

Dispatch Information	EMS called to residence for a 58 year old male patient not feeling well.
Subjective Information	Upon our arrival to the scene, EMS was greeted at the door by the patient's wife. EMS was directed to the patient who was found supine in bed. The patient explained that he hasn't been feeling well the past few days. He described to EMS that he had back pain and occasional chest pain off and on for the past few days, but it resolved today. He explained he now has a complaint of acid reflux and slight nausea, but the chest pain has not happened since yesterday.
Objective Information	<p>EMS found the patient supine in his bed. The patient presents with a patent airway talking to EMS, normal work of breathing, and pale skin. He has an adequate tidal volume with respirations and clear lung sounds. The pulse oximeter is 97% on room air and the patient feels cool to the touch. His heart rate is increased approximately 112 beat per minute palpated at the wrist and feels weak in quality. A manual blood pressure was obtained and the patient was found to have a BP of 106/68 mmHg which is significantly lower than his usual pressure of 130-140 mmHg systolic when using anti-hypertensive medications. The physical exam of the patient reveals the following: HEENT was assessed and found to be unremarkable with no complaints, there is no JVD present, the chest has symmetrical rise and fall with each breath and clear lung sounds, the abdomen is unremarkable with no complaints noted on palpation of the four quadrants and is found to be soft and not tender, pulses are present in all extremities, CSMs are intact and there is no edema noted. The patient's blood glucose was assessed and found to be 96 mg/dl from the finger stick. The patient was loaded onto the stair chair and moved to the stretcher. The patient was transferred to the stretcher and moved into the ambulance. During transport the patient was reassessed and he began to complain of 9/10 chest pain that radiated. An ALS unit was contacted to intercept with us en route to the ER. En route to the ALS intercept and ER the patient arrested. CPR was initiated as my partner safely pulled the ambulance to the side of the road. The AED was applied to the patient and advised a shock and the patient was defibrillated. CPR was resumed and an OPA and BVM with high flow oxygen were used to ventilate the patient. Several minutes of CPR were performed when the ALS unit arrived, care was transferred, and they took over running the cardiac arrest.</p> <p>The BLS crew assisted the ALS Crew as directed for the duration of the cardiac arrest. ROSC was obtained at which time the patient was transported to the ER.</p>
Assessment Information	Cardiac Arrest – Suspected/possible cardiac in nature
Plan Information	Arrived on scene, assessed patient, EVAC patient to stretcher, secured with all lateral and shoulder belts, moved to ambulance, transport, reassess patient, call for ALS backup, meet paramedics and transfer care, assist paramedics as needed during resuscitation and transport of the patient.