



## Activity Report



Week commencing: 18<sup>th</sup> October 2021

**Team Shift Activity:**

number of shifts:	2
number of taskings:	8
number of patient involvements:	6
number of governance procedures:	0

<b>Team Shift:</b>			
<b>Date:</b>	21/10	<b>Duration:</b>	08:07
<b>No. of taskings</b>	4	<b>Personnel:</b>	IB, CM, AR
<i>trauma</i>	1	<i>adult</i>	3
<i>medical</i>	2	<i>paediatric</i>	1
<i>cardiac arrest</i>	1		
<b>Pre-shift issues</b>	nil	<b>Post-shift issues</b>	Low tyre pressure warning light, tyres refilled.
<b>Pre-comments</b>	nil	<b>Post-comments</b>	nil

Case	Age	gender	type	Job description	S/D	Scene time	Total time	General interventions	Governance interventions	Adverse events
1	70	male	arrest	Cardiac Arrest	no	-	-	yes	no	nil
				<i>Additional comments:</i> Cardiac arrest in work place, office worker. Chest pains 15 mins prior to collapse. RRV, EA, DOM & SP on scene before our arrival Time of call 1612, Mobile 1639, At scene 1710 Before arrival, 13 shocks, 5mg adrenaline, 450mg amiodarone, Lucas in place and airway managed via igel.  DR01 management Recent change to PEA, looks sinus Brady on monitor, atropine tried with no effect broad complex PEA, minimal cardiac movement on ultrasound, bicarb administered. No response.						

				["Drugs outside JRCALC guidelines (non-governance)"] Sodium bicarbonate 8.4%, 100ml, Atropine 600mcg ["Ultrasound (cardiac)"] ROLE Debrief with crew						
2	26	male	trauma	Cyclist hit by car.	no	-	-	yes	no	nil
	<i>Additional comments:</i>			Hit windscreen and rolled off car. No LOC no amnesia. Pain left side/ back/ shoulder. Chest clear, has been ambulance, CM primary survey Trauma tool not triggered Crew to transport to TU Alloc 18:54, Scene 19:20						
3	68	male	medical	Unconscious	yes	-	-	no	no	nil
	<i>Additional comments:</i>			Reported as unconscious and obstructed breathing. Stood down on ems arrival Alloc 20:52, Stand down 21:16						
4	6	male	medical	choking/cardiac arrest	yes	-	-	no	no	nil
	<i>Additional comments:</i>			Stood down on ems arrival Alloc 21:28, Stand down 21:45						

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

<b>Team Shift:</b>			
<b>Date:</b>	23/10	<b>Duration:</b>	?
<b>No. of taskings</b>	4	<b>Personnel:</b>	RHD, RL, AE
<i>trauma</i>	1	<i>adult</i>	2
<i>medical</i>	3	<i>paediatric</i>	2
<i>cardiac arrest</i>	0		
<b>Pre-shift issues</b>	?	<b>Post-shift issues</b>	?
<b>Pre-comments</b>	?	<b>Post-comments</b>	?

Case	Age	gender	type	Job description	S/D	Scene time	Total time	General interventions	Governance interventions	Adverse events
1	26	male	trauma	25B01V – self harm	no	-	-	yes	no	nil
				<i>Additional comments:</i> - The patient had self harmed with knife wounds to both forearms and appeared also to be intoxicated. His regular medication included diazepam, pregabalin and mirtazepine. Bandaging of wounds. Assessment of capacity. The patient resolutely refused to be taken to hospital. The patient threatened us with a knife at one point, prompting use of emergency alarm on radio. He was persuaded to discard the knife before police arrived.						
2	<1	male	medical	30D03 – unwell child	no	-	-	no	no	nil
				<i>Additional comments:</i> - the 21 week old male had missed his immunisations at 16/52 because of a febrile illness and had again become unwell 4 days previously prompting an attendance at Paeds A&E. He had appeared more breathless and had been thought to have developed a rash. Examination and observations. The child was sleeping in his mother's arms with no rash and normal appearances to mouth and fauces. Chest - NAD, SpO2 100% on air. He was left in the company of his parents with advice to encourage feeds/fluids, continue regular paracetamol avoid clothing and usual bedclothes and to call for help if condition worsening in any way.						
3		male	medical	30D03 - seizure	no	-	-	yes	no	nil
				<i>Additional comments:</i> - the casualty had been found collapsed in the road having had a seizure. Noted that he had had ~5 seizures in the last couple of months but had not sought help or been started on treatment. Occasional user of cocaine but no recreational drugs or alcohol that day. Examination and observations.						

				<p>He had a laceration to the R eyebrow with a haematoma around. GCS 15.</p> <p>He declined transfer to hospital and indicated that he would contact his GP.</p> <p>Letter done to GP</p>						
4	14	male	medical	Seizure	no	-	-	yes	no	nil
	<i>Additional comments:</i>			<p>Prolonged seizure - the patient was well known to Birmingham Women's and Children's hospital with neurofibromatosis (on Bevacizumab) epilepsy (on phenobarbitone and clobazam) and previous neurosurgery for cervical ependymoma and (03/2021) targeted to reduce frequency of seizures.</p> <p>He had had recurrent absence-type seizures and his parents had exhausted the permitted options for "rescue" treatment (buccal midazolam 10mgx2).</p> <p>The patient was drowsy but afebrile with normal obs.</p> <p>He demonstrated 2 further "type 1" seizures in my presence but thereafter his GCS gradually improved to 15 and he had no further seizures.</p> <p>He seemed to be back to his normal self and his parents agreed.</p> <p>It was noted that he had previously been tried on several different anti-epileptics, including leviratracetam, without success.</p> <p>It was agreed that he would remain with his parents and that in the event of further seizures they would summon help again via 999 at which point he would need to be conveyed to Morrision Hospital for further treatment in collaboration with Birmingham Women's &amp; Children's hospital.</p>						

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<b>Solo Activity:</b>	active responders:	CB 664		
	number of taskings:	2		
	number of patient involvements:	2		
	number of governance procedures:	0		
Tasking Types:				
	<i>trauma</i>	1	<i>adult</i>	2
	<i>medical</i>	1	<i>paediatric</i>	0
	<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	19/10	82	female	trauma	17D02 - fall	no	-	-	no	no	nil
	<i>Additional comments:</i>					- fall from ladder while trying to access loft. Nil required from me except to summon support from neighbours to help look after casualty's husband (dementia). EMRTS dealt with casualty.						
2	CB664	19/10	65	female	medical	Collapse	no	-	-	yes	no	nil
	<i>Additional comments:</i>					Patient known to have CCF and poor mobility. Seen to collapse sideways and thought initially to have had CVA. Became very breathless and unresponsive. ["IV access"] The patient was moving her L arm only. Non-reacting L pupil (chronic problem R eye).GCS 7/8 (M5/6 L arm). Cold peripheries + cyanosis. RR 30-38/min. SpO2 75-80% on 15l/min via NRBFM + OP airway. BP 110-120mmHg via CorPUIs but NO pulses felt. Pulm oedema ++ on auscultation. ECG: AF + LBBB.						

	<p>Furosemide 50mg IV</p> <p>Impression: CVA &amp; acute LVF in context of ? new cardiac event</p> <p>Joined by EMRTS following initial assessment.</p> <p>Discussion followed including family re ceiling of care and best destination.</p> <p>Agreed - patient unlikely to survive; opted for supportive care and transfer to Glangwili.</p> <p>EMRTS gave small bolus(es) of adrenaline and CaCl<sub>2</sub> with no change in patient's condition.</p>
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**No Governance**