

## 1 Patient Information

### 1 PATIENT DETAILS

Name:	<u>Thomas E. Burke</u>	Date / Time of Call:	<u>04/22/2026, 09:14 AM dispatch; 09:19 AM on scene</u>
Age / Sex:	<u>61 years / Male</u>	EMS Provider / Unit:	<u>Unit 7 — Phoenix Fire Dept; Lead: Carlos M. Rivera, NRP; Partner: Dana K. Holt, NRP</u>
DOB:	<u>08/12/1964</u>	Incident number:	<u>PFD-2026-04220914</u>

## 2 Incident Details

### 2a LOCATION

Incident address:	<u>4481 West Camelback Road, Phoenix, AZ 85031 — Desert Springs Fitness Center parking lot</u>
Type of location:	<u>Commercial — fitness center outdoor parking lot; patient found supine on asphalt beside vehicle</u>
Scene safety / hazards:	<u>Scene safe; bystanders cooperative; AED (Philips HeartStart) already applied prior to EMS; 92F ambient temperature, direct sun</u>

### 2b NATURE OF EMERGENCY

Dispatched Priority 1 cardiac arrest — adult male unresponsive, not breathing. Caller (bystander) reported patient collapsed suddenly while walking to vehicle after gym workout. Bystander initiated CPR and retrieved gym AED. On scene: patient found supine on asphalt, pulseless and apneic, AED applied with one shock delivered prior to EMS arrival. Continued VF arrest on EMS contact.

### 2c DISPATCH INFORMATION

Dispatch code:	<u>Code 26 — Cardiac Arrest, Priority 1</u>
Response type (emergent / non-emergent):	<u>Emergent — lights and sirens</u>
Dispatch time / Arrival time:	<u>Dispatch 09:14 AM; On scene 09:19 AM (5-min response); Patient contact 09:19 AM</u>

## 3 Chief Complaint

### 3 PRIMARY REASON FOR EMS ACTIVATION

Patient unable to provide history — pulseless and apneic on arrival. Bystander (James T. Calloway, 48M) reported: patient complained of indigestion and left shoulder pain during workout approximately 20 minutes before collapse; declined to stop exercising; suddenly grabbed chest, said "I don't feel right," and collapsed. No seizure activity observed. AED advised one shock approximately 2 minutes before EMS arrival. Medical alert bracelet noted: HTN, lisinopril, aspirin.

## 4 History & Scene Findings

### 4a EVENTS LEADING TO INCIDENT

Per bystander: Patient arrived fitness center approximately 0845. During treadmill workout, complained of epigastric discomfort and left shoulder heaviness to adjacent gym member. At 0913, walked toward parking lot. Witnessed sudden collapse — fell to knees then supine, unresponsive. 911 called at 0914; second bystander retrieved gym AED. CPR initiated within 90 seconds; one shock delivered (200J) at 0917 per AED data log — no ROSC. Total witnessed downtime to EMS contact: approximately 5 minutes.

### 4b BYSTANDER & SCENE INFORMATION

Bystander CPR confirmed in progress on arrival — adequate rate and depth observed. Gym staff: patient is a regular member, last visited 04/20/2026. Medical alert bracelet: HTN, lisinopril, ASA. No medications found on patient. Wife (Linda Burke, 602-555-0187) contacted by PD, en route to hospital. No family on scene.

## 5 Assessment

### 5a VITAL SIGNS

BP:	Unobtainable on arrival (pulseless); post-ROSC 84/56 mmHg at 09:38 AM	Temperature:	Not obtained; ambient 92F; skin warm and diaphoretic
HR:	VF on arrival; post-ROSC sinus bradycardia 52 bpm	O2 Saturation:	Unobtainable on arrival; post-ROSC 91% on 15L via BVM, improved to 96% post-ETT
RR:	Apneic on arrival; post-ROSC ventilated via ETT at 10 breaths/min	GCS:	GCS 3 on arrival (E1V1M1); post-ROSC GCS 5 (E1V1M3 — withdraws to pain)
Time taken:	Initial: 09:19 AM arrival; post-ROSC vitals at 09:38 AM	Blood glucose:	89 mg/dL — fingerstick during resuscitation

### 5b MENTAL STATUS

AVPU / GCS:	Unresponsive (U) on arrival; post-ROSC responds to Pain (P)
Orientation (person/place/time):	Unable to assess — unconscious throughout field resuscitation and transport
Behavior / affect:	Unconscious; no purposeful movement on arrival; post-ROSC withdraws bilateral upper extremities to sternal rub; occasional jaw clenching

### 5c PHYSICAL FINDINGS

Head: Atraumatic; no external injuries from fall; pupils 5 mm bilaterally, sluggishly reactive post-ROSC (fixed/dilated during arrest).  
Chest: Equal chest rise with BVM; bilateral breath sounds confirmed post-ETT; defibrillation pads in place. ETT 7.5 cuffed placed via direct laryngoscopy at 09:22 AM — confirmed by waveform capnography (EtCO<sub>2</sub> 18 mmHg at insertion, rising to 23 mmHg with CPR).  
Extremities: Bilateral radial pulses weak and thready post-ROSC; skin diaphoretic and mottled; no external injuries from fall.  
12-lead ECG (09:41 AM post-ROSC): 2-3 mm STE V1-V4, reciprocal depression II/III/aVF — anterior STEMI confirmed. Cath lab activation called to medical command.

## 6 Interventions

### 6a PREHOSPITAL CARE

CPR: Continuous manual CPR on arrival; Lucas device applied 09:21 AM. Airway: BVM ventilation then ETT 7.5 cuffed via direct laryngoscopy at 09:22 AM, waveform capnography confirmed. Defibrillation: Shock 2 (200J) at 09:21 — continued VF; Shock 3 (200J) at 09:24 — PEA; Shock 4 (200J) at 09:29 after VF recurrence — ROSC at 09:36 AM following 4th shock and amiodarone. IV: 18G PIV right AC during resuscitation.

### 6b MEDICATIONS & PROCEDURES

Epinephrine 1 mg IV push at 09:20, 09:24, 09:28, 09:32 AM (q3-5 min per ACLS VF protocol).  
Amiodarone 300 mg IV push at 09:30 AM (refractory VF); 150 mg IV at 09:34 AM. ROSC achieved 09:36 AM after 4th shock.  
Normal saline 500 mL IV bolus post-ROSC (09:37 AM) for hypotension.  
Lidocaine 1.5 mg/kg IV at 09:50 AM en route (non-sustained VT x2 runs, per medical command order).

## 7 Transport

### 7a TRANSPORT DETAILS

Destination facility:	Banner University Medical Center, Phoenix, AZ — STEMI Receiving Center, Level I Cath Lab on standby
Transport mode:	ALS ground ambulance — Priority 1 lights and sirens

Transport time: Departed scene 09:47 AM; arrived Banner University 09:56 AM (9-minute transport)

**7b PATIENT CONDITION DURING TRANSPORT**

ROSC maintained throughout — no re-arrest. SpO2 improved 91% to 96% post-ETT at FiO2 1.0. BP 84/56 at departure; 90/60 at hospital arrival. EtCO2 23 mmHg en route. Rhythm: sinus bradycardia 52 bpm with frequent PVCs and 2 runs of non-sustained VT (4 beats each) — lidocaine administered per medical command; no further VT. GCS 5 throughout transport. Cath lab team notified by medical command, ready on arrival.

**8 Outcome**

**8 HANDOFF STATUS**

Arrived Banner University ED 09:56 AM. Handoff to Dr. M. Patel (Attending Cardiologist) and cardiac arrest team. Status at transfer: GCS 5, intubated/ventilated, ROSC x20 minutes, HR 58 (sinus with PVCs), BP 90/60, SpO2 96% on 100% FiO2. Anterior STEMI confirmed on transmitted 12-lead. Patient transported directly to cardiac catheterization lab for primary PCI. SBAR verbal handoff completed to Dr. Patel at 09:58 AM. Care transferred 09:58 AM.

EMS Provider name & cert:	<u>Carlos M. Rivera, NRP — Lead Paramedic</u>	Date / Time:	<u>04/22/2026, 10:12 AM</u>
Signature:	<u>Carlos M. Rivera, NRP</u>	Unit / Agency:	<u>Unit 7 — Phoenix Fire Department EMS Division</u>
Partner / Crew:	<u>Dana K. Holt, NRP (Partner); T. Barnes, EMT-B (Driver)</u>	Run number:	<u>PFD-EMS-2026-04220914</u>