



Activity Report



Week commencing: 1st November 2021

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:	CB 664, CB 5851, SB 5858, SB 5854
	number of taskings:	6
	number of patient involvements:	5
	number of governance procedures:	3 x 3 EMRTS
	Tasking Types:	
	<i>trauma</i>	3
	<i>adult</i>	5
	<i>medical</i>	0
	<i>paediatric</i>	1
	<i>cardiac arrest</i>	0
	<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	CB664	01/11		male	trauma	17D01 – Fall from height	no	-	-	yes	yes - EMRTS	nil
						<i>Additional comments:</i> - the casualty had fallen from a third floor window at the rear of a house. WAST personnel first on scene had treated the casualty for TCA/head injury with iGel + ETCO2 monitoring, IO to L tibia, TXA and "pneumofix" cannulas to both sides of the chest. Attempts at IV access frustrated by absence of peripheral veins and scarring/scabbing over femoral veins. I arrived simultaneously with EMRTS (via road). Pelvic binder re-positioned. Casualty removed to street at front of house for RSI and IO to humeral head. RSI & bilateral thoracostomies (EMRTS). Trauma line to L subclavian vein (CB664). Blood and lyoplas initially IO and then IV. Casualty conveyed to UHW with EMRTS escorting.						
2	CB5851	02/11	17	female	trauma	17D02P – jumped from bridge	no	-	-	yes	yes - EMRTS	nil
						<i>Additional comments:</i> Witnessed to jump from bridge onto dual carriageway by passing police assets. Landed face down. Laceration to forehead, fracture left forearm +/- appearing displaced at elbow. Closed fracture right lower leg.						

						BP 120/80, HR90, GCS 15. Pain described as 10/10. IV access, planning analgesia IV paracetamol + fent + follow up morphine. Duty EMRTS crew arrived - multi crew approach, procedural sedation (EMRTS governance), splintage, scoop, into EA. 5851 stood down left patient with EMRTS team. ["IV access"] ["Limb splinting", "Immobilisation"] Arrived on scene to find 2 x WAST RRV, EA running from Swansea estimate 40 minutes out. No full / spare oxygen on either vehicle as both had deployed to red call without checking vehicles. 1 x O2 from 5851, 1 x O2 from EMRTS to achieve safe procedural sedation.						
3	SB5858	04/11	6	female	trauma	29A02 - Head on RTC	no	-	-	yes	no	nil
						<i>Additional comments:</i> multiple responders: SB 5858(CW & TA), SB 5854 RM: Head on RTC, on Caerphilly mountain. Coded as Amber 2 NO MEDSERVE SMS I came across this as I was travelling back from Caerphilly. Road blocked by Police car. . .I enquired as to why, advised RTC. radioed to control = Assigned 3 patients: Two had walked to a nearby house. Elderly driver of car coming down the hill still sat in vehicle. Shivering Fire and rescue preparing equipment to cut doors and roof off!! No haemorrhage, C spine cleared, Airway clear BCD = acceptable Control advised at least 4 hours. Genuine risk if death from hypothermia. I asked patient if she could exit vehicle, which she did with assistance. Walked to my car. Driven to ED by myself.						

					<p>["Assisted Transfer"]</p> <p>I requested Medserve colleagues to assist with the other 2 patients</p> <p>Lack of resources will lead to an increasing number of avoidable deaths.</p> <p>It is pure chance that I happened upon this RTC.</p> <p>CW/TA:</p> <p>Rear seat passenger. In booster with back and seat belt.</p> <p>Ray had come across accident and left scene with older casualty , our patient and mother were in house with Fire service first aided.</p> <p>On assessment - cold / hungry / tired. Seat belt abrasion to neck. Obs normal</p> <p>Assessed on scene and discharged to care of parents. father collected from scene</p> <p>Safety net info given.</p> <p>Mother refused formal assessment but was given instructions on hand injury from air bag - burn noted, ring removed.</p> <p>EA stood down</p> <p>1803 mobile, 1811 on scene, About 1900 clear</p>							
4	SB5854	05/11		male	trauma	Stabbing	no	-	-	yes	no	nil
						<p><i>Additional comments:</i></p> <p>2 x males - 18/19 years old</p> <p>stabbed, Single wound on each patient</p> <p>1 = Right Hypochondrium, Nil else, stable, ABCDE = Acceptable</p> <p>Cannulated, TXA</p> <p>encouraged WAST colleagues to desist from needless interventions at scene and transport immediately to UHW</p> <p>2. single wound to L flank/Renal angle</p> <p>only concern = tachycardia 130 = sustained</p> <p>as with patient 1, Cannulated, TXA and rapid transfer to UHW</p> <p>Rapid transfer having established clinically stable.</p> <p>Urgency to transfer is sometimes overlooked.</p> <p>Outlined by the fact that patient 1, who was clinically more stable, crashed in ED and ended up with an emergency Laparotomy.</p> <p>LEARNING POINT: Do not mess about at scene.</p> <p>The need for rapid transfer of clinically stable patients with stab wounds cannot be underestimated.</p>						

5	SB5854	05/11	57	male	trauma	Pedestrian v Van	no	-	-	yes	yes - EMRTS	nil	
						<p><i>Additional comments:</i> Initially coded RED / Unconscious. Recoded Amber 1 Despite travelling from Cardiff (17 Miles) I was the First WAST asset on scene. Bleeding from RIGHT ankle = Not catastrophic C spine not cleared Airway = Clear Breathing R=L =Normal (FLAPS TWELVE) Sats 90% on Air Circulation = Palpable radial, BP 108/78, pulse 98 D = GCS 15 E= angulated mid shaft of LEFT humerus + ? Dislocated LEFT shoulder Compound Fracture dislocation with Eversion of RIGHT ankle, Foot basically hanging off.</p> <p>["IV access"] ["Limb splinting", "Immobilisation"] 14G Cannula RACF Oxygen via Rebreather at 15 L (FiO2 80%) Fentanyl 50 mcg, Ondansetron 4 mg EMRTS Attended at this point Procedural sedation undertaken KETAMINE and FENTANYL Unable to reduce RIGHT Ankle LEFT arm manipulated and aligned Co-Amoxiclav 1.2 G ATMIST, UHW Scene safety a concern. It was fireworks night, hordes of onlookers drifting around at scene, one very abusive and threatening drunk about 10 feet from scene. Only When I suggested that injuries were life changing and potentially life threatening, police then set up a cordon and asked the onlookers to step back.</p>							
6	SB5854	06/11			trauma	Stabbing	yes	-	-	no	no	nil	

	<i>Additional comments:</i>	Patient stabbed. Stood down as unable to locate patient
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key – Res = responder, S/D = stood down?, time = hour:mins



Governance

Solo Case 1, 2 & 5 – all primarily EMRTS governance

