



Activity Report



Week commencing: 3rd May 2021

Team Shift Activity:

number of shifts:	1
number of taskings:	6
number of patient involvements:	5
number of governance procedures:	0

Team Shift:			
Date:	05/05	Duration:	11:08
No. of taskings	6	Personnel:	RD, TA, HB (Obs)
<i>trauma</i>	3	<i>adult</i>	5
<i>medical</i>	3	<i>paediatric</i>	1
<i>cardiac arrest</i>	0		
Pre-shift issues	nil	Post-shift issues	nil
Pre-comments	Personal issue Morphine -TA. Other CD's RD.	Post-comments	nil

Case	Age	gender	type	Job description	S/D	Scene time	Total time	General interventions	Governance interventions	Adverse events
1	77	male	trauma	7 ft fall, injury to left leg below knee.	no	-	-	yes	no	nil
				<i>Additional comments:</i> Suspected #Fib Moved from outside to a warm environment. Penthrox provided – 3 ml Major trauma not suspected. Handed over to EA crew for transport to ED.						
2	78	female	trauma	Fall head injury, unconscious	no	-	-	yes	no	nil
				<i>Additional comments:</i> Time of injury 1630 O2, monitoring, assisted transfer						

				<p>Failed IV access, considered TXA. Discussed with trauma desk, agreed MTC</p> <p>ECCH contacted for consideration of PHEA of neuro-protection, agreed this would delay as in vehicle ready to leave.</p> <p>Good reception at MTC.</p> <p>Toc 1853, mob 1859, at 1912, clear 2124.</p> <p>Info later received - "massive R frontal intraparenchymal bleed +SAH + midline shift. R rib #s 10-12 + pneumothorax"</p>						
3	25	male	medical	Unconscious in the street	no	-	-	no	no	nil
	<i>Additional comments:</i>			<p>? Spice use, patient aggressive and threatening, police requested, patient advised us to go away in the most impolite manner then ran away.</p> <p>Did not allow for observation. Police arrived , knew of the patient and are off to find him.</p> <p>Toc 2140, Mob 2209, At 2218, Clear 2240</p>						
4	19	female	medical	Red asthma	yes	-	-	no	no	nil
	<i>Additional comments:</i>			<p>Toc 23:00, Mob 2303, Stood down 2309</p>						
5	27	male	trauma	Rollover RTC	no	-	-	no	no	nil
	<i>Additional comments:</i>			<p>Assessed and monitoring. Advised ECCH no crit care required, no suspicion of major trauma, crew conveyed.</p> <p>lager + OD of gabapentin and intention to self-harm prefaced RTC.</p> <p>Toc 2239, Mob 2315, At 2335, Clear 0008</p>						
6	50	male	medical	Red unconscious in street.	no	-	-	no	no	nil
	<i>Additional comments:</i>			<p>Toc 0029, Alloc 0033, Mob 0034, At 0038</p> <p>Heating pads and blizzard blanket, p2 to ED for safety and warming.</p>						

key – Res = responder, S/D = stood down?, time = hour:mins



Solo Activity:	active responders:	SB 5866, CB 664, SB 5858
	number of taskings:	7
	number of patient involvements:	6
	number of governance procedures:	1
	Tasking Types:	
	<i>trauma</i>	4
	<i>adult</i>	7
	<i>medical</i>	1
	<i>paediatric</i>	0
	<i>cardiac arrest</i>	1
	<i>other</i>	1

Case	Res	Date	Age	gender	type	Job description	S/D	Scene time	Total time	General interventions	Governance interventions	Adverse events
1	SB5866	06/05	20	male	trauma	Cyclist vs Car.	no	-	-	yes	no	nil
						<p><i>Additional comments:</i></p> <p>No helmet, 20mph zone, Significant damage to car bonnet and windshield caved in.</p> <p>PMHx: Asthma DHx: NKDA, Inhalers.</p> <p>FPOS.</p> <p>Primary Survey: Forehead/nasal lacs. Degloving injury RIGHT MIDDLE finger (dominant hand) DIPJ to MCPJ. Swollen painful Left ankle, Painful Right Knee.</p> <p>No life threatening injuries: Moving neck but cannot clear due to distraction and head on collision with windshield, advised to lay still.</p> <p>Obs via LP15.</p> <p>IV access. Analgesia (Paracetamol 1g, Fentanyl 150+100mcg, Ring Block with 1% Lidocaine 10mls) + Antibiotics (Co-Amoxiclav 1.2g).</p> <p>Covered with blankets.</p> <p>P2 backup.</p> <p>With EA: Scoop/Blocks, Pre-alert UHW via Trauma Desk.</p> <p>["IV access"] ["Limb splinting", "Immobilisation"]</p> <p>Scene 13:57, EA arrived 14:45.</p> <p>Warm day</p> <p>Road speed conveyance by EA (Para/Tech) with MC following in own vehicle to UHW to handover.</p>						

2	SB5866	07/05	39	male	other	Agitation, abnormal behaviour	no	-	-	yes	no	nil
<i>Additional comments:</i>						<p>SMS 13:20hrs: Please contact APP desk.</p> <p>Job from 06:15, EA on scene since 08:15hrs.</p> <p>39M with Agitation, abnormal behaviour and ?Psychosis.</p> <p>GP, Social Work, Police involvement but now all left as unable to section as feel needs assessment in ED. Tasking declined by EMRTS.</p> <p>Crew considering ?sedation required to extricate.</p> <p>Assigned 13:30, Mobile 13:37, Scene 13:55</p> <p>[Smooth Blues, Bus lanes ++ Caerphilly Rd & Outside Cardiff Castle]</p> <p>By time of arrival multiple PCRs completed documenting initial assessment of agitated but withdrawn patient and strong denial of any drug use.</p> <p>Impression of significant social deprivation in residency. Partner concerned for his welfare.</p> <p>Just prior to my arrival visit from a concerned acquaintance who informed crew pt had not slept for several days due to an "epic drugs bender".</p> <p>On arrival some time spent establishing prior events, actions and crew intent. "Stuck" & fresh eyes required.</p> <p>Property entered, conversed with partner and patient.</p> <p>Impression of extreme fatigue and as pt obviously "tweaking" clear that aforementioned recreational polypharmaceutical ingestion rapidly being metabolised and excreted.</p> <p>Able to gain some compliance with MSE, though only a few words mumbled and clear overlay of intent NOT to interact (as partner reports him interacting with him when no WAST staff present).</p> <p>Pt agreed to and complied with examination (No wounds, HI, Chest clear, Abdo Soft) and 2 x Obs + BM + 12 Lead (All normal).</p> <p>Decision that although behaviour still "not normal", no physiological derangements evident that would mandate hospital admission at present.</p> <p>In context of recreational polypharmacy ingestion with hour on hour improvement in behaviour IMO the risk of revoking his autonomy and sedating to extricate down narrow staircase confers more risk to pt than leaving him with partner, at home with safety netting.</p> <p>Advised to call 999 if further concerns, agitation, excessive drowsiness or unable to rouse partner.</p> <p>Control updated. GP contacted and requested to arrange telephone follow up at next available slot (likely Monday) to ensure no ongoing Mental Health concerns.</p> <p>Pt left at home. Clear at 15:20.</p> <p>Intervention outside JRCALC: Senior clinical decision making.</p>						
3	CB664	07/05	54	female	trauma	17D05P - fall from horseback	no	-	-	yes	no	nil
<i>Additional comments:</i>						Examination/obs.						

						Analgesia. ["IV access"] ["Assisted Transfer"] Penthrox 3.0mls Escorted to hospital given likely fractured ribs, tachycardia, SpO2 92-94% CXR showed # 3 ribs and clavicle.						
4	CB664	08/05	24	male	trauma	Fall	no	-	-	yes	no	nil
	<i>Additional comments:</i>					<p>Fall down concrete steps leading to his home</p> <p>Examination/obs & pain relief.</p> <p>["IV access"]</p> <p>Penthrox 3.0mls</p> <p>Obvious bruising over ribs 6-8 R side laterally.</p> <p>No other injuries.</p> <p>Handed over to EA for transfer to Morriston.</p>						
5	SB5866	08/05	88	female	arrest	Witnessed arrest.	no	-	-	yes	no	nil
	<i>Additional comments:</i>					<p>Very frail lady.</p> <p>ROSC>Rearrest>Ceased</p> <p>["IO access", "Advanced life support"] ["Ultrasound (cardiac)"]</p> <p>Some confusion between control & police believing I had certified death</p> <p>(I think they understood that in "confirmation of death" that meant I had issued a death certificate - I think)</p> <p>only became apparent after I had cleared (EA left @ scene) and returned home.</p> <p>DOM (LDA) ended up attending scene to sort this.</p> <p>Cake fine accepted.</p> <p>MOB 1039, Sc 1045, Pt 1047, ROSC 1055, Re 1100, Cease 1105, CoD 1125</p>						
6	CB664	08/05	72	male	medical	06E01E – Shortness of Breath	yes	-	-	no	no	nil
	<i>Additional comments:</i>					<p>the patient had chronic respiratory disease and was on LTOT and NIV</p> <p>He had become more SOB and unable to talk associated with a drop in SpO2.</p> <p>Nil from me.</p> <p>His SpO2 had already recovered to 94% and the RRV first on scene was happy to continue management and await EA.</p>						

7	multiple	08/05	51	female	trauma	Head on RTC 2 cars	no	00:57	03:49	yes	yes	nil
<i>Additional comments:</i>						<p>multiple responders: SB 5866, SB 5858</p> <p>4 patients = "Mini MAJAX"</p> <p>4 Patients.</p> <p>Car A</p> <p>1: P1 Adult Female. MEDSERVE. Major Trauma>TCA>Unstable ROSC. Blood given (supplied by EMRTS). UHW.</p> <p>2: P1 Adult Female. EMRTS. Head Injury. PHEA. UHW.</p> <p>Car B</p> <p>3: P2 Adult Male. WAST. UHW.</p> <p>4: P3 Adult Female. WAST. UHW.</p> <p>BLOOD ID EMR10289 will be put into EMRTS governance system.</p> <p>patient 1:</p> <p>On scoop, on stretcher on road .</p> <p>A igel in situ</p> <p>B some resp effort , being supplemented with FiO2100% and ambu bag. Sats unrecordable . Poor breath sounds on rt ? Absent in left.</p> <p>C bradycardia 40bpmweak central pulse.</p> <p>D fixed and dilated right pupil. Left reactive 4</p> <p>E abdo soft. Pelvic binder in situ. Tourniquet to left lower leg - bleeding but not profusely, obvious open #</p> <p>D&E took place very quickly as after seeing bradycardia and weak pulse , realised peri-arrest.</p> <p>At this stage realised pt had arrested.</p> <p>HOTT management</p> <p>Pre-Hospital Blood Administered by MEDSERVE, supplied by EMRTS.</p> <p>["IV access","IO access","Advanced life support"]</p> <p>["Ultrasound (cardiac)","Limb splinting","Immobilisation","Assisted Transfer"]</p> <p>["Pre-hospital Sedation","Simple Thoracostomy"]</p> <p>Sedation:</p> <p>Sedation after ROSC (intubated in arrest) – unstable</p> <p>Midazolam 1.5mg</p> <p>oxygen, etCO2 monitoring</p>						

	<p>Simple Thoracostomy: On trolley , on scoop , in road indication - traumatic arrest procedure – Bilateral, Both felt up , no blood, no complications Bilateral Pnuemothorax with r?right haemothorax on CT</p> <p>South Wales police kindly took our cars to UHW. Challenging tasking, superb collaborative working. MC only opened his bag to use Hypertonic Saline as going out of date this month</p>
--	--

key – Res = responder, S/D = stood down?, time = hour:mins



Governance

Solo Case 7 – multiple responders

