Fairfax County Fire and Rescue

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Signed [signature]
Date 03/07/2018

Fairfax County Prehospital EMS Report

Patient Information

Name:	Fijalkowski, Mateusz	Age:	22 Years	D.O.B:	07/23/1993
Address:	7511 Republic Court Apt. # 102 ALEXANDRIA, VA 22303	Gender:	Male	SSN:	999-99-9999
		Weight:	176.37 lbs	Race:	White or Caucasian
		Phone:		Ethnicity:	Not Hispanic or Latino

Provider Impression

Primary Impression:	Cardiac Arrest	Secondary Impression:	Respiratory Arrest

Narrative

22 Yo Male, Cardiorespiratory Arrest

Hx: Unknown, bystanders unable to provide.

HxPI: Initial 911 call was for LEO for a psychiatric patient. Per LEO report, Pt was a lifeguard at the pool, on arrival was pacing back and forth on pool deck speaking in polish (per polish speaking officer arriving later in incident Pt is praying) blowing his whistle, not engaging his environment, yelling in English "I'm a lifeguard!", and will not speak with LEO. Pt reported to have dove into pool multiple times, repeatedly remaining under water and resurfacing gasping for air then exiting the pool, not appearing to strike the bottom or other objects in the pool. EMS summoned due to agitated delirium. Pt charged at a LEO then walked into the shallow end of the pool, walked out to the deep end then dove under the surface. Per LEO, Pt grabbed onto the drain cover in the deep end, appeared to struggle not to resurface to breathe, then stopped moving and vomited underwater. Lifeguard and LEO entered water to pull Pt from water, found to be pulseless and apneic, requested EMS to respond in for a working CPR while initiating Compression only CPR. (-) AED applied PTA. Downtime prior to EMS arrival ~3 minutes. Unable to obtain any bystander information on Pt or potential drug ingestion, psych history, or other.

Arrived to find Pt supine on side of pool with Law Enforcement CPR ongoing.

PE: Unresponsive, Pulseless, Apneic. GCS 3. (-) Trauma, (-) External bleeding. NCAT, Pupils 1mm nonreactive but equal. Gross orange emesis in mouth, (-) injury to teeth or other. Trachea midline, (-) JVD, Cyanosis from top of clavicles to top of head. Chest fractured from CPR, Coarse Rhales throughout. Abdomen soft (-) bruising or distention noted. Pelvis stable. (-) Priapism, perineum unremarkable. Extremities unremarkable, good compressions with CPR. VFib arrest. BG 241.

Tx. CPR taken over by EMS, Pads applied, V-Fib, defibrillated at 150j. High quality CPR continued while BVM ventilations, oral suctioning, and OPA Placed. Proximal Tibia IO initiated in left leg, 0.9% NaCl Wide Open. Second rhythm PEA, CPR continued and narcan administered due to pinpoint pupils. ETT first attempt stopped when gross emesis found at initiation of Direct Laryngoscopy. Third analysis V-Fib defibrillated at 150j, Lucas2 applied, Epi administered. Fourth analysis PEA at rate of 120, no palpable femoral or carotid pulses. King LT attempted placement during CPR but stopped when Pt begins to bite tube and breathing spontaneously. Rhythm reanalyzed and ROSC at 1434 with strong central and peripheral pulses. CPR discontinued, XPORT initiated to Fairfax Hospital. During XPORT BVM D/C'ed due to adequate respirations with OPA in place, NRB placed at 15lpm. Additional large bore PIV access initiated in both AC's, ETCO2 good waveform through NC. during application of 12-Lead ECG Pt rapidly regains consciousness, EMS removed OPA, Pt begins to scream, fights out of stretcher seatbelts, and begins fighting providers requiring all three attendants to physically restrain Pt. Ambulance stopped and LEO following requested to assist EMS. Ketamine administered 200mg IVP because Pt requires heavy physical restraint, has kicked his IO out and bent the needle, and continues to fight. After administration Pt calms to a RASS of -5 and continues to breathe on his own at adequate rate and volume. OLMD contacted for Ketamine administration. Pt reaccepts OPA after ketamine administration, so due to continued suction requirements and OPA acceptance Pt is intubated with 8.0 ETT 24 @ teeth. Unable to obtain ETCO2 through tube due to secretions through ETT, but equal bilateral rhales for BBS, (-) Sounds over epigastrium, and visually confirmed placement through cords with Grade 1 DL View. Versed administered when Pt begins breathing spontaneously over BVM at ~18bpm.

ToT: Bed 20 MD/RN/RRT Team with confirmed secured ETT and general improvement. 5mg Versed and 300mg Ketamine wasted at ED.

John M Winstead II, NRP

Past Medical History

Medication Allergies	Generic Name	Description
Not Known	Not Known	

Patient Medications	Dosage	Generic Name
Not Known		Not Known

Medical History:	Unable to Obtain PMH	Other:	Unable to obtain from bystanders or other source
		Practitioner Name:	,

Assessment Exam

14:25:00 Head/Face: Not Available, NCAT, Pupils 1mm Constricted, (-) indications of trauma to face, scalp, mouth. (+) Gross emesis orange in color, (-) Blood noted initially, Teeth intact.; Neck: Not Available, Trachea midline, (-) JVD. (+) Cyanosis from top of clavicles up. (-) Anterior injury noted.; Chest/Lungs: Not Available, Pt has agonal Respirations only without adequate Rate ; Heart: Not Able To Assess, Chest not intact due to FCPD CPR PTA, Ribs were intact prior to initiation of Manual Hands-only CPR.; RUQ: Not Available, Abd Soft Nontender, (-) Bruising, Distention or other signs of injury. (+) Emesis PTA; GU: Not