

**Twin City Ambulance Corp.**

Date of Service: 05/11/2023

Run Number: 17656

Incident Number:

NPI: 3115

NPI: 1841216439

**CREW INFO**

**RESPONSE INFO**

**DISPOSITION**

**TIMES**

Vehicle: 225  
 Call Sign: Tona 1  
 Resp No:  
 Primary Role: Ground Transport  
 Crew #1 ID: SICILIANO, STEPHANIE  
 Crew1 Role: Driver - Response, Driver - Transport, Primary Patient Caregiver - Scene, Primary Patient Caregiver-Transport  
 Crew1 Level: 2009 Emergency Medical Technician (EMT)  
 Crew#2 ID: FUSCO, LEONARD  
 Crew2 Role: Driver - Response, Driver - Transport, Primary Patient Caregiver - Scene, Primary Patient Caregiver-Transport  
 Crew2 Level: 2009 Paramedic  
 Crew #3 ID:  
 Crew3 Role:  
 Crew3 Level:  
 Disp Locn: Fillmore  
 Disp Zone:  
 Disp GPS Locn:  
 Other EMS Agency:  
 Sending Fac MR#:  
 Est 1st At Scene:  
 1st At Scn time:  
 Assisted By: Police  
 Other EMS  
 Doc'd By: SICILIANO, STEPHANIE  
 Unit Type: ALS  
 Final Pt. Acuity:  
 Addl.Resp. Mode  
 Patients 1  
 Transported: Hospital (General)  
 Hospital Designation:

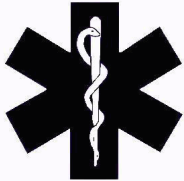
Med/Trauma: Medical  
 Call Type: ALS - Emergency  
 Resp Priority: Hot - ALS  
 NatureOfCall: Cardiac Arrest  
 EMD Perform.:  
 EMD Card No:  
 Disp. Delay: None/No Delay  
 Resp. Delay: None/No Delay  
 Call Taken by: Private - Emergency  
 Resp. with: Town of Tonawanda EMU Law Enforcement  
 Locn Type: Factory  
 Location: 2995 RIVER RD GM// MEDICAL DOOR BUFFALO, Erie, NY 14207  
 Scn Zone No: Town of Tonawanda  
 Scene GPS :  
 Pt. Found: At Scene  
 # Patients: Single  
 Mass Casualty: No  
 Activity at Onset: Activity, unspecified  
 Poss. Injury: No  
 Protocols:  
 Response Zone: Town of Tonawanda  
 Acuity at Dispatch:  
 Initial Pt. Acuity: Critical (Red)  
 Level of Care of this Unit: ALS-Paramedic  
 Seat Position:  
 Height of Fall:  
 Transport Method: Ground-Ambulance  
 Hospital in Pt. Destination:

Type of Service: 911 Response (Scene)  
 Outcome: Treated, Transported in this Unit  
 Dest. Reason: Closest Facility  
 Trans. Priority: Hot - ALS  
 Odometer Start:  
 At Scene Miles: 100.0  
 At Dest. Miles: 103.4  
 Odom. End:  
 Pts trans.: Stretcher  
 Cond at Dest.:  
 Dest Type: Hospital - Emergency Dept  
 Level of care : ALS  
 Dest Zone No: Town of Tonawanda  
 Barriers to Care: Obesity Unconscious None  
 Pt. Trans.: Supine - Backboard, Stretcher  
 Triage Class.:  
 Scene Delay : Directions/Unable to Locate  
 Trans. Delay: None/No Delay <None> <None>  
 Dest Delay: None/No Delay  
 Destination: Kenmore Mercy Hospital Dept: Emergency Dept 2950 ELMWOOD AVE BUFFALO, Erie, NY 14217-1304  
 Dest GPS:  
 Dest Fac MR#:  
 Recv Doctor:  
 Disp.Cen.Name: Twin City Ambulance  
 Instructions Provided:  
 Trauma Center Criteria:  
 Transport Mode: Lights and Sirens  
 Descriptors:  
 Destination: Closest Facility  
 Reason:

Injury:  
 PSAP: 04:26 05-11-23  
 Disp Notify: 04:26 05-11-23  
 Recvd: 04:26 05-11-23  
 Dispatch: 04:27 05-11-23  
 En route: 04:28 05-11-23  
 At scene: 04:39 05-11-23  
 At patient: 04:40 05-11-23  
 Tra. Of Care:  
 Transport: 05:04 05-11-23  
 At dest.: 05:11 05-11-23  
 Dest Tra Care: 05:27 05-11-23  
 In service: 06:07 05-11-23  
 Cancel:  
 At base:  
 Air Med.Arr.  
 EMS Call Cmp  
 Cxl Reason:<NONE>

**PATIENT INFORMATION**

Name : Ioan Suiugan Phone : Mobile No. :  
 SSN : 000-00-0000 DOB : 02/27/1961 (62 yrs) Doctor:  
 Sex : Male Weight : 230.00 lbs 104.33 Kgs Homeless:  
 Emergency Info Form : Last Known Well:  
 Ethnicity : DL Info : Home Country :  
 Belonging Left With:  
 Email: Face Sheet:  
 Belongings: Broselow/ Luten Color :  
 Medicare Questionnaire :



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Home Addr.: 23920 NAPIER RD  
NOVI, OAKLAND, MI 48374

NPI: 3115

NPI: 1841216439

Mailing Addr.:

Race : White  
Advanced  
Directives :  
Patient  
Characteristics:

**NEXT OF KIN**

Name : Phone : Relationship :  
SSN : DOB : Cell Phone :  
Sex : Home Addr. :

**INSURANCE**

Primary Method: Certificate Med Nec: Employer Phone:  
Response Urgency: CMS Service Level: Occupational Industry:  
Work Related: No Employer: Payer Type:  
Occupation: Employer Address:  
Payor Info:  
Company: \*NOT OBTAINED Policy #: Group #:  
Billing Priority: Group Name:

**PATIENT COMPLAINTS**

Chief Complaint

Cardiac Arrest (Primary)

Anatomic Location

General/Global

Organ System

Cardiovascular

Primary Symptom

Respiratory arrest

Other Associated Symptoms

Altered mental status

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: None Reported

05/11/2023 04:41:00 By: SICILIANO, STEPHANIE

Body Area	Assessments and Comments	Body Area	Assessments and Comments
Airway	Patent	Breathing	Effort - Weak / Ineffective : Lung Sounds - Left - Absent : Lung Sounds - Right - Absent : Rate - Apneic
Circulation	Capillary Refill - Absent : Hemorrhage - None : Pulses - Carotid - Absent (0)	External/Skin	Cold : Cyanotic : Pale



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Mental Status

Unresponsive

Neurological

Not Done

05/11/2023 05:04:00

By: SICILIANO, STEPHANIE

Body Area

Assessments and Comments

Body Area

Assessments and Comments

Airway

Patent

Breathing

Effort - Weak / Ineffective :  
Lung Sounds - Left - Absent :  
Lung Sounds - Right - Absent :  
Rate - Apneic

Circulation

Capillary Refill - Absent :  
Hemorrhage - None :  
Pulses - Carotid - Absent (0)

External/Skin

Cold :  
Cyanotic :  
Pale

Mental Status

Unresponsive

Neurological

Not Done

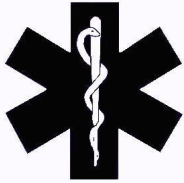
**IMPRESSIONS**

Primary Impression:

Cardiac Arrest

Secondary Impressions:

Resp Arrest



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**CARDIAC ARREST**

Cardiac Arrest

Yes, Prior to EMS Arrival

Arrest Etiology

Cardiac (Presumed)

Resuscitation Attempted

Attempted Defibrillation

Attempted Ventilation

Initiated Chest Compressions

Initial CPR

2023-05-11 04:27:30

Arrest Witnessed by

Not Witnessed

First Monitored Rhythm

Ventricular Fibrillation

Spontaneous Circulation

No

Resuscitation Disc Date/time

05:35 05-11-23

Estimated Time of Arrest

>20 Minutes

Discontinued Reason

Return of Spontaneous Circulation  
(pulse or BP noted)

Rhythm at Destination

Asystole

Resuscitation Attempted By

First Responder (Fire, Law, EMS)

CPR Types

Compressions-Continuous

Ventilation-Bag Valve Mask

Time of Cardiac Arrest

2023-05-11 04:27:30

CPR Provided Prior to EMS Care

Yes

AED Used Prior to EMS Care

Yes, Applied without Defibrillation

END OF CARDIAC ARREST EVENT

ROSC in the ED

AED Used By

Lay person (Non-family)

CPR Provided By

First Responder (Fire, Law, EMS), Lay  
person (Non-family)

**TRAUMA**

**VITAL SIGNS**

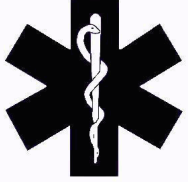
Time	PTA	BP	Pulse	Monitor Rate	Respiratory	SPO2	EtCO2	Glucose	GCS
05/11/2023 4:43	No	BPS:Exam Finding Not Present/ BPD:Exam Finding Not Present/ Automated Cuff, Left arm	Exam Finding Not Present, Absent, <None>		Exam Finding Not Present Apneic, <None>	Exam Finding Not Present		Unable to Complete	E1 + V1 + M1 = 3 Patient Intubated

IBP 1

IBP 2

IBP 3

Skin Temp=Cool Skin Color=Cyanotic Skin Moisture=Normal Lung Sounds Left=Absent Lung Sounds Right=Absent Cap. Refill=Absent Cardiac Rhythm=Ventricular Fibrillation Method Of Interpretation =Manual Interpretation Pupil Dilation: Left=Normal, Right=Normal



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Level of Consciousness: Unresponsive; Pain Scale=Unable to Complete; Pain Scale Type=Not Applicable;

Taken by: EMT-Paramedic

05/11/2023	5:05	No	BPS:Exam Finding Not Present/ BPD:Exam Finding Not Present/ Automated Cuff, Left arm	Exam Finding Not Present, Absent, <None>	Exam Finding Not Present Apneic, <None>	Exam Finding Not Present	Unable to Complete	E1 + V1 + M1 = 3 Patient Intubated
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Skin Temp=Cool Skin Color=Cyanotic Skin Moisture=Normal Lung Sounds Left=Absent Lung Sounds Right=Absent Cap. Refill=Absent Cardiac Rhythm=Ventricular Fibrillation Method Of Interpretation =Manual Interpretation Pupil Dilation: Left=Normal, Right=Normal

Level of Consciousness: Unresponsive; Pain Scale=Unable to Complete; Pain Scale Type=Not Applicable;

Taken by: EMT-Paramedic

**TRAUMA SCORES**

no trauma scores entered

**PRIOR AID**

no prior aid entered

**TREATMENT SUMMARY**

no treatments entered

**NARRATIVE**

TCA 225 was dispatched hot ALS, to the GM factory, with TTEMS and PD for the person in cardiac arrest. TCA was unable to locate the patient upon first arriving to the scene. Upon arrival to the pt's side, the pt was found in the care of TTEMS, laying supine in the parking lot. Prior to EMS arrival, staff was performing CPR and using an AED. The staff did not state if the arrest was witnessed or not. No medical history, medications, or allergy information was obtained. The staff did not know what the patient was doing prior to going into cardiac arrest.

All patient care and interventions were performed by TTEMS. Compressions, extrication, and transportation of the pt was performed by TCA.

The pt was log rolled onto the back board and secured onto the back board. The pt was then lifted onto the stretcher and secured to the stretcher. The pt was loaded into the ambulance and TCA transported hot ALS to KMH, with TTEMS and PD on board. CPR and ventilations continued during transport. Upon arrival, the pt was moved to ED room 18. The pt was moved from the stretcher to the hospital bed. KMH staff resumed patient care and TCA returned back into service.

\*\*\*TCA forgot to get a staff signature before leaving the hospital

**MISCELLANEOUS**

Trauma Registry ID:5\*10"

Pat ID Band/Tag #:

PD Case Number:

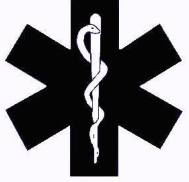
Fire Inc Report #:

**HIPAA**

no HIPAA signatures entered

**SIGNATURES**

Time	Type	Who signed	Why patient did not sign
05/11/2023 06:36	Transport - Patient	Nurse (RN) -	<Not applicable>
		Type of Person Signing	Healthcare Provider



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**CREW INFORMATION**

Start Date/Time : 04/27/2023 05:01

Crew #     Name     503227  
1751     SICILIANO, STEPHANIE

Crew #     Name     250230  
1078     FUSCO, LEONARD

Crew1 State ID

Crew2 State ID

503227

250230

License:     503227  
Level:     2009 Emergency Medical  
Technician (EMT)

License:     250230  
Level:     2009 Paramedic

X 

X 

**PHYSICIANS CERTIFICATION STATEMENT FOR AMBULANCE TRANSPORTATION**

no PCS entered

**PATIENT REFUSAL FORM**

no Patient Refusal entered