

FINAL

(FAX)

P.005/013

Patient Care Report

ROBERT PERKINS



CLEVELAND EMS
1701 LAKESIDE AVE
CLEVELAND, OH 44114-1015

Date of Service: 01/18/2024

Run Number: E24005536_MED11_2024

Incident Number: E24005536

Documented By WALTON, ALYSSA

CREW INFO

Vehicle: MEDC11

Cell Sign:

Resp No:

Primary Role: Ground Transport

Crew #1 ID: WALTON, ALYSSA

Crew1 Role: Driver/Pilot-Response,
Driver/Pilot-Transport, Other
(Not Listed), Other Patient
Caregiver-At Scene, Other
Patient Caregiver-Transport,
Primary Patient Caregiver-At
Scene, Primary Patient
Caregiver-Transport

Crew1 Level: Paramedic

Crew#2 ID: COX, SIERRA

Crew2 Role: Driver/Pilot-Response,
Driver/Pilot-Transport, Other
(Not Listed), Other Patient
Caregiver-At Scene, Other
Patient Caregiver-Transport
Emergency Medical Technician
(EMT)

Crew #3 ID:

Crew3 Role:

Crew3 Level:

Disp Locn:

Disp Zone:

Disp GPS Locn:

Other EMS

Agency:

Sending For

MR#:

Est 1st At Scene:

1st At Scn time:

Assisted By:

Doc'd By: WALTON, ALYSSA

Unit Type:

Final Pt. Acuity: Critical (Red)

Addl Resp. Mode: Lights and Sirens

Patients

Transported:

Hospital

Designation:

NPI: 18-E040

RESPONSE INFO

Med/Trauma:

Cell Type: ALS

Resp Priority: Emergency

STBYP

Nature of Call: Standby Police/Swal

EMD Perform.: Yea, With Pre-Arrival
Instructions

EMD Card No:

Disp. Delay: Other (Not Listed)

Resp. Delay: Other (Not Listed)

Call Taken by:

Resp. with:

Locn Type: Apartment

Location: 7702 SPAFFORD RD
Cleveland, Cuyahoga, OH
44105

Scn Zone No:

Scene GPS:

Pt. Found: In House

Patients: Single

Macc Casualty: No

Activity at Onset:

Poss. Injury: Yes

Protocols:

Response Zone:

Activity at Dispatch:

Initial Pt. Acuity: Critical (Red)

Level of Care of
this Unit: ALS-Paramedic

Seat Position:

Height of Fall: 0

Transport: Ground-Ambulance

Method:

Hospital in

Pt. Destination:

NPI: 1699867077

DISPOSITION

Type of Service: 911 Response (Scene)

Outcome: Echo Trauma Level Call

Dest Reason: Closest Facility

Trans. Priority: Emergency

Odometer Start:

At Scene Miles:

At Dest. Miles:

Transport Mileage: 5.7

Pta trans.: Stretcher

Cond at Dest:

Dest Type: Hospital

Level of care: ALS

Dest Zone No:

Barriers to Care: None Noted
None NEMSIS
None NEMSIS

Pt. Trans.: Supine - Stretcher

Triage Class.:

Scene Delay: Safety-Crew/Staging

Trans. Delay: None

<None>

<None>

Dest Delay: Decontamination

Documentation

Destination: METROHEALTH MEDICAL
CENTER
2500 METROHEALTH DR
Cleveland, Cuyahoga, OH
44109

Dest GPS:

Dest Fac MR#:

Reev Doctor:

Disp. Cen. Name:

Instructions

Provided:

Trauma Center

Criteria:

Transport Mode: Lights and Sirens

Descriptors:

Destination Reason: Closest Facility

TIMES

Call Created: 18:20 01-17-24

Call In Pendi: 18:21 01-17-24

Dispatch: 20:10 01-17-24

En route: 20:11 01-17-24

On Scene: 20:11 01-17-24

At patient: 02:43 01-18-24

Injury: 02:30 01-18-24

Transport: 02:47 01-18-24

At Hosp.: 03:01 01-18-24

Dest Tra Care: 03:04 01-18-24

In service: 04:10 01-18-24

Cxl Reason: <NONE>

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PATIENT INFORMATION

Name: ROBERT PERKINS

SSN: [REDACTED]

Sex: Male

Phone: [REDACTED]

DOB: [REDACTED]

Weight: 150.00 lbs 68.04 Kgs

Mobile No.:

Doctor:

Homeless:

Last Known Well:

Home Country:

Ethnicity:

Emergency Info Form:

DL Info:

Email:

Belonging Left With:

Belongings:

Face Sheet:

Breslow/Luten Color:

Medicare Questionnaire:

Home Addr.: 7702 SPAFFORD RD
CLEVELAND, CUYAHOGA, OH 44105

Mailing Addr.:

Race: White

Advanced
Directives:Patient
Characteristics:

NEXT OF KIN

Name:

SSN:

Sex:

Phone:

DOB:

Home Addr.:

Relationship:

Cell Phone:

INSURANCE

Work Related: No

Occupation:

Employer:

Employer Address:

Payer Type:

no insurance information entered

PATIENT COMPLAINTS

Chief Complaints

Trauma - Shooting (Primary)
5 Minutes

Cardiac Arrest (Secondary)
5 Minutes

Anatomic Location

General/Global

Organ System

Global/General

Primary Symptom

Cardiac arrest

Other Associated Symptoms

Gun Shot Wound

Last Oral Intake

Medical Hx Obtained From

HISTORY

Past Medical History

Unable to Complete

Allergies

No Known Drug Allergy

No Known Environmental/Food
Allergies

Medications

Unable to Complete

ASSESSMENT

ETOH/Drug use: Unable to Complete

ZOLL Resuscitator PCR

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Documented By WALTON, ALYSSA

01/18/2024 02:44:30

By: WALTON, ALYSSA

Body Area	Assessments and Comments	Body Area	Assessments and Comments
Airway	Patent	Breathing	Absent
Circulation	Capillary Refill - Absent : Hemorrhage - Location : MULTIPLE LOCATIONS: CHEST, ARMS, SHOULDER Pulses - Carotid - Absent (0) Normal	Blood/Fluid Loss	1000 - 2000 ML
Head		Face	Normal
Left Ear	Normal	Right Ear	Normal
Left Eye	Reactive	Right Eye	Reactive
Nose	Normal	Neck	Gunshot Wound
Trachea	Normal	Pelvis	Normal
Upper Left Arm	Normal	Upper Right Arm	Gunshot Wound
Upper Left Leg	Normal	Upper Right Leg	Normal
Lower Left Leg	Normal	Lower Right Leg	Normal
Back-General	Normal	Both Eyes	Reactive
Cervical-Left	Normal	Cervical-Midline	Normal
Cervical-Right	Normal	Chest/Lungs	Gunshot Wound
External/Skin	Cyanotic	Heart	Normal
Left 1st (Big) Toe	Normal	Left 2nd (Index) Finger	Normal
Left 2nd Toe	Normal	Left 3rd (Middle) Finger	Normal
Left 3rd Toe	Normal	Left 4th (Ring) Finger	Normal
Left 4th Toe	Normal	Left 5th (Smallest) Finger	Normal
Left 5th (Smallest) Toe	Normal	Left Ankle	Normal
Left Dorsal Hand	Normal	Left Elbow	Normal
Left Forearm	Normal	Left Hip	Normal
Left Knee	Normal	Left Palm	Normal
Left Plantar Foot	Normal	Left Shoulder	Normal
Left Thumb	Normal	Left Wrist	Normal
Lumbar-Left	Normal	Lumbar-Midline	Normal
Lumbar-Right	Normal	Mental Status	Unresponsive
Mouth	Normal	Neurological	Not Done
Right 1st (Big) Toe	Normal	Right 2nd (Index) Finger	Normal
Right 2nd Toe	Normal	Right 3rd (Middle) Finger	Normal
Right 3rd Toe	Normal	Right 4th (Ring) Finger	Normal
Right 4th Toe	Normal	Right 5th (Smallest) Finger	Normal
Right 5th (Smallest) Toe	Normal	Right Ankle	Normal
Right Dorsal Hand	Gunshot Wound	Right Elbow	Normal
Right Forearm	Normal	Right Hip	Normal
Right Knee	Normal	Right Palm	Normal
Right Plantar Foot	Normal	Right Shoulder	Gunshot Wound
Right Thumb	Normal	Right Wrist	Gunshot Wound
Sacral-Left	Normal	Sacral-Midline	Normal
Sacral-Right	Normal	Stroke/CVA Symptoms	No Stroke Symptoms At This Time
Thoracic-Left	Normal	Thoracic-Midline	Gunshot Wound
Thoracic-Right	Normal		

IMPRESSIONS

Primary Impression:

Cardiac Arrest

Secondary Impressions:

Gun Shot Wound

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CARDIAC ARREST

Cardiac Arrest

Yes, Prior to EMS Arrival

Arrest Etiology

Trauma

Resuscitation Attempted

Attempted Ventilation

Initial CPR

2024-01-18 02:43:00

Initiated Chest Compressions

Arrest Witnessed by

Witnessed by Healthcare Provider

First Monitored Rhythm

PEA

Spontaneous Circulation

No

Rhythm at Destination

PEA

CPR Types

Compressions-Continuous

Therapeutic Hypothermia Initiated

No

Ventilation-Bag Valve Mask

Time of Cardiac Arrest

2024-01-18 02:43:00

CPR Provided Prior to EMS Care

Yes

AED Used Prior to EMS Care

No

END OF CARDIAC ARREST EVENT

Expired In ED

CPR Provided By

First Responder (Fire, Law, EMS)

Trauma

TRAUMA

NOTS Triage Protocol - Priority 1 -
Step 1 - GCS < 12 w/Traumatic
Mech

NOTS Triage Protocol - Priority 1 -
Step 1 - Resp Rate < 10 or > 29
bpm

NOTS Triage Protocol - Priority 1 -
Step 2 - Significant Penetrating Inj
to Head, Neck, Torso

NOTS Triage Protocol - Priority 1 -
Step 2 - Significant Penetrating
Proximal to Elbow, Knee

NOTS Triage Protocol - Priority 1 -
Step 1 - Systolic BP < 90 mmHg

Cause of Injury

Assault by Firearm/Gun discharge

Mechanism of injury

Penetrating

VITAL SIGNS

Time	PTA	BP	Pulse	Monitor Rate	Respiratory	SPO2	EtCO2	Glucose	GCS
01/18/2024 2:44	No	BPS:Not Applicable/ BPD:Not Applicable/ BPM:Not Applicable	0, Absent, Regular		0 Apneic, Regular	Not Applicable	Not Applicable	Not Applicable	E4 + V5 + M6 = 15

Skin Temp=Normal Skin Color=Cyanotic Skin Moisture=Normal Lung Sounds Left=Absent Lung Sounds Right=Absent Cap.
Refill=Absent Cardiac Rhythm=PEA Method Of Interpretation =Manual Interpretation EKG Type =Other (Not Listed)
Pupil Reacts: Left=Non-Responsive, Right=Non-Responsive Pupil Dilation: Left=Dilated, Right=Dilated

ZOLL Resuscitator - ePCR

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Documented By WALTON, ALYSSA

Level of Consciousness: Unresponsive; Pain Scale=0; Pain Scale Type=Numeric (0-10); Arm Movement: Left=None, Right=None; Leg Movement: Left=None, Right=None; Stroke Scale=Negative; Stroke Scale Type=Cincinnati; Carbon Monoxide=Not Applicable; Heart Rate Measurement=Palpated

Taken by:

WALTON, ALYSSA

no trauma scores entered

TRAUMA SCORES

Prior Aid

Yes

Performed by

Other Healthcare Provider
Other Healthcare Provider
Other Healthcare Provider
Other Healthcare Provider
Other Healthcare Provider
Other Healthcare Provider
Other Healthcare Provider
Other Healthcare Provider
Other Healthcare Provider

Outcome

TREATMENT SUMMARY

Time	PTA	Treatment	Who performed	Authorized by	Comments
02:31	Yes	Oxygen	Other Healthcare Provider	Protocol (Standing Order)	SWAT MEDIC

Certification Level: EMT-Paramedic

Complication : None

Dosage Units : LPM

Response : Unchanged

Device Used : Bag Valve Mask

Indication : Trauma

Results : No Change in Patient

Dosage : 15

Procedure Successful : Yes

Route : Bag Valve Mask

Time	PTA	Treatment	Who performed	Authorized by	Comments
02:31	Yes	Alway-Bagged-BVM	Other Healthcare Provider	Protocol (Standing Order)	SWAT MEDIC

Certification Level: EMT-Paramedic

BVM Attached To : I-gel

BVM Status : Chest Rise and Fall

Procedure Successful : Yes

Time	PTA	Treatment	Who performed	Authorized by	Comments
02:32	Yes	Airway-I-gel	Other Healthcare Provider	Protocol (Standing Order)	SWAT MEDIC

Certification Level: Paramedic

of Attempts : 1

Indications : Cardiac Arrest

Complication : None

Response : Improved

I-gel Size : Size 5 (Orange)

Successful : Yes

Time	PTA	Treatment	Who performed	Authorized by	Comments
02:33	Yes	CPR-Started	Other Healthcare Provider	Protocol (Standing Order)	SWAT MEDIC

Certification Level: EMT-Paramedic

of Attempts : 1

Response : Unchanged

Complication : None

Successful : Yes

Reason Device Not Used : Trauma

Type of CPR : Manual

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NPI: 18-E040

NPI: 1699867077

Date of Service: 01/18/2024

Run Number: E24005538_MED11_2024

Incident Number: E24005536

Documented By: WALTON, ALYSSA

TREATMENT SUMMARY CONTINUED

Time	PTA	Treatment	Who performed	Authorized by	Comments
02:33	Yes	Chest Decompression	Other Healthcare Provider	Protocol (Standing Order)	SWAT MEDIC

Certification Level:

EMT-Paramedic

of Attempts : 1

Indication : No Pulse

Results : No Change

Complication : None

Procedure Successful : Yes

Site : Right Midclavicular

Equipment Used : 14 ga IV Catheter

Response : Unchanged

Time	PTA	Treatment	Who performed	Authorized by	Comments
02:34	Yes	Chest Decompression	Other Healthcare Provider	Protocol (Standing Order)	SWAT MEDIC

Certification Level:

EMT-Paramedic

of Attempts : 1

Indication : No Pulse

Results : No Change

Complication : None

Procedure Successful : Yes

Site : Left Midclavicular

Equipment Used : 14 ga IV Catheter

Response : Unchanged

Time	PTA	Treatment	Who performed	Authorized by	Comments
02:35	Yes	Chest Seal (Bolin)	Other Healthcare Provider	Protocol (Standing Order)	SWAT MEDIC

Certification Level:

EMT-Paramedic

of Attempts : 1

Is Chest Seal Leaking : Yes

Response : Unchanged

Complication : None

Location of Chest Seal : Right Upper Chest

Result : No Change in Resp Distress

Indications : Frothy Blood from Wound

Procedure Successful : Yes

Time	PTA	Treatment	Who performed	Authorized by	Comments
02:36	Yes	Chest Seal (Bolin)	Other Healthcare Provider	Protocol (Standing Order)	SWAT MEDIC

Certification Level:

EMT-Paramedic

of Attempts : 1

Is Chest Seal Leaking : Yes

Response : Unchanged

Complication : None

Location of Chest Seal : Right Upper Chest

Result : No Change in Resp Distress

Indications : Frothy Blood from Wound

Procedure Successful : Yes

Time	PTA	Treatment	Who performed	Authorized by	Comments
02:37	Yes	Hemostatic Dressing	Other Healthcare Provider	Protocol (Standing Order)	SWAT MEDIC

Certification Level:

EMT-Paramedic

of Attempts : 1

Location Dressing Placed : Other Location

Bleeding Stopped : Yes

Procedure Successful : Yes

Complication : None

Response : Unchanged

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Documented By WALTON, ALYSSA

NPI: 18-E040

NPI: 1699867077

TREATMENT SUMMARY CONTINUED

Time	PTA	Treatment	Who performed	Authorized by	Comments
02:45	No	Capnograph Waveform	WALTON, ALYSSA	Protocol (Standing Order)	
Certification Level: Critical Care Paramedic # of Attempts : 1 Initial Waveform : Waveform Present Response : Unchanged Complication : None Procedure Successful : Yes Devices Used : E.T. Filter Line Pt At ER Waveform : Waveform Present					
02:46	No	Extrication	WALTON, ALYSSA	Protocol (Standing Order)	
Certification Level: Paramedic # of Attempts : 1 Extrication Device Used : Reeves Complication : None Response : Unchanged Extracted From : House Successful : Yes					
02:48	No	Intraosseous Access	WALTON, ALYSSA	Protocol (Standing Order)	
Certification Level: Paramedic # of Attempts : 1 IO-Solution : Saline Flush IO-Volume : 10 ML IO-Rate : N/A IO-Tubing : Saline IV Lock Procedure Successful : Yes IO-Size : IO-Blue (Adult) IO-Type : Intraosseous- Adult Successful IO Site : Tibia Right- IO					
02:49	No	Fluid Bolus	WALTON, ALYSSA	Protocol (Standing Order)	
Certification Level: Paramedic Amount of Fluid Given : 500ML Indication : PEA Results : No Change					
02:50	No	Tranexamic Acid	WALTON, ALYSSA	Protocol (Standing Order)	
Certification Level: Paramedic Complication : None Indications : Hemorrhagic Shock from Recent Trauma (<1 hour) Diluted With : 100ml of D5W Response : Unchanged Dosage Units : Grams (gms) Route : Intraosseous (IO)					

NARRATIVE

M11 INITIALLY CALLED TO SCENE FOR A SWAT STANDBY. AFTER SEVERAL HOURS OF STANDBY, M11 WAS INFORMED TO APPROACH THE SCENE OF THE STANDOFF FOR A MALE WITH MULTIPLE GSWs IN A TRAUMA ARREST.

ONCE IN BUILDING AND UPSTAIRS OF ADDRESS, A MAN WAS FOUND LYING SUPINE IN THE FRONT ROOM OF HIS APT. PT HAS MULTIPLE GSWs NOTED AND APPROX 1L OF BLOOD SURROUNDING PT. THERE ARE SWAT MEDICS PERFORMING CPR, PTA SWAT MEDICS PLACED BLAT MIDCLAVICULAR NEEDLE DECOMPRESSIONS, SIZE 5 IGEL WITH OXYGEN VIA BAGGING, CHEST SEALS TO THE RIGHT UPPER CHEST, PADS PLACED AND PT ON MONITOR. PER SWAT MEDICS PT IS INITIALLY IN PEA. PT SWITCHED TO EMS MONITOR. CAPNOGRAPHY PLACED, PT MOVED ONTO REEVES AND EXTRICATED OUT OF UPSTAIRS APT. PT PLACED ON COT AND SECURED. IO PLACED IN RIGHT TIBIA. FLUID BOLUS INITIATED, TXA ADMINISTERED IN D5W OVER APPROX 10 MIN. PT TRANSPORTED TO METRO CFD DRIVING. CPR CONTINUED DURING TRANSPORT. PT AIRWAY MAINTAINED VIA BAGGING WITH CHEST RISE AND FALL. MULTIPLE PULSE CHECKS PERFORMED PT REMAINED IN PEA. DURING FURTHER ASSESSMENT GSWs WERE FOUND IN THE FOLLOWING LOCATIONS: 1 IN THE NECK, 1 IN THE MIDLINE THORACIC, 2 IN THE RIGHT AXILLA, 4 IN THE RIGHT ANTERIOR CHEST, 1 IN THE LATERAL CHEST, 1 IN THE RIGHT WRIST, 1 IN THE RIGHT DORSAL HAND, 1 IN THE RIGHT DELTOID AREA OF

ZOLL Resuscitator-PCR

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SHOULDER. PT WAS IN ZIP TIE STYLE CUFFS EMS REMOVED THEM FOR PT CARE AND ASSESSMENT. THE GSW IN THE RIGHT SHOULDER HAD
HEMOSTATIC GAUZE PLACED IN IT PTA. U/A OF ED PT CARE TRANSFERRED TO ED TRAUMA TEAM. PT PRONOUNCED BY METRO PHYSICIAN AFTER
TRANSFER OF CARE AT 0306. PT SIGNATURE OBTAINED VIA ED STAFF D/T PT CONDITION. M11 CLEAR AND INSERVICE.

ALL TIMES APPROX D/T SEVERITY OF CALL.
D/T MULTIPLE GSW'S AND EXCESSIVE BLOOD LOSS SOME PENETRATING INJURIES MAY NOT HAVE BEEN LOCATED DURING TRANSPORT.
PT CLOTHES WERE CUT OFF D/T PT CARE AND WERE LEFT WITH PT DURING TRANSFER OF CARE.
PT INITIALLY ON SWAT MONITOR AND TRANSFERRED TO M11 MONITOR. BOTH MONITOR DATA UPLOADED.

Trauma Registry ID:

PD Case Number:SWAT

MISCELLANEOUS

Pat ID Band/Tag #:

Fire Inc Report #:

Protective equip used

Gloves

Gloves

WALTON, ALYSSA

COX, SIERRA

no HIPAA signatures entered

HIPAA

SIGNATURES

Time

01/18/2024 03:20

Type

Billing-Receiving Facility Signature

Who signed

Nurse (RN) - RN, JASON

Type of Person Signing

Why patient did not sign

Signed-Not Patient

Healthcare Provider

ROBERT PERKINS was received by this facility at the date and time indicated. My signature
is not an acceptance of financial responsibility for the services rendered to this patient by
City of Cleveland's Ambulance Transportation Services.

RN 080

x *Jason*

Witness 1:

ALYSSA WALTON

Alyssa Walton

CREW INFORMATION

Start Date/Time: 01/18/2024 19:51

Crew # Name 155578
047 WALTON, ALYSSA

Crew1 State ID

155578

Level: Paramedic

Crew # Name 189687
2139 COX, SIERRA

Crew2 State ID

189687

Level: Emergency Medical Technician
(EMT)

ZOLL Resuscitator -ePCR

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Documented By WALTON, ALYSSA

ADDENDA

Date	Who	Comments
1/29/2024 12:46:12PM	JSEKERAK	Received from Medic Walton on Thursday 1/18/2024 @ 0631. Captain James on scene for incident.

PHYSICIANS CERTIFICATION STATEMENT FOR AMBULANCE TRANSPORTATION

no PCS entered

PATIENT REFUSAL FORM

no Patient Refusal entered