



Activity Report



Week commencing: 31st January 2022

Team Shift Activity:	number of shifts:	0
	number of taskings:	0
	number of patient involvements:	0
	number of governance procedures:	0



Solo Activity:	active responders:	SB 5858, SB 5867, DR01 (TA), SB 5854, SB 5866
	number of taskings:	7
	number of patient involvements:	7
	number of governance procedures:	2 x1 primarily EMRTS
	Tasking Types:	
	<i>trauma</i>	6
	<i>adult</i>	6
	<i>medical</i>	0
	<i>paediatric</i>	1
	<i>cardiac arrest</i>	1
	<i>other</i>	0

Case	Res	Date	Age	gender	type	Job description	S/D	Scene time	Total time	General interventions	Governance interventions	Adverse events
1	SB5858	31/01	30	male	trauma	Jack failed on car. Car on person	no	-	-	no	no	nil
	<i>Additional comments:</i>					Workers in road had raised car and at this point the male ran off before we attended. Stood down on arrival						
2	SB5867	02/02	62	female	trauma	Pushbike vs van.	no	-	-	yes	no	nil
	<i>Additional comments:</i>					Prolonged (2 hours) wait prior to my arrival. Being treated by police medic. Patient cold but stable. Warm, TXA, fentanyl, updated backup from P2 to P1 Long wait already prior to my arrival and many jobs still in front of. I attended as escalated call and potential serious injury. CT #dislocation shoulder, ribs, bilateral haemopneumothorax, burst #lumber spine, #pelvis/acetabulum ["IV access"] ["Immobilisation", "Assisted Transfer"] ["Drugs outside JRCALC guidelines (non-governance)"] Fentanyl						
3	SB5854	05/02	4	female	trauma	RTC	no	-	-	yes	yes - EMRTS	nil
	<i>Additional comments:</i>					Patient was one of two children in properly fitted seats rear of small car. Very small boot = minimal protection at rear. Car had pulled over into hard shoulder.						

White transit van travelling at speed had hit car.
massive intrusion.
Both children confirmed to be in cardiac arrest
Driver was able to exit vehicle with assistance
Passenger (Mother) managed by WAST and HART (sternal fracture and liver lacerations on CT)

["IV access", "Advanced life support"]
Patient = 4 year old female
confirmed cardiac arrest
HOTT already instigated by EMRTS
Patient resuscitation being run by Corey Mead.
No catastrophic haemorrhage
Airway = COTT, bag ventilation
B= Bilateral thoracostomy.
C= chest compressions
D = GCS 3 arrest
E = Massive facial/mandibular injury

My contribution was to check patency of thoracostomies
Cannulated with 20 g (PINK) Venflon Left ACF .
Assisted with administration of blood.
ROSC achieved
Transferred by road to UHW
Died following morning
Traumatic episode for all involved.
I spoke with and counselled bystanders who assisted at first.
All emergency services involved displayed varying levels of emotional involvement with the witnessed trauma. (Colleagues in other services weeping)
Basically the grief is not ours, it belongs to the family.
Do not get sucked into the enormity of the trauma you have just assisted in.
Turn around, walk away, don't look back. we go to do a job. go.do.leave.

						If it does start to haunt you, then talk to someone . . . don't bottle it up, don't play hard and invincible. we all cope differently. . . there is no one size fits all.						
4	DR01	06/02			trauma	RTC	no	-	-	yes	no	nil
	<i>Additional comments:</i>					<p>Off duty, returning home from family engagement down West Wales. Entered into report as non-governance, as only high-vis jacket in my car was my MedServe Jacket, as such inadvertently representing the charity.</p> <p>Location- A40, central reservation turning point. Adjacent to show grounds.</p> <p>Mechanism- small hatchback and milk tanker travelling east bound towards carmarthen, tanker in lane 1 car in lane 2. Tanker has attempted to make a U-Turn through the central reservation (last minute) from lane 1 position with no apparent warning. Small hatch at ~60mph in lane 2 has had no time to react impacting square on into lorries rear axle/ wheels. Massive front end damage to car. Car has rotated 90degrees during impact with drivers door ending up impacting front right axles/ wheels of the tanker. From the damage to the vehicle, I was expecting to find a patient in critical condition in the EA, if not deceased.</p> <p>Number of Patients - 2.</p> <p>Weather Conditions - poor, surface water, strong winds, cold & raining.</p> <p>Compounding factors - significant delay in Ambulance response times. 2 patients.</p> <p>Both patients had been moved into EA no.1 just prior to my arrival. FRS had undertaken a roof off extrication to assist Patient 1 (driver). Patient 2 was reported to have exited the vehicle himself some time prior to EA no.1 arriving.</p> <p>["IV access"]</p> <p>["Immobilisation"]</p> <p>Patient 1 on trolley in EA, on open vacuum mattress:</p> <p>A - 48yoF</p> <p>T - ~2230hrs</p> <p>M - as above</p> <p>I - Shoulder pain (reduced ROM). Left sided chest pain, worse on inspiration, sharp/ stabbing, Seatbelt mark across lower left rib cage with contusions extending beyond and pain on palpation in this area. Severe pain to Left side of pelvis, significant contusion and minor lacerations extending iliac crest to greater trochanter. Inability to straight leg raise.</p> <p>S- HR ~115, BP ~110/??, RR 22, SpO2 98%, GCS15/15, PS 10/10.</p> <p>Chest Sounds NAD, Abdo Soft.</p>						

						<p>T - Immobilised without collar(compliant), IV access, Pelvic Binder, Morphine, Ondansetron, TXA.</p> <p>IMP - 10-12 Left Rib #'s & Pelvis #.</p> <p>Call made to trauma desk on behalf of crew, ATMISTER passed direct to WWGH (>60mins from UHW, no team to support on scene). Matt on ECCH happy for direct conversation. Crew happy to convey.</p> <p>Patient 2 sat on seat by side door of EA no.1 :</p> <p>(Second EA requested, arrived as packaging of Pt 1 complete)</p> <p>A - 48yoM</p> <p>T - ~2230hrs</p> <p>M - as above</p> <p>I - multiple abrasions across face and forehead, contusion to left forehead, seatbelt mark across lower abdomen, multiple minor contusions across body.</p> <p>S - Pale, Non-diaphoretic, RR 22-24, SpO2 93%oa to 100%oo, HR ~110, BP ??, GCS E3 V5 M6 14/15, PS 10/10.</p> <p>Chest - NAD.</p> <p>Abdo - guarding globally with tenderness, Urgency to PU, however unable to do so.</p> <p>T - Moved to EA no.2 on its arrival, Vacuum Mattress without collar (compliant), IV access, IV Paracetamol, ondansetron, TXA.</p> <p>IMP - Internal abdominal injury & Concussion.</p> <p>Call made to trauma desk on behalf of crew, ATMISTER passed direct to WWGH (>60mins from UHW, no team to support on scene). Matt on ECCH happy for direct conversation. Crew happy to convey.</p> <p>Positive interactions with crews, Police keen to re-open 1 lane(next to EA with patient in side) asked for them to delay this for crew safety.</p> <p>Clinical skills deployed by myself were all in line with WAST scope.</p> <p>Decision making - not to apply a collar, and movement of patient to EA No.2 under own steam outside of JRCALC, however in line with MedServe practice and the FPHC consensus statement on immobilisation.</p> <p>Failings - didn't check on the tanker driver before leaving scene, however I do suspect no significant injuries.</p> <p>As Dr Davies would say, comments are welcome, good or bad.</p>						
5	SB 5858	06/02	68	female	trauma	Likely head injury	no	-	-	yes	no	nil
	<i>Additional comments:</i>					<p>Lady found in field with horses, mechanism not known but covered in mud and confused.</p> <p>A own</p>						

						B bilateral, good expansion C peripheral pulses present, good BP D NO memory of incident, confused, nausea, PEARL E no evidence of trauma except contusion above right eye. Temp 35.5. Unknown how long in field. Working plan ?Concussion ["IV access"] IV paracetamol and Ondansetron Sent to UHW with crew							
6	SB 5858	06/02	60	male	arrest	Cardiac Arrest	no	-	-	yes	yes – nurse led ROLE	nil	
						<i>Additional comments:</i> Male had chest pain then witnessed arrest with immediate bystander CPR. CFR attended and no shockable rhythm, first rhythm with paramedic arrival PEA ["Advanced life support", "LUCAS"] Arrested on door step in tiny hallway and stairs down to very small front garden. On my arrival , IGEL in situ, IO access, ongoing ALS. LUCAS applied, which created space. suggested moving either inside or outside for 360 access. At this point 30 plus minutes since collapse and now in asystole. Suggested we either move or stop. Team happy to stop ROLE 1825 MOB 1750, ON SCENE 1805.							
7	multiple	06/02		male	trauma	RTC	no	-	-	yes	no	nil	
						<i>Additional comments:</i> multiple responders: SB 5866, SB 5854 Patient 1: 42yrs Male driver (Rays notes, EMRTS PCR 115154) Patient 2: ~25yrs Male passenger (PCR by conveying crew) RM: Male driving car, 30 mph, witnessed to collapse at wheel, subsequent collision with tree. On arrival, in VF arrest, already shocked x 2 established that this was a MEDICAL arrest at wheel, rather than a TCA. Advised crew against HOTT, stick to ALS, standard ALS followed EMRTS and Dr Creed arrived Lucas deployed and patient tubed by EMRTS							

		<p>14G cannula to LACF (RM)</p> <p>ROSC after 5 x shocks</p> <p>Adrenaline and Amiodarone given</p> <p>palpable radial</p> <p>patient making some respiratory effort</p> <p>Rocuronium administered by EMRTS, Placed on Ventilator</p> <p>EA transfer to UHW, Dr Creed assisted in Resus by inserting Arterial Line.</p> <p>Patient being prepared for Cath Lab as we left</p> <p>MC:</p> <p>Description that driver talking then slumped, eyes rolled and car accelerated away uncontrolled along road and hit tree.</p> <p>Initial efforts directed to patient 1, MC arrived at same time as EMRTS team (TA, SM): Agreed EMRTS to have primacy to ensure unity of purpose.</p> <p>Brief assessment of Pt 2 while Pt 1 being resuscitated: Has mobilised, no neck pain. Laceration to forehead over left eye (dressed) and painful Right hand (?#).</p> <p>Asked police to escort to nearest EA as this would not be conveying Pt 1, as most blocked in! And to wait with him.</p> <p>My only other action for Pt 1 was to pass a pre alert to UHW with 15min ETA that pt coming in in arrest to alert RCL Consultant and Cardiology.</p> <p>ROSC shortly thereafter 2105.</p> <p>Reassessed in EA with crew after Pt 1 en route to ED.</p> <p>["IV access","Advanced life support","LUCAS"]</p> <p>["Assisted Transfer"]</p> <p>Pt 2</p> <p>Deep wound over left supraorbital ridge running blood +, small amount of chito gauze packing and Olaes bandage.</p> <p>Crew happy dealing, no other apparent injuries visible or declared so left c/o crew.</p> <p>Good team effort from WAST, EMRTS, MEDSERVE, Police, Fire and Rescue.</p> <p>Chain of survival starts with bystander CPR</p>
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key – Res = responder, S/D = stood down?, time = hour:mins



Governance

Solo case 3 – EMRTS

Solo case 6

