probation, suspension or revocation of a service license vehicle permit, EMT certificate, Instructor status or training-site license.</p> <p>In accordance with the current Arkansas Rules and Regulations for Emergency Medical</p>
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**Section of Emergency Medical Services & Trauma Systems
Interview Tracking Sheet**

Services Section XIII.A.3, page 62 address penalties assessed paramedic Pat Bajorek and Brandi Johnson, EMT Miles McDonnell and Keith Summerlin, and Metropolitan Emergency Medical Services (MEMS).

RECOMMENDATIONS:

In accordance with current Arkansas Rules and Regulations for Emergency Medical Services, SECTION XIII, A, 3, page 62, the Section recommends that paramedic's suspended with MEMS first and second crews, Pat Bajorek and Brandi Johnson, be Bajorek and Ms. Johnson will remain on probation beginning February 20, 2011 and ending April 21, 2011. Mr. February 20, 2012. Also, Miles McDonnell and Keith Summerlin, both EMTs, will be on probation beginning February 20, 2011 and ending on February 20, 2012. MEMS will receive a "Written Warning" for failure of MEMS employees to follow appropriate and established medical protocols while functioning as Emergency Medical Personnel.

MEMS' crew with the third (3rd) ambulance did not violate any current Arkansas Rules and Regulations for Emergency Medical Services and should not receive any penalties

In any or all of the people listed above or MEMS wishes to appeal the decision of the Section, in accordance with current Arkansas Rules and Regulations for EMS, Section XIII, B, 1, 2, 3, 4, 5, 6, 7 they must contact the Section within fifteen (15) working days from the receipt of this letter.

**MEMS.**

Larry New
Regulatory Administrator
Section of EMS & Trauma Systems
Arkansas Department of Health
5800 West 10th St. Suite 800
Little Rock, AR 72204-1763

22 April, 2010

Dear Mr. New,

In response to your request for information, please find attached the MEMS internal investigation report and other attachments providing our findings in regards to the events of the morning of 26 March, 2010 involving patient Pamela Harper.


The MEMS investigation addresses the sequence of events, contributing factors, our findings, conclusions and corrective action. We recognize that there are two components to be examined, both operations and clinical. Our investigation is limited to the operational elements of our response specifically looking at what happened, why did it happen and what we can learn to improve our performance going forward. Please note that our investigation was conducted prior to MEMS having any clinical information concerning the patient after we transported her to the hospital, including the determination of cause of death.

I have included copies of the patient care reports from all three runs along with copies of the applicable MEMS protocols. The names of the MEMS crew members who responded, the ER physician we contacted for on line medical control and the names of the persons we interviewed as part of our investigation are included as an attachment to the report.

Please be advised that MEMS is fully cooperating with the Pulaski County coroner's office in their investigation and all eight MEMS employees who were on this scene were interviewed at the coroner's office on Friday, April 2, 2010.

Please contact me if you need anything further.

Sincerely;


Jon M. Swanson
Executive Director

Attachments

1. Arkansas Department of Health letter of 1 April, 2010
2. MEMS investigation report regarding Pamela Harper on 26 March, 2010
3. Names and contact information of people involved or interviewed
4. Applicable MEMS protocols
5. Patient care report – first response
6. Patient care report – second response
7. patient care report – third response
8. EKG strips from second response
9. Little Rock Police report
10. Addendum

MEMS Investigation Patient Pamela Harper – 26 March 2010

Sequence of Events

First response – Run #19,586

06:36:04 Little Rock 911 communications reported a woman down in the alley behind 1305 Cove View Lane in Little Rock. The information is relayed through LR comm. MEMS dispatchers are not in direct communication with anyone on scene. The call is dispatched as a signal 65 “man down”.

Unit 503 responds to the area and, given the unknown nature of this call and consistent with operations policy, MEMS “holds back” with the LRFD crew until LR police report the scene secure.

06:49:46 MEMS crew is on scene with the LRFD

As the crew approached the patient their first impression was to see a middle aged woman lying completely motionless in a left semi-lateral recumbent position with her legs partially drawn up in a fetal position. She is dressed in panties and a thin top with a pair of gray sweat pants lying next to her. She is not wearing shoes. A small amount of blood is noticed on her elbow and sweat pants. Someone has placed a blanket over her torso. Her blood is pooling on the dependent surfaces of her extremities, her face and lips have a blue color and her hands and feet are dark blue/purple.

There are two by standers and Little Rock police officers present, but no one is near the patient providing any assistance upon the arrival of MEMS and the Little Rock Fire Dept.

A Little Rock fire fighter is first to reach her and checks her carotid artery for a pulse but does not detect one. The MEMS paramedic then examines the patient and checks her again for a pulse and finds none. He also checks for any signs of breathing and again finds none. He does not see any signs of trauma and notes that she is extremely cold to the touch. He also notes that she is stiffening indicating rigor mortis has begun. The MEMS EMT (who happens to have 8 years prior experience as a police officer) stands nearby and watches intently for any signs of chest rise or movement in her abdomen or elsewhere as she is being examined and sees none.

Finding no signs of life present the MEMS paramedic elected to not initiate life support in accordance with MEMS Protocol 803 (Withholding/Withdrawal of Life Support). After determining she was deceased and given the unknown nature of the circumstances suggesting a possible crime had been committed, the crew then followed Protocol 434, Crime Scene Management. They did, however, elect to cover the patient with a sheet to protect her modesty and dignity due to the onlookers present.

07:36:10 The MEMS crew went available after 47 minutes on scene. During this time no one noticed any movement or signs of life and no one suggested that she might still be alive.

Second response – run #19,613

09:09:31 LR communications called MEMS to advise that we were needed back at the scene because a police officer reported that the patient was breathing.

A different MEMS crew was dispatched to the scene. Prior to arrival, MEMS dispatch notified this crew that we had already been at this scene at about 6:30 AM. Upon arrival, the crew's first impression was to notice the patient lying supine on her back on the concrete in the alley with LR fire fighters performing CPR. There was an AED attached. As the paramedic approached the patient she noticed the patient's arms, hands, legs, feet and lips were blue with apparent lividity. The paramedic also heard the fire fighter's AED announce "no shock" as she approached. The fire fighters performing CPR advised they did not have a pulse or respirations. The MEMS paramedic asked the fire fighters to cease CPR so she could assess the patient. She checked for a carotid and radial pulse at least three times and confirmed there was no pulse or respirations, that her eyes were fixed and dilated and she was extremely cold to the touch centrally (abdomen).

As the MEMS paramedic was assessing the patient, she directed the AED leads be disconnected and transferred to the MEMS heart monitor. CPR was resumed and an EKG strip was run confirming CPR was being effectively performed. The MEMS paramedic again directed that CPR be discontinued so she could observe the heart monitor. Each time she looked at the screen the patient showed to be in asystole although she did notice some activity which she judged to be artifact. The paramedic ran an EKG strip for 1 ½ minutes without seeing any sign of life before electing to call medical control for permission to cease efforts. The MEMS paramedic was following Protocol 803 (Withholding/Withdrawal of Life Support) with CPR in progress upon arrival.

The MEMS paramedic used her cell phone to call MEMS dispatch and was connected to a physician at Baptist Health Medical Center in Little Rock on a recorded line. The paramedic explained that another MEMS crew had been there previously at 6:37 and we were called back because a homicide detective thought she was breathing. The fire department was performing CPR but the patient was ice cold with lividity. The ER physician authorized the paramedic to cease efforts at 9:29. The patient was again covered with a sheet and the MEMS crew departed the scene at 09:53 AM.

Third response – run #19,629

10:19:54 Little Rock communications requested we return to the scene "stat" because the patient was again thought to be breathing. Upon arrival a third, again different, MEMS crew noticed several people, including police officers and members of the coroner's office standing near the patient, but no one was assisting her. Witnessing

this, the crew's first impression was that they were there to provide care to someone else, perhaps a family member, who was at the scene. There were no firefighters at the scene this time. As they approached the patient they saw her lying on her back with palms down. She was pulse less, apneic and very cold to the touch. However, the LRPD and coroners on scene stated the patient had agonal respirations and that she may have overdosed on Darvocet. The MEMS crew was told that she was seen to have taken 10 breaths in 5 minutes. The MEMS crew immediately initiated CPR, placed the patient on the cardiac heart monitor with fast patches that showed the patient in asystole. The patient was rolled onto a spine board and stretcher and moved to the ambulance.

Within a minute or two after placing her in the unit, two MEMS supervisors arrived on scene to assist. In the ambulance the EMT was performing chest compressions as the paramedic initially used the bag valve mask. As he was about to breath for the patient the second time, he noticed the patient make a very minimal effort to inhale on her own. This was the only time he noticed the patient make any effort to breathe on her own until arrival at the hospital where she made one more minimal attempt to breath.

While still in the ambulance on scene the paramedic made an unsuccessful 18g IV attempt in the left EJ followed by a successful I/O placement in the left tibia. At this time the paramedic noticed the heart monitor showed PEA. Following an initial unsuccessful intubation attempt by the first supervisor, the patient released some of the contents of her stomach and a strong odor of alcohol was noted. After the second supervisor suctioned the airway and as she was successfully intubating the patient she thought she noticed a slight movement of the vocal cords. The attached patient care report (atch. 7) documents the treatment provided in greater detail.

The patient was transported to Baptist Health Medical Center in Little Rock where care was transferred to the Emergency Department.

Contributing Factor

SWAT Call:

At the same time the first and second crews responded to this call MEMS was also responding to a SWAT call in Little Rock involving three injured police officers (two with gun shot wounds) and several other injured civilians including one with a critical gun shot wound to the head that later proved fatal. While this incident did not over task MEMS resources, it did occupy the attention of the on duty supervisors who were not made aware of the second call to this scene until after the fact. Two supervisors did respond to this patient the third time we were called.

Findings

- A call for assistance was received by MEMS from Little Rock communications at 6:37 AM for an individual collapsed in the alley behind 1305 Cove View Lane. Time and reason(s) of collapse are unknown at the time of this report.

- The first MEMS crew:

-- Arrived at the patient's side with the Little Rock Fire Dept at approximately 6:49 AM

-- Assessed the patient in accordance with MEMS Protocol 803 (Withholding/Withdrawal of Life Support) and determined she was deceased.

--- The paramedic observed dependent lividity and rigor mortis, the patient had no detectable pulse or respirations and she was extremely cold to the touch

--- The fire fighters present also believed the patient was deceased.

-- Because no signs of life were present, hypothermia was not considered, ACLS protocols were not initiated, and the crew correctly followed Protocol 434 (Crime Scene Management)

-- The MEMS crew remained on scene for approximately 47 minutes during which time no signs of life or patient movement of any kind were observed by anyone present.

- The second call from Little Rock communications was received at 09:09AM requesting MEMS return to the scene because a Little Rock police officer thought he felt warm air coming from her mouth or nose.

- The second MEMS crew:

-- Arrived on scene at 9:21 AM to find the Little Rock Fire Dept already there with an AED attached and CPR in progress

-- The fire fighters did not find any sign of pulse or respirations

--- While the same fire company responded, there was a crew change since the first response except for the Captain, who was holding over and was also on the first call

-- The paramedic heard the AED say "no shock advised" as she approached the patient

-- The paramedic followed MEMS Protocol 803 (Withholding/Withdrawing Life Support) with life support initiated in the field and determined the patient was deceased

-- There was an absence of pulse, respirations and neurological reflexes

-- ACLS measures had not been initiated

-- There were obvious signs of death in addition to the absence of pulses, respiration and neurological reflexes including dependent lividity and she was extremely cold to the touch

-- Asystole was present in one lead (fire dept AED patches were used) as observed on the monitor

--- An EKG strip was printed to be retained as part of the patient care report

--- This EKG strip indicated PEA approximately every 10 seconds

-- The patient had fixed, dilated pupils

-- Per Protocol 803, the MEMS paramedic contacted on line medical control and gave a report including the fact another crew had been there earlier and that they had been called back because a police officer on scene thought the patient had been breathing

-- The ER physician authorized the paramedic to cease efforts at 09:29

- The third call to respond to the scene was received from Little Rock communications at 10:19 AM

- The third MEMS crew arrived on scene at 10:27 and was soon joined by two MEMS supervisors who assisted with patient care.

- By standers at the scene reported the patient was seen to take 10 breaths in 5 minutes

-- CPR was not in progress on MEMS' arrival

-- The patient did not take a normal breath at any time in the presence of the third MEMS crew

-- Information about a possible overdose of Darvocet and the strong odor of alcohol was discovered upon arrival of the third crew.

- The performance and actions of this crew and supervisors were appropriate

Conclusions

- Both the first and second MEMS crews used and followed the appropriate protocols
- Because no signs of life were detected by either the first or second crews and the patient was determined to be deceased, the possibility of a combination of factors, including hypothermia and/or drug/alcohol induced coma were not considered.
- The second crew used the heart monitor as part of their assessment and the rhythm was interpreted as asystole with some artifact present. The EKG strip was properly retained. Upon review, the EKG strip was interpreted as showing a complex about every 10 seconds.
- The performance of crew three was appropriate

Corrective Action

- The first MEMS paramedic has been returned to duty after receiving additional training including a review with the medical director
- The second MEMS paramedic has been placed in a training status where she will be supervised by a field training officer and not independently provide medical care for at least 30 days. She will not return to normal duty until authorized by the medical director.
- All MEMS EMTs and paramedics will be provided additional training emphasizing the signs, symptoms and treatment for decreased cardiac and respiratory effort caused by hypothermia and/or drug/alcohol induced coma which may be present secondary to other chief complaints (i.e. cardiac arrest)

- MEMS Protocol 803 will be revised to clarify circumstances where use of the heart monitor should be considered when assessing a patient
- MEMS will work with area law enforcement departments and the coroner's office to review and revise Protocol 434 (Crime Scene Management) as appropriate

Atch 3Names of MEMS medics involved

MEMS Staff – contact phone number 301-1400

1st Crew

Pat Bajorek	Paramedic	EMT # 4286
Keith Summerlin	EMT-B	EMT # 25249

2nd Crew

Brandy Johnson	Paramedic	EMT # 21982
Miles McDonnell	EMT-B	EMT # 24861

3rd Crew

Joshua Richmond	Paramedic	EMT # 22090
Lacey Walker	EMT-B	EMT # 23526

Supervisors

Chris Marshall	Paramedic	EMT # 12539
Chris Coleman	Paramedic	EMT # 16955

On line medical control:

Dr. Kennedy, Baptist Health Medical Center ED, Little Rock, (501-202-2300)

Persons interviewed

Little Rock Police Department – contact phone number 371-4621

Detective Matt Nelson
Sgt. Ashley Helton

Little Rock Fire Department – contact phone number 918-3736

Engine Company #9

1st response

Captain Isaac Jenkins
FF Roy Wert
FF Jennifer Winchell

2nd response

Captain Isaac Jenkins
FF Tye Herring
FF Donald O'Brannon

Mr. James Duckett – brother-in-law and witness on scene (cell [REDACTED])

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A.C.A. § 12-12-315 (Copy w/ Cite)

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A.C.A. § 12-12-315

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*** CURRENT THROUGH THE 2010 FISCAL SESSION ***

Title 12 Law Enforcement, Emergency Management, And Military Affairs
Subtitle 2. Law Enforcement Agencies And Programs
Chapter 12 Crime Reporting And Investigations
Subchapter 3 -- State Crime Laboratory

A.C.A. § 12-12-315 (2010)

12-12-315. Notification of certain deaths.

(a) (1) The county coroner, prosecuting attorney, and either the county sheriff or the chief of police of the municipality in which the death of a human being occurs shall be promptly notified by any physician, law enforcement officer, undertaker or embalmer, jailer, or coroner or by any other person present or with knowledge of the death if:

(A) The death appears to be caused by violence or appears to be the result of a homicide or a suicide or to be accidental;

(B) The death appears to be the result of the presence of drugs or poisons in the body;

(C) The death appears to be a result of a motor vehicle accident, or the body was found in or near a roadway or railroad;

(D) The death appears to be a result of a motor vehicle accident and there is no obvious trauma to the body;

(E) The death occurs while the person is in a state mental institution or hospital and there is no previous medical history to explain the death, or while the person is in police custody or jail other than a jail operated by the Department of Correction;

(F) The death appears to be the result of a fire or an explosion;

(G) The death of a minor child appears to indicate child abuse prior to death;

(H) Human skeletal remains are recovered or an unidentified deceased person is discovered;

(I) Postmortem decomposition exists to the extent that an external examination of the corpse cannot rule out injury, or in which the circumstances of death cannot rule out the commission of a crime;

- (J) The death appears to be the result of drowning;
- (K) The death is of an infant or a minor child under eighteen (18) years of age;
- (L) The manner of death appears to be other than natural;
- (M) The death is sudden and unexplained;
- (N) The death occurs at a work site;
- (O) The death is due to a criminal abortion;
- (P) The death is of a person where a physician was not in attendance within thirty-six (36) hours preceding death, or, in prediagnosed terminal or bedfast cases, within thirty (30) days;
- (Q) A person is admitted to a hospital emergency room unconscious and is unresponsive, with cardiopulmonary resuscitative measures being performed, and dies within twenty-four (24) hours of admission without regaining consciousness or responsiveness, unless a physician was in attendance within thirty-six (36) hours preceding presentation to the hospital, or, in cases in which the decedent had a prediagnosed terminal or bedfast condition, unless a physician was in attendance within thirty (30) days preceding presentation to the hospital;

(R) The death occurs in the home; or

(S) (i) The death poses a potential threat to public health or safety.

(ii) Upon receiving notice of a death that poses a potential threat to public health or safety, the county coroner shall immediately notify the Department of Health.

(2) Nothing in this section shall be construed to require an investigation, autopsy, or inquest in any case in which death occurred without medical attendance solely because the deceased was under treatment by prayer or spiritual means in accordance with the tenets and practices of a well-recognized church or religious denomination.

(b) With regard to any death in a correctional facility, the county coroner and the State Medical Examiner shall be notified, and when previous medical history does not exist to explain the death, the Department of Arkansas State Police shall be notified.

(c) A violation of the provisions of this section is a Class A misdemeanor.

HISTORY: Acts 1969, No. 321, § 5; 1973, No. 509, § 1; 1979, No. 864, § 10; 1985, No. 216, § 1; A.S.A. 1947, §§ 42-615, 42-1212; Acts 1993, No. 1302, § 1; 1995, No. 311, § 2; 2001, No. 80, § 2; 2007, No. 194, § 1; 2007, No. 594, § 1; 2009, No. 165, § 3; 2009, No. 1286, § 1.



Metropolitan EMS
Medical Operations Manual

7

Section	General Medical Protocols		Protocol Number	101
Protocol	UNIVERSAL PATIENT CARE			
<p style="text-align: center;"> Insure scene safety If hazardous conditions exist, contact the appropriate agency before approaching the patient ↓ Scene survey ✓ Environmental conditions ✓ Mechanism of injury ↓ Form general impression of patients condition ↓ Primary survey ✓ Consider spinal precautions ↓ Assess and manage airway issues ↓ Assess and manage breathing issues ↓ Assess and manage circulation issues ↓ Obtain vital signs ↓ Go to the appropriate protocol(s) </p> <p style="text-align: center;"> Notes: ✓ This protocol should be used as a general approach to all situations ✓ All appropriate equipment should be taken to patients. Medics should never enter 'empty-handed.' ✓ Assessment must be appropriate to patients condition, mechanism of injury and severity of illness ✓ Reassess the patient frequently ✓ The minimum evaluation of vital signs includes: blood pressure, heart rate, respirations ✓ Cardiac monitoring and pulse oximetry is recommended on all cardiac, respiratory, and serious trauma patients, and as appropriate for other patients </p>				
Medical Director: Charles F. Mason, MD <i>Signature on file</i>			Approved	Mar 2005
			Revised	----



Metropolitan EMS
Medical Operations Manual

Section	Cardiac Protocols - Adult	Protocol Number	208				
Protocol	PULSELESS ELECTRICAL ACTIVITY (PEA)						
<p>Establish airway and ventilate with 100% oxygen ↓ Initiate CPR ↓ Attach EKG and identify rhythm ↓ Immediately resume CPR Continue for 5 cycles, approximately 2 min ↓ Establish ET Intubation and monitor Capnography, if available. If Capnography not available, attach end-tidal CO2 detector ↓ Establish IV access ↓ Epinephrine 1:10,000 1.0mg IV (2.0-2.5mg ET if no IV) Repeat every 3-5 minutes ↓ If bradycardic rate: Consider Atropine 1.0mg IV (2.0mg ET if no IV) Repeat every 3-5 minutes to a maximum of 3mg ↓ Check rhythm Immediately resume CPR ↓ Identify and treat possible contributing factors*** ↓ ☑ Transport ↓ ☑ Notify receiving facility</p>							
<p>Notes:</p> <p>*** Possible contributing factors</p> <table border="1"> <thead> <tr> <th colspan="2">5 Hs & 5 Ts</th> </tr> </thead> <tbody> <tr> <td> <p><u>Hypovolemia:</u> 250-500cc NS bolus; consider repeat bolus</p> <p><u>Hypoxia:</u> Ventilate with 100% oxygen</p> <p><u>Acidosis:</u> Consider Sodium Bicarb 1mEq/kg not to exceed 50mEq</p> <p><u>Hyperkalemia:</u> ☑ Contact medical control</p> <p><u>Hypothermia:</u> Warm patient</p> </td> <td> <p><u>Drug overdose:</u> ☑ Consider Sodium Bicarb for tricyclic overdose per medical control orders Consider Naloxon for suspected opiates</p> <p><u>Cardiac tamponade:</u> ☑ Contact medical control</p> <p><u>Tension pneumothorax:</u> Consider needle chest decompression</p> <p><u>Myocardial Infarction:</u> ☑ Contact medical control</p> <p><u>Pulmonary embolism:</u> ☑ Contact medical control</p> </td> </tr> </tbody> </table> <p>• CPR Ratio should be 30 compressions to 2 ventilations until intubation is established then, 100 compressions with 8-10 breaths per minute. • CPR should be continued while defibrillator is charging and only be interrupted for rhythm checks and shock delivery. CPR - Rhythm check - CPR (drug given; defibrillator charged) - Shock - Repeat</p>				5 Hs & 5 Ts		<p><u>Hypovolemia:</u> 250-500cc NS bolus; consider repeat bolus</p> <p><u>Hypoxia:</u> Ventilate with 100% oxygen</p> <p><u>Acidosis:</u> Consider Sodium Bicarb 1mEq/kg not to exceed 50mEq</p> <p><u>Hyperkalemia:</u> ☑ Contact medical control</p> <p><u>Hypothermia:</u> Warm patient</p>	<p><u>Drug overdose:</u> ☑ Consider Sodium Bicarb for tricyclic overdose per medical control orders Consider Naloxon for suspected opiates</p> <p><u>Cardiac tamponade:</u> ☑ Contact medical control</p> <p><u>Tension pneumothorax:</u> Consider needle chest decompression</p> <p><u>Myocardial Infarction:</u> ☑ Contact medical control</p> <p><u>Pulmonary embolism:</u> ☑ Contact medical control</p>
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Medical Director:	Approved	Sep 2006					
Charles F. Mason, MD Signature on file	Revision	B					



Metropolitan EMS
Medical Operations Manual

Section	General Medical Protocols		Protocol Number	106
Protocol	HYPOTHERMIA			
<p style="text-align: center;"> <input checked="" type="checkbox"/> Patient temp lower than 94 degrees Oxygen as appropriate ↓ Remove wet clothing ↓ Continuous EKG monitoring ↓ <input checked="" type="checkbox"/> Transport Be gentle with patient and keep warm during transport ↓ Initiate passive re-warming techniques ↓ <input checked="" type="checkbox"/> Notify receiving facility </p>				
Medical Director:			Approved	Mar 2005
Charles F. Mason, MD <i>Signature on file</i>			Revision	—

66

Patient Signature

I, the undersigned, hereby authorize payment directly to Metropolitan Emergency Medical Services (MEMS), 1101 W. 8th St., Little Rock, AR 72205, for the ambulance benefits otherwise payable to me whether in the past, now, and in the future. I hereby authorize MEMS to release any information regarding my ambulance transportation to any insurance company or employer having coverage on me. If I am entitled to Medicare benefits, I authorize any medical or other information to be released to the Social Security Administration-CMS, its intermediaries or carriers, whether in the past, now, and in the future. I authorize any holder of information about me to release to MEMS any information or documentation needed to determine these benefits or benefits paid for related services provided to me by MEMS, whether in the past, now, or in the future. I understand that this authorization can be revoked at any time by writing MEMS and revoking the same. I understand I am financially responsible to MEMS for charges not covered by this authorization, and do hereby guarantee payment of this bill. I further agree that if collection is made by suit, or otherwise, I will pay all collection costs including a reasonable attorney's fee. I hereby release said MEMS and employees from any claim whatsoever. I hereby acknowledge receipt of MEMS privacy Policies.

Reason For Not Signing: Decreased LOC

Created on: 3/26/2010 10:20:19 AM

Run Number: 19629

45

Etiology: Unknown;
Arrest Witnessed by: Unknown;
Time of Arrest to ALS: Unknown;

DEMOGRAPHICS

Last Name: Harper
DOB: [REDACTED]
Address1: [REDACTED]
County: PULASKI
Country: U.S.A.
Driver's License #:

First Name: Pamela
SSN: [REDACTED]
Address2:
State: AR
Tel1: 501 [REDACTED]

Middle Name: K
MedicAlert #:
City: LITTLE ROCK
Zip: 72212 [REDACTED]
Tel2:

RESPONSIBLE PARTY

Last Name: Harper
DOB: [REDACTED]
Address1: [REDACTED]
County: PULASKI
Country: U.S.A.

First Name: Pamela
Address2:
State: AR
Tel1: 501 [REDACTED]

Relationship: Self
City: LITTLE ROCK
Zip: 72212 [REDACTED]
Tel 2:

NECESSITY FOR SERVICE

Position Patient Found: Supine;
Patient Moved to Stretcher via: Backboard;

CODES

SIGNATURE

Witness Signature
: kristin m

Primary Crew
Name: RICHMOND JOSHUA

Secondary Crew
Name: WALKER LACY

Patient Received By
Name: kristin m

Enroute:	3/26/2010 10:20:00 AM		Run-Number: 19629 Response Mode: Lights and Sirens; Number of Patients: 1	
Unit Cancelled:				
Arrive Scene:	3/26/2010 10:26:00 AM	400.00 mi		Other Services at Scene: Law Enforcement - Little Rock;
Arrive Patient:				
On Scene Transfer:				
Depart Scene:	3/26/2010 10:53:00 AM		Transport Priority: Code 1; Transport Mode: Lights and Sirens;	Response Outcome: Transported;
RL ETA:				
RL Alert:				
Arrive Destination:	3/26/2010 11:00:00 AM	403.50 mi	Destination Type: Hospital (ED); Receiving Facility: Baptist Medical Center	
Care Transfer:				
Depart Destination:				
Available:	3/26/2010 11:43:00 AM			
Unit Back at Home:				
Wheel Check:				
Arrive Scene 1:				
Arrive Scene 2:				
Depart Scene 1:				
Depart Scene 2:				
Total Miles:		3.50 mi		

OUTCOMES

GENERAL

Reason for Choosing Destination: Closest Facility;

CARDIAC ARREST

Time of Arrest to CPR: Unknown;

Created on: 3/26/2010:10:20:19 AM

Run Number: 19629

AM					RICHMOND
3/26/2010 10:29:00 AM	Treatment	Attach/ Monitor ECG	Attach/ Monitor ECG: Attach 4 lead;		JOSHUA RICHMOND
3/26/2010 10:30:00 AM	Treatment	Attach/ Monitor ECG	Attach/ Monitor ECG: Other: fast patches;		JOSHUA RICHMOND
3/26/2010 10:40:00 AM	Treatment	IV / IO Access	Side: Left; Site: External Jugular; Successful: No; Attempts: 1; Size (G): 18;		JOSHUA RICHMOND
3/26/2010 10:42:00 AM	Treatment	IV / IO Access	Side: Left; Site: IO Adult; Successful: Yes; Attempts: 1;		JOSHUA RICHMOND
3/26/2010 10:42:01 AM	Treatment	IV Fluid	Site: Left IO Adult; Type: Normal Saline;		JOSHUA RICHMOND
3/26/2010 10:44:00 AM	Treatment	ALS Airway Care	Successful: No; Type: Endotracheal Intubation; Attempts: 1; Size: 7; Technique: Standard Laryngoscopy;		JOSHUA RICHMOND
3/26/2010 10:46:00 AM	Treatment	ALS Airway Care	Successful: No; Type: Endotracheal Intubation; Attempts: 1; Size: 7; Technique: Standard Laryngoscopy;		JOSHUA RICHMOND
3/26/2010 10:48:00 AM	Treatment	ALS Airway Care	Successful: Yes; Type: Endotracheal Intubation; ETCO2 Detector: 20 mmHG; Attempts: 1; Size: 6; Difficult Intubation Signs: Limited Jaw Opening; Technique: Standard Laryngoscopy; Tube Depth: 24; Checks: Capnography, Direct Visualization, Equal Bilateral Breath Sounds, Equal Chest Rise, Negative Epigastric Sounds; Tube Secured: Tube Holder;		JOSHUA RICHMOND
3/26/2010 10:49:00 AM	Treatment	Medication Therapy	Drug Name: Epinephrine 1:10000; Dose Amount: 1; Dose Unit: mg; Route: IV;		JOSHUA RICHMOND
3/26/2010 10:52:00 AM	Treatment	Medication Therapy	Drug Name: Atropine; Dose Amount: 1; Dose Unit: mg; Route: IV;		JOSHUA RICHMOND
3/26/2010 10:53:00 AM	Treatment	Medication Therapy	Drug Name: Narcan; Dose Amount: 2; Dose Unit: mg; Route: IV;		JOSHUA RICHMOND
3/26/2010 10:54:00 AM	Treatment	Medication Therapy	Drug Name: Epinephrine 1:10000; Dose Amount: 1; Dose Unit: mg; Route: IV;		JOSHUA RICHMOND
3/26/2010 10:57:00 AM	Treatment	Medication Therapy	Drug Name: Atropine; Dose Amount: 1; Dose Unit: mg; Route: IV;		JOSHUA RICHMOND

Created on: 3/26/2010 10:20:19 AM

Run Number: 19629

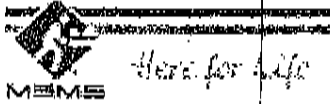
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INITIAL ASSESS - OBJECTIVE		
Pulse:	Site: Radial, Carotid, Rate: Absent	
Neck Veins:	No JVD present	
Pupils:	(L) Reactivity: Non-Reactive; (R) Reactivity: Non-Reactive	
Mental Status:	Unconscious	
Distal SMC:		All Extremities: No Capillary Refill Present, No Pulse Present, No Movement Present, No Sensation Present

VITAL SIGNS													
Time	HR	RR	BP-Sys	BP-Dia	SPO2	ETCO2	Peak Flow	Gluc	TEMP	Pain: Visual	GCS	Position	Done By
M-10:28:02 AM	0 BPM	1 BPM	0 mmHG	0 mmHG		20 mmHG		118 mg/dL			E 1 V 1 M 1 3		JR
M-10:59:00 AM											E 1 V 1 M 1 3		JR

ECG / MONITOR								
Time	Leads	ECG Changes	ECG Type	Underlying Rhythm	Ectopy	Report	Comments	Done By
LP12-10:29:01 AM	II; III;		4	Asystole				JR
LP12-10:30:01 AM			Paddles	Asystole				JR
LP12-10:43:00 AM	II; III;		4	Other: PEA				JR

ASSESS/PLAN					
Start Time	Stop Time	Section	Item	Summary	Done By
3/26/2010 10:28:00 AM		Assessment	AVPU	Unresponsive;	JOSHUA RICHMOND
3/26/2010 10:28:01 AM		Assessment	Distal SMC	All Extremities; Status: No Capillary Refill Present, No Pulse Present, No Movement Present, No Sensation Present;	JOSHUA RICHMOND
3/26/2010 10:28:02		Treatment	Start CPR	CPR Started	JOSHUA



Created on: 3/26/2010 10:20:19 AM

Run Number: 19629
Patient 1 of 1
Report Number:

Finalized: Yes

PATIENT

Harper, Pamela K 52 Years (Actual) Female Ethnicity: Not Hispanic/Latino Race: White
Chief Complaint: Cardiac Arrest;

NARRATIVE

UOA found pt laying supine on ground pulseless and apneic. LRPD and coroner on scene states pt has agonal resp. LRPD states pt may have overdosed on Darvocet. Pt is cold to touch. Crew initiates CPR. Pt placed on cardiac monitor and fast patches - asystole. Pt rolled onto LSB. Pt moved to stretcher and to unit. 18g IV left EJ - unsuccessful. IO placed left tibia - 1000mL NS WO. Cardiac monitor shows PEA rate of approx 2. Crew attempts intubation - unsuccessful. Sierra Marshal attempts intubation - unsuccessful. Echo Coleman intubates pt. Crew admin 2 Epi, 2 Atropine, and 2mg Narcan. Xport without incident. Pt care Xferred to BMC-ER staff.

SUBJECTIVE

		ACTUAL	PERTINENT NEGATIVES
Allergies		Medications: Medications: Unknown;	
PMH		General: Unknown;	
Medication(s)	Dosage	Frequency	Compliant
unknown	mg	/Hour	Unknown

FIRSTVITAL SIGNS

Time	HR	RR	BP-Sys	BP-Dia	SPO2	ETCO2	Peak Flow	Gluc	TEMP	Pain: Visual	GCS	Position	Done By
M-10:28:02 AM	0 BPM	1 BPM	0 mmHG	0 mmHG		20 mmHG		118 mg/dL			E 1 V 1 M 1 3		JR

INITIAL ASSESS - OBJECTIVE

		ACTUAL	PERTINENT NEGATIVES
Gen	Location Patient Found:	Ground	
A	Airway Status:	Patent (Open);	
	Airway Signs:	Unremarkable;	
B	Breathing Sounds:	Left Upper: Absent; Left Lower: Absent; Right Upper: Absent; Right Lower: Absent;	
	Breathing Signs:	Agonal;	
	Breathing Quality:	Rate: 1 BPM Regularity: Agonal;	
C	Skin:	Temperature: Cold; Color: Cyanotic; Moisture: Dry; Cap Refill: None; Turgor: Normal;	

Created on: 3/26/2010 10:20:19 AM

Run Number: 19629

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Trip Details

Date of Service: 3/28/2010 Customer Name: <Unknown> Customer SSN: 00000-0000 Taken By: Mahoney, Clarissa Dispatched By: Owen, Deanne Responded From: A-LR - STA. 4 Call Type: ALS Nature of Call: Primary Complaint: <None> Complaint #2: <None> Primary Payer: <None> At Scene Odometer: At Dest Odometer:	Run Number: 19629 Trip Number: 0077-A Vehicle: 138 Pick Up Time: 10:19:53 Call Start Time: 05:06:10 Call End Time: Call Date: 10/10/08-03/29/10 Dispatched: 10:20:01 Arrived: 10:20:58 At Scene: 10:27:14 Transporting: 10:58:02 At Destination: 11:00:15 Partially Available: 12:00:04
Total Loaded Miles	

CREW INFORMATION

Crew 1: Richmond, Josh	Crew 2: Walker, Lacey	Crew 3: NO CREW LISTED
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Dispatch Comments: CALLER LR COMM

PICK UP AND DESTINATION INFORMATION

<u>Pick Up Information</u> 1322 HUNTERS COVE DR LITTLE ROCK, AR 72211	Initial Priority: 652 UNKNOWNC2 Phone: N/A
<u>Drop Off Information</u> BMC - BAPTIST MEDICAL CENTER LITTLE ROCK, AR 72206	Transport Priority: 652 UNKNOWNC2 Phone: (801) 202-2300 Ext.

TRIP NOTES

Time of Arrest to Defib: Unknown;

EXPOSURE

Personal Protective Equipment Used: Exam Gloves

DEMOGRAPHICS

Last Name: Harper
DOB: [REDACTED]
Address1: [REDACTED]
County: Pulaski
Country: U.S.A.
Driver's License #:

First Name: Paula
SSN: 999-99-9999
Address2:
State: Arkansas
Tel1: ###-###-####

Middle Name:
MedicAlert #:
City: Little Rock
Zip: 72223
Tel2:

RESPONSIBLE PARTY

Last Name: Harper
DOB: [REDACTED]
Address 1: [REDACTED]
County: Pulaski
Country: U.S.A.

First Name: Paula
Address2:
State: Arkansas
Tel 1: ###-###-####

Relationship: Self
City: Little Rock
Zip: 72223
Tel 2:

EMPLOYERS INFORMATION

Patient

Status: Unemployed
Employer Name:
Address1:
County:
Country:

Occupation:
Address2:
State:
Tel1:

Occupation Industry:
City:
Zip Code Lookup:
Tel2:

NECESSITY FOR SERVICE

Position Patient Found: Supine;
Patient Required: Other: fast patches;
Was Patient: Unconscious; Other: doa;

CODES

SIGNATURE

Primary Crew
Name: JOHNSON BRANDI

Secondary Crew
Name: MCDONNELL MILES

Created on: 3/26/2010 9:12:02 AM

Run Number: 19613

			Estimate Intra Responder on Scene After EMS: Estimate of Life After Aid: Unchanged Needs Administered Prior To This EMS Units Care: None Prior Aid Performed By: First Responder:
Arrive Patient:	3/26/2010 9:25:40 AM		
On Scene Transfer:			
Depart Scene:		Transport Priority: Code 3; Transport Mode: No Lights or Sirens;	Response Outcome: DDA;
RL ETA:			
RL Alert:			
Arrive Destination:			
Care Transfer:			
Depart Destination:			
Available:	3/26/2010 9:54:36 AM		
Unit Back at Home:			
Wheel Check:			
Arrive Scene 1:			
Arrive Scene 2:			
Depart Scene 1:			
Depart Scene 2:			
Total Miles:			

OUTCOMES

CARDIAC ARREST

Time of Arrest to CPR: Unknown;
 Etiology: Unknown;
 Arrest Witnessed by: Unknown;
 Time of Arrest to ALS: Unknown;
 Return of Spontaneous Circulation: No;
 Date / Time Resuscitation Discontinued: 3/26/2010 9:29:54 AM;
 Reason CPR Discontinued: Medical Control Order;

Run Number: 19613

Created on: 3/26/2010 9:12:02 AM

Name	Crew Role	Crew Level	Position	ID Number	Registration	New Hire	Current Crew
MCDONNELL MILES	Crew Member	EMT Basic	Secondary Crew		24861		Yes
JOHNSON BRANDI	Crew Member	EMT Paramedic	Primary Crew		21982		Yes

INCIDENT

	Time	Odometer	Details	Complications / Misc
Incident Date / Time:	3/26/2010 9:13:29 AM		Location Type: Home/Residence; Address 1: 1322 Hunters Cove Dr City / Town: Little Rock County: Pulaski Province / State: Arkansas Zip / Postal Code: 72211 Country: U.S.A. Telephone 1: ###-###-####	
PSAP:				
Call Received:	3/26/2010 9:13:40 AM			
Pre-Alert:				
Unit Dispatched:	3/26/2010 9:13:40 AM		Dispatch Complaint: 60 - Type of Service Requested: Emergency - 911 Location Type: Home/Residence; Address 1: 1322 Hunters Cove Dr City / Town: Little Rock County: Pulaski Province / State: Arkansas Zip / Postal Code: 72211 Country: U.S.A. Telephone 1: ###-###-####	
Enroute:	3/26/2010 9:13:40 AM		Run Number: 19613 Response Mode: Lights and Sirens; Number of Patients: 1	
Unit Cancelled:				
Arrive Scene:	3/26/2010 9:21:49 AM			Other Services at Scene: Fire - Little Rock; Law Enforcement - Little Rock; Treatment Before Arrival: Airway-BVM; CPR;

Created on: 3/26/2010 9:12:02 AM

Run Number: 19613

9:26:45 AM		Paddles	Asystole			BJ
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ASSESS/PLAN

Start Time	Stop Time	Section	Item	Summary	Done By
3/26/2010 9:26:40 AM		Assessment	Airway Status	Status: Patent (Open);	BRANDI JOHNSON
3/26/2010 9:26:42 AM		Assessment	Breathing Signs	Breathing Signs: Apnea;	BRANDI JOHNSON
3/26/2010 9:26:45 AM		Assessment	Mental Status	Status: Unconscious;	BRANDI JOHNSON
3/26/2010 9:26:46 AM		Assessment	Skin	Temperature: Cool; Moisture: Dry; Color: Mottled; Cap Refill: None; Tumor: Other: none;	BRANDI JOHNSON
3/26/2010 9:26:46 AM		Assessment	Pupils	Right Reactivity: Non-Responsive; Right Quality: Dilated; Left Reactivity: Non-Responsive; Left Quality: Dilated;	BRANDI JOHNSON
3/26/2010 9:26:47 AM		Assessment	Pulse Status	Rate: Absent; Site: Carotid; Rhythm: NA; Strength: Absent;	BRANDI JOHNSON
3/26/2010 9:26:51 AM		Treatment	Attach/ Monitor ECG	Attach/ Monitor ECG: Other: fast patches;	BRANDI JOHNSON
3/26/2010 9:26:52 AM		Treatment	Patient Position	Position: Supine;	BRANDI JOHNSON
3/26/2010 9:28:02 AM		Assessment	Pronouncement of Death	Reason: Absence Of Respiration, Absence Of Pulse, Dependent Lividity, Rigor Mortis.	BRANDI JOHNSON
3/26/2010 9:29:50 AM		Treatment	Medical Control	Contact Name dr. Kennedy; Contact Location; Other: bmc; Reason: Request Orders; Status: Given; Authorization: On-Line - Procedure; Comments: called dr. kennedy to stop op that was started by fire on a doa that was pronounced 3 hours ago. this is 2 call.	BRANDI JOHNSON

VEHICLE(S)

MEMS	Agency Number	District/Region	Unit Number	Unit Call Sign	Vehicle Number	EMS Called By	Vehicle Type	Primary Role of Unit	Station
408		Metro	408			Police	ALS Emergency	ALS Transport	

CREW MEMBERS

Created on: 3/26/2010 9:12:02 AM

Run Number: 19613

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INITIAL ASSESS - OBJECTIVE	
Location Patient Found:	Ground
Scene Findings:	None Noted
Barriers to Patient Care:	None Observed
Emergency Information:	Not Known
Alcohol/Drug Use Indicators:	Not Known; None Observed
Level of Consciousness:	Not Responsive
A Airway Status:	Patent
Airway Signs:	Asymmetrical, none
B Breathing Sounds:	Upper: Clear; Left Lower: Clear; Right Lower: Clear
Breathing Signs:	None
Breathing Quality:	Rate: 0 BPM; Regularity: Other: none; Effort: None; Depth: Other: apneic
C Skin:	Temperature: Cold; Color: Mottled; Moisture: Dry; Cap Refill: None; Turgor: Other: none
Pulse:	Site: Carotid; Rate: Absent; Rhythm: NA; Strength: Absent
Estimated Blood Loss:	None
D Pupils:	(L): Reactivity: Non-Responsive; Quality: Dilated; (R): Reactivity: Non-Responsive; Quality: Dilated
Mental Status:	Other: none
Loss of Consciousness:	Yes

VITAL SIGNS													
Time	HR	RR	BP-Sys	BP-Dia	SPO2	ETCO2	Peak Flow	Gluc	TEMP	Pain: Visual	GCS	Position	Done By
M- 9:26:13 AM	0 BPM	0 BPM	0 mmHG	0 mmHG	0 %					0 - No Hurt	E 1 V 1 M 1 3	Supine	BJ
M- 9:26:45 AM	0 BPM	0 BPM	0 mmHG	0 mmHG	0 %					0 - No Hurt	E 1 V 1 M 1 3	Supine	BJ

ECG MONITOR								
Time	Leads	ECG Changes	ECG Type	Underlying Rhythm	Ectopy	Report	Comments	Done By
LP12-								

Created on: 3/20/2010 9:12:02 AM

Run Number: 19613

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