

Certification Pursuant to KRO 902(11)

Records Pertaining To: Ta'Neasha Chappell

As custodian of the Medical Records for Jackson County EMS, I hereby state that the enclosed documents for Ta'Neasha Chappell, consisting of 6 pages, are true and complete reproductions of the original.

The copies of records for which this certification is made are true and complete reproductions of the original or microfilmed medical records which are housed at Jackson County EMS. The original records were made in the regular course of business, and it was in the record course of business for Jackson County EMS to make such records at or near the time of the matter recorded. This certification is given pursuant to KRS 422.305 by the custodian of the records in lieu of his or her personal appearance.

Commonwealth of Kentucky §  
§  
County of Jefferson §

Anda Oakes  
Medical Records Custodian

Subscribed, Sworn to and Acknowledged before me on this 3rd day of August, 2021.



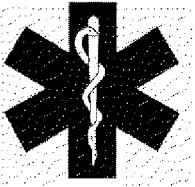
Leah Griffin  
Notary Public

My commision expires February 10, 2029

DRAFT

## Patient Care Report

TA'NEASHA CHAPPELL



## Jackson Co Ambulance Service

Date of Service: 07/16/2021

Run Number: 213741

Incident Number:

## CREW INFO

Vehicle: M-3

Call Sign: A-3

Resp No:

Primary Role: Ground Transport

Crew #1 ID: STOUT, JULIA

Crew1 Role: Driver/Pilot-Transport

Crew1 Level: EMT-Basic

Crew#2 ID: SIZEMORE, ZEKE

Crew2 Role: Primary Patient Caregiver-At  
Scene. Primary Patient  
Caregiver-Transport

Crew2 Level: EMT-Basic

Crew #3 ID:

Crew3 Role:

Crew3 Level:

Disp Locn:

Disp Zone:

Disp GPS Locn:

Other EMS

Agency:

Sending Fac

MR#:

Est 1st At Scene:

1st At Scn time:

Assisted By:

Doc'd By:

Unit Type: Ambulance

Final Pt. Acuity: Emergent (Yellow)

Addl Resp. Mode

Patient

Transported:

Hospital

Designation:

## RESPONSE INFO

Med/Trauma: Medical and Trauma

Call Type: BLS

Resp Priority: Emergency (Immediate  
response)Nature of Call: Unknown Problem/Person  
Down

EMD Perform.:

EMD Card No:

Disp. Delay: None/No Delay

Resp. Delay: None/No Delay

Call Taken by:

Resp. with:

Locn Type: Prison

Location: 150 IN-250

Jackson County Jail

Brownstown, Jackson, IN

47220

Scn Zone No:

Scene GPS :

Pt. Found: At Scene

# Patients: Single

Mass Casualty: No

Activity at Onset:

Poss. Injury: No

Protocols:

Response Zone:

Acuity at Dispatch:

Initial Pt. Acuity: Lower Acuity (Green)

Level of Care of  
this Unit: BLS-Basic/EMT

Seat Position:

Height of Fall:

Transport Ground-Ambulance

Method:

Hospital in

Pt. Destination:

## DISPOSITION

Type of Service: 911 Response (Scene)

Outcome: Treated, Transported in this  
Unit

Dest. Reason: Closest Facility

Trans. Priority: Emergency (Immediate  
response)Trans. Change: Emergency (Immediate  
response)

Odometer Start:

At Scene Miles: 56,127.2

At Dest. Miles: 56,137.9

Odom. End:

Pts trans.:

Cond at Dest.:

Dest Type: Hospital

Level of care: BLS

Dest Zone No:

Barriers to Care: Physically Restrained

Uncooperative

None

Pt. Trans.:

Triage Class.:

Scene Delay: None/No Delay

Trans. Delay: None/No Delay

&lt;None&gt;

&lt;None&gt;

Dest Delay:

Destination: SCHNECK EMERGENCY

DEPT

411 W TIPTON ST

Seymour, Jackson, IN

47274-2363

Dest GPS:

Dest Fac MR#:

Recv Doctor:

Disp. Cen. Name:

Cxl Reason: &lt;NONE&gt;

Instructions: Contact 911 or see your Doctor if problem returns

Provided:

Trauma Center

Criteria:

Transport Mode: No Lights or Sirens

Descriptors:

Destination Reason: Closest Facility

## TIMES

Injury:

PSAP: 15:15 07-16-21

Disp Notify:

Recvd:

Dispatch: 15:15 07-16-21

En route: 15:16 07-16-21

At scene: 15:26 07-16-21

At patient: 15:27 07-16-21

Tra. Of Care:

Transport: 15:36 07-16-21

At dest: 15:52 07-16-21

Dest Tra Care: 15:59 07-16-21

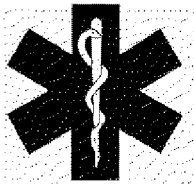
In service: 16:00 07-16-21

Cancel:

At base:

Air Med Arr.

EMS Call Cmp 16:00 07-16-21

**DRAFT****Patient Care Report****TA'NEASHA CHAPPELL****Jackson Co Ambulance Service**

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Incident Number:

**PATIENT INFORMATION**

Name : TA'NEASHA CHAPPELL

Phone :

Mobile No. :

SSN : 000-00-0000

DOB : 09/29/1997 (23 yrs)

Doctor:

Sex : Female

Weight :

Homeless:

Emergency Info Form :

Last Known Well:

Ethnicity :

DL Info :

Home Country :

Belonging Left With:

Email:

Face Sheet:

Belongings:

Broselow/ Luten Color :

Medicare Questionnaire :

Home Addr. : 150 IN-250  
BROWNSTOWN, JACKSON, IN 47220Mailing Addr. : 4748 HILLVIEW ST  
LOUISVILLE, KY 40216Race : Black ☒ African American

Advanced

Directives :

Patient

Characteristics:

**NEXT OF KIN**

Name :

Phone :

Relationship :

SSN :

DOB :

Cell Phone :

Sex :

Home Addr. :

**INSURANCE**

Work Related: No

Employer:

Payer Type:

Occupation:

Employer Address:

no insurance information entered

**PATIENT COMPLAINTS**Chief ComplaintGeneral Illness - Vomiting (Primary)  
1 DaysAnatomic Location

General/Global

Organ System

Global/General

Primary Symptom

Vomiting

Other Associated Symptoms**Weakness****Abdominal tenderness**Last Oral IntakeMedical Hx Obtained From

Bystander/Other

**HISTORY**Past Medical History

Other

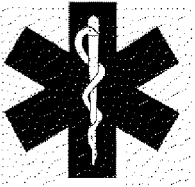
Note: No known past history per  
Jackson County Jail staff.  
Unable to obtain from patientAllergies

No Known Drug Allergy

No Known Environmental/Food  
AllergiesMedications

List Left At ER -

Other - Not Listed -

**DRAFT****Patient Care Report****TA'NEASHA CHAPPELL****Jackson Co Ambulance Service**

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Note: No known medications per  
Jackson County Jail staff.  
Unable to obtain from patient

**Medical History Obtained From**

Bystander/Other

**ASSESSMENT**

ETOH/Drug use: None Reported

no assessments entered

**IMPRESSIONS****Primary Impression:**

Weakness

**CARDIAC ARREST****Cardiac Arrest**

No

**TRAUMA****VITAL SIGNS**

Time	PTA	BP	Pulse	Monitor Rate	Respiratory	SPO2	EtCO2	Glucose	GCS
07/16/2021 15:28	No	155/131	100, Automated Cuff		20 Rapid, Regular	100%, Source: Room Air			E4 + V2 + M6 = 12
<u>IBP 1</u>		<u>IBP 2</u>		<u>IBP 3</u>					

Skin Moisture=Dry (Excessive) Lung Sounds Left=Normal BS Lung Sounds Right=Normal BS Cap. Refill=Normal  
Pupil size: Left=3-mm, Right=3-mm Pupil Reacts: Left=Reactive, Right=Reactive Pupil Dilation: Left=Normal, Right=Normal  
Level of Consciousness: Verbal;  
Heart Rate Measurement=Electronic Monitor - Pulse Oximeter  
Taken by: SIZEMORE, ZEKE

07/16/2021 15:42	No	135/102	97, Strong, Automated Cuff		16 Normal, Regular	97%, Source: Room Air			E4 + V2 + M6 = 12
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Cap. Refill=Normal  
Level of Consciousness: Verbal;  
Heart Rate Measurement=Electronic Monitor - Pulse Oximeter  
Taken by: SIZEMORE, ZEKE

07/16/2021 15:48	No	130/96	96, Strong, Manual Cuff		16 Normal, Regular				E4 + V2 + M6 = 12
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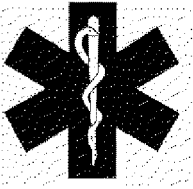
Level of Consciousness: Verbal;  
Heart Rate Measurement=Palpated  
Taken by: SIZEMORE, ZEKE

**TRAUMA SCORES**

no trauma scores entered

**PRIOR AID**

no prior aid entered

**DRAFT****Patient Care Report****TA'NEASHA CHAPPELL****Jackson Co Ambulance Service**

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**TREATMENT SUMMARY**

no treatments entered

**NARRATIVE**

Vehicle M-3 dispatched Emergency (Immediate response) to Prison for 23 Years old Female complaining of General Illness - Vomiting for 1 Days.

Patient's past history includes Other.

Patient is currently taking List Left At ER, Other - Not Listed.

Patient's allergies include No Known Environmental/Food Allergies, NOT Presented as Medications.

Vital signs taken by SIZEMORE, ZEKE at 07/16/2021 are:

15:38

BP – 155/131 [Automated Cuff]

HR – 100, Regular, Strong

RR – 20, Rapid

SpO2 – 100% Room Air

GCS – E4 V2 M6 = 12

Skin – Dry

15:42

BP – 135/102 [Automated Cuff]

HR – 97, Regular, Strong

RR – 16, Normal

SpO2 – 97% Room Air

GCS – E4 V2 M6 = 12

Skin – Dry

15:48

BP – 130/96 [Manual Cuff]

HR – 96, Regular, Strong

RR – 16, Normal

GCS – E4 V2 M6 = 12

Skin – Dry

Care giver's primary impression of the patient is General Weakness.

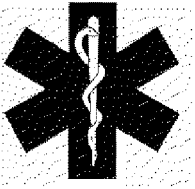
The patient's disposition was: Treated, Transported in this Unit. They were transported to SCHNECK EMERGENCY DEPT, received by SCHNECK ED STAFF and arrived at 07/16/2021 15:52.

Dispatched by Jackson County Dispatch to respond non-emergent to Jackson County Jail for an inmate needing transport to Schneck ER. Ambulance 3 responded with 38-29 as the driver and 38-49 as the passenger. Arrived on scene and entered the jail to find a female patient lying prone on a bedroll on a cell floor. The patient did not have clothes on. Officers stated that the patient refused to put clothes on because they felt as if they were "on fire". Patient was awake at time of arrival. Patient was instructed by officers to put clothes on to prepare for transport. Patient then stood up without requiring assistance and attempted to put a blanket on as clothing. 38-49 assumed roll of primary caregiver and advised to have patient sit on the cot for assessment. Patient then walked with assistance from officers and sat on the cot.

38-49 began preliminary assessment and history taking. Patient was alert and responding to verbal stimuli but was not answering questions at this time. 38-49 then asked officers for a patient history. Officers advised patient had no known history of illness, allergies, or medications. While taking history 38-49 was assessing patient. It was remarkable that patients skin was warm and dry and had obvious yellow discoloration of the lower lip and an area of the right side of the chest approximately 8"x12". Suspected to be jaundice or possibly dried regurgitated bile. Also the patient had possible yellowing of the eyes suspected to be jaundice. Airway was patent, respiratory rate was slightly elevated, and pulse was manually palpated to find a strong pulse of approximately 90 bpm. Officers advised no known history of last oral intake and no known history of substance abuse. Officers stated the patient began feeling ill earlier that morning and was discovered by officers placing their fingers in their mouth and initiating the gag reflex. There was also a swollen area on the forehead approximately 1" in diameter. At this point a fall was suspected and a neuro assessment was conducted. Patient was groaning intermittently but would answer with a nod yes or no. Patient stated they did not fall. Pupils were equal, round, and reactive to light with no other obvious head or neck trauma was present at this time.

It was at this point 38-49 made the call to load the patient into the ambulance via the cot and initiate non-emergent transport to Schneck Emergency



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Department with 38-29 as the driver. Patient was handcuffed and had ankle restraints. 38-49 along with an officer were in the patient compartment with patient. While enroute 38-49 performed further assessment. Automated blood pressure was taken along with pulse and SpO2. Blood pressure was slightly elevated at this time but during reassessment to trend vitals it was found that blood pressure had diminished to a more stable level. 38-49 began palpating the chest and abdomen and patient claimed to have abdominal pain. After palpating all four quadrants 38-49 asked patient to nod yes when the area of most pain was palpated. Patient nodded to palpation in the right upper quadrant. 38-49 then reconfirmed that was the area of most pain with the patient. Patient had motor function and sensation in hands and feet. Patient also stated that lying on the right side was the position of most comfort while in transport. It was confirmed by patient insistently moving to that position and 38-49 asked to nod yes if that was the position of the most comfort and the patient did nod yes. Patient had spontaneous eye movement, could answer yes or no questions what seemed to be appropriately, and had stable vitals therefore 38-49 made the decision to **continue non-emergent**.

Upon arrival to Schneck patient was immediately taken into emergency department and placed in room 12. Patient was moved from cot to bed with assistance of Schneck staff and patient care was transferred. Patient was unable to sign for treatment and transport due to restraints, immediate intervention of ER staff, and also patient condition.

**MISCELLANEOUS****Protective equip used**

Gloves

Mask-Surgical (Non-Fitted)

Gloves

Mask-Surgical (Non-Fitted)

STOUT, JULIA

STOUT, JULIA

SIZEMORE, ZEKE

SIZEMORE, ZEKE

**Fluid Contact**

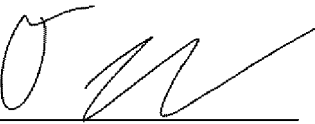
No

**HIPAA**

no HIPAA signatures entered

**SIGNATURES**

Time	Type	Who signed	Why patient did not sign
07/16/2021 15:58	Receiving Facility Signature	- LUDAMEN, JESSICA	<Not applicable>

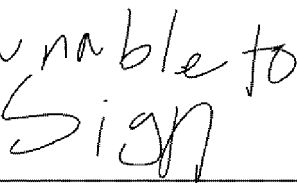
X 

My signature below indicates that, at the time of service, the patient named above was physically or mentally incapable of signing, and that none of the authorized representatives listed in Section II of this form were available or willing to sign on the patient's behalf. My signature is not an acceptance of financial responsibility for the services rendered.

Type of Person Signing: Healthcare Provider

The patient, , was received by this facility at the date and time indicated. Signature of STOUT, JULIA, TRUEBLOOD, TAMMY is not an acceptance of financial responsibility for the services rendered tot his patient.

07/16/2021 15:58	Accept Treatment and Transport	Self - CHAPPELL, TA'NEASHA	Signed
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X 

This is acknowledgement that I, TA'NEASHA CHAPPELL, accept treatment and/or transport by Jackson County EMS. I understand that I am financially responsible for the services and supplies provided to me by JCEMS. I authorize JCEMS to bill my insurance provider and authorize holders of medical information or other relevant documentation about me, to release such information to JCEMS and its billing agents. I agree that I will immediately forward any insurance payments that I receive to JCEMS to satisfy any outstanding balance.

Type of Person Signing: Patient

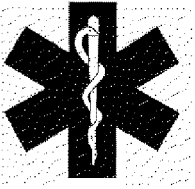
By signing below, I acknowledge that I have received JCEMS notice of Privacy Practices.

The patient must sign here unless the patient is physically or mentally incapable of signing.

**DRAFT**

**Patient Care Report**

**TA'NEASHA CHAPPELL**



**Jackson Co Ambulance Service**

Date of Service: 07/16/2021

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**CREW INFORMATION**

Start Date/Time : 07/16/2021 08:00

Crew #      Name

133      STOUT, JULIA

Crew #      Name

136      SIZEMORE, ZEKE

Crew1 State ID

558281566439

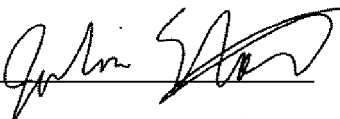
Crew2 State ID

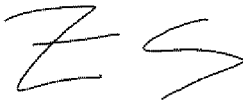
5899-8783

License:      6530023041

Level:      **EMT-Basic**

Level:      **EMT-Basic**

X 

X 

**PHYSICIANS CERTIFICATION STATEMENT FOR AMBULANCE TRANSPORTATION**

no PCS entered

**PATIENT REFUSAL FORM**

no Patient Refusal entered