

FINAL

Patient Care Report



Cleveland EMS
 1701 LAKESIDE AVE
 CLEVELAND, Cuyahoga, OH, 44114-1015
 (216) 864-2855 Ext.
 NPI: 1699867077
 EMS Agency Number: 16-ED40

Incident Number: E14022619
Run Number: E14022619_MED41_20140321105920
Date of Service: 03/21/2014
Patient Name: Iakleha Wilson
Documented By: GUELKER, FRANK

TREATMENT SUMMARY CONTINUED

Time	PTA	Treatment	Who performed	Authorized by	Comments
11:18	No	CFR-Started	MCCOOL, BRENDAN	Protocol (Standing Order)	
		<u>Complication</u> None	<u>Complication Narrative</u>		
		Type of Arrest=Medical Cardiac Arrest	Arrest to CPR(Downtime)=44 Minutes	Witnessed Arrest=Yes	
		Who did CPR Prior to Arrival=Health Care Employee	Initial Rhythm=P.E.A	Was an AED Applied=No	
		Who's AED was Used=No AED Used	Was Shock Given by AED=No	Final Rhythm=Sinus Tach	
		# of Attempts=1	Successful=Yes		
11:19	No	Epinephrine 1:10,000	MCCOOL, BRENDAN	Protocol (Standing Order)	
		<u>Complication</u> None	<u>Complication Narrative</u>		
		Indication=Cardiac Arrest	Dosage=1	Dosage Units=mg	
		Route=intravenous	Results=No Change	Procedure Successful=Yes	
11:20	No	Dextrostick	MCCOOL, BRENDAN	Protocol (Standing Order)	
		<u>Complication</u> None	<u>Complication Narrative</u>		
		Indication=Routine Blood Sugar Test	Blood Glucose Level=114	# of Attempts=1	
		Procedure Successful=Yes			
11:21	No	Sodium Bicarbonate	MCCOOL, BRENDAN	Protocol (Standing Order)	ROSC
		<u>Complication</u> None	<u>Complication Narrative</u>		
		Indication=Cardiac Arrest After Long Down Time	Dosage=1	Dosage Units=mEq/kg	
		Results=Overall Patient Improvement	Procedure Successful=Yes		

NARRATIVE

pt is 22 female found supine with feet elevated on table at abortion clinic on EMS arrival. Staff states pt was 19 weeks gestation and during her procedure she became bradycardic. They state they admin a total of 2 mg Atropine with no improvement. They state the pt then became pulseless and apneal and they began CPR and called EMS. Staff placed oral airway and were ventilating pt with pediatric BVM and face mask. Staff had initiated an IV and admin 1:1,000 EPI 1 mg. Unknown route of 1:1000 administration. They state they administered one defibrillation to the pt via AED and continued CPR. Staff also administered a total of 1 mg of Narcan, in two 0.5mg doses. EMS arrived to find the staff continuing CPR on pulseless and apneal female. EMS took over CPR and applied 3 lead combi pads and noted PEA on monitor. Pt received 1:10,000 EPI 1 mg by EMS. At this point the IV that was initiated PTA was accidentally pulled by one of the many people on scene. Pt was ventilated at appropriate rate, with appropriate BVM and mask, by CFD personnel on EMS instruction. EMS unable to utilize backboard or intubate pt in the building due to the elevator being so small that EMS had to sit the pt up on the cot and ventilate pt in a sitting position. At this time the pt had ROSC so no chest compressions were necessary. EMS utilized ice from the facility for cooling purposes before moving the pt. BVM had good compliance at this time. Pt was moved to the truck where IV was restarted by EMS and pt was intubated. ALS performed according to protocol. Lidocaine infusion not started due to loss of pulseless prior to administering. High quality continuous CPR resumed by EMS en route. Pt regained ROSC upon arrival to UHA.

EMS delayed in reaching the pt due to elevator malfunction.