



3	61	male	arrest	Cardiac Arrest	no	00:41	01:54	yes	yes	nil
<i>Additional comments:</i>				<p>Male in cardiac arrest, witnessed, no bystander CPR but very fast response time by crew</p> <p>Recent MI and stroke 2 weeks prior.</p> <p>Arrest: witnessed, Ventricular Fibrillation, ["Thrombus"]</p> <p>Arrival: paramedic ALS, igel in situ, good seal, etc02 5. IO access, third shock had just been given and adrenaline and amiodarone</p> <p>A: advanced airway - iGel to ETT, ["Oxygen applied/confirmed"],</p> <p>B: etCO2 2.5</p> <p>C: progress - Multiple - VF/VT/PEA/Asystole, ["IV access", "IO access", "crystalloid given", "Adrenaline", "Amiodarone", "LUCAS"]</p> <p>2 further shocks. In middle rhythm check patient intubated as this felt likely to get rosc and did not want to get into needing drugs to sedate (non phea team).</p> <p>ROSC 23:26</p> <p>on ROSC SYSTOLIC ABOUT 80, PT GOING BRADY ON OCCASION, SUPPORTED WITH ATROPINE AND 10mcg/ ml adrenaline in small doses. changed to adrenaline infusion.</p> <p>Obs: RR 0, SpO2 92%, FiO2 1.0, etCO2 6.2, HR 80, Sys 130, GCS 3, pupils equal/sluggish, BM 12, Temp 36.2</p> <p>Post-ROSC care:</p> <p>vasopressor support, ["Midazolam", "Rocuronium", "Adrenaline"], Midaz 2mg, Roc 100mg, Adrenaline infusion 10mcg/ml 10ml/hr</p> <p>["Full monitoring", "Stable during transfer", "Handed over care"]</p> <p>moved from house on spine board- very small house with angles. onto hamilton vent fio2 1.0 peep 5 18x500 peakpress of 30-</p> <p>transported to UHW , GOOD RECEPTION</p> <p>["Pre-hospital Sedation"]</p> <p>FLOOR WITH 360 ACCESS</p> <p>indication – other, post ROSC, making gasps</p> <p>drugs – midazolam 2mg</p> <p>ETT in situ, O2, 2x points of access. full monitoring with etCO2</p> <p>given 100 mgs of rocuronium post midaz.</p> <p>bp supported with adrenaline</p> <p>stable</p> <p>no complications</p>						

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

<b>Solo Activity:</b>	active responders:	DR01, SB 5854, CB 664, SB 5866		
	number of taskings:	15		
	number of patient involvements:	12		
	number of governance procedures:	1		
	Tasking Types:			
	<i>trauma</i>	7	<i>adult</i>	13
	<i>medical</i>	1	<i>paediatric</i>	2
	<i>cardiac arrest</i>	6		

Case	Res	Date	Age	gender	type	Job description	S/D	Scene time	Total time	General interventions	Governance interventions	Adverse events
1	DR01	23/11	19	male	other	Planned Anaesthesia	-	01:22	02:22	yes	yes	nil
	<i>Additional comments:</i>					Planned PHEA for admission for surgery and invx – IB/CS/WH Severe behavioural disturbance and learning difficulties ["IV access"] RSI location – house Pre-med - Esketamine – 75mg Full checklist Drugs – Diazepam, Fentanyl 100mcg, Ketamine 50mg, Rocuronium 100mg Intubation – IB, VL4, 1 <sup>st</sup> attempt, confirmed ["misting", "chest movement", "etCO2"], no complications Ventilation – within 2 mins, Hamilton, PRVC, Vt 400, PEEP 5 Maintenance - Propofol						
2	SB5854	23/11	-	female	trauma	Person Struck by Train.	no	-	-	no	no	nil
	<i>Additional comments:</i>					initial report suggested train was leaving station, patient jumped in front, appeared to be intact , unsure if still alive no other resources available at time I was allocated. Low speed and fact that patient hadn't burst suggested the slim possibility of this being a salvageable situation.						

						examination revealed massive head injury. Resuscitation attempts futile. Train driver seen and counselled						
3	CB664	23/11	62	female	trauma	30Bo1 – Horse related Injury	no	-	-	no	no	nil
	<i>Additional comments:</i>					<p>The casualty had been leading her horse which had knocked her over after being startled.</p> <p>the horse had then trampled her - one hoof to back of her helmeted head and another to the r side of her back.</p> <p>She was not knocked out.</p> <p>Assessment &amp; observations.</p> <p>There was no significant damage to her helmet and there were no neurological symptoms or signs.</p> <p>she was able to mobilise off the ground to my vehicle but continued to have pain and tenderness just below her R scapula.</p> <p>she was conveyed to morriston for CXR etc</p> <p>initially an AMBER2. Upgraded to AMBER1 en route by trauma desk.</p> <p>I was politely told off by the EA crew for not ordering a taxi for the casualty.</p>						
4	multiple	23/11	-	-	arrest	Hanging	yes	-	-	no	no	nil
	<i>Additional comments:</i>					<p>multiple responders: SB 5866, SB 5854</p> <p>Hanging. Initially thought to be a viable arrest. Stood down en route as patient clearly dead</p>						
5	multiple	23/11	20	female	arrest	Cardiac Arrest	no	-	-	yes	no	nil
	<i>Additional comments:</i>					<p>multiple responders: SB 5866, SB 5854</p> <p>Initially coded as agonal breathing. First responder noted patient to be in cardiac arrest. SMS text requesting assistance.</p> <p>Witnessed arrest</p> <p>Morbid obesity</p> <p>Hx dvt, on apixaban</p> <p>["IV access", "IO access", "Basic life support", "Advanced life support", "LUCAS"]</p> <p>["Ultrasound (cardiac)"]</p> <p>Full ALS</p> <p>LUCAS</p> <p>Intubation</p> <p>POCUS</p> <p>ROLE</p>						

6	CB664	25/11	45	female	trauma	RTC - 29D04/29D02P	no	-	-	no	no	nil
						<i>Additional comments:</i>	<p>2 cars - one rolled - on road with nominal speed limit of 40mph</p> <p>A 45 year old female had exited from Amazon complex onto Fabian way and had collided with another vehicle causing her car to roll over the central reservation ending up on its roof on the opposite carriageway</p> <p>Assessment and observations.</p> <p>The casualty had been able to crawl out of her vehicle and walk a short distance.</p> <p>No injuries apparent (apart from abrasions to R elbow).and casualty discharged from scene in company of friend</p>					
7	SB5854	25/11	17	male	trauma	Stabbing	no	-	-	yes	no	nil
						<i>Additional comments:</i>	<p>Stabbing. patient attacked with machete. head, shoulder, abdominal wounds.</p> <p>Haemodynamically stable.</p> <p>Tranexamic acid and rapid evacuation.</p>					
8	SB5854	25/11	80	male	arrest	cardiac arrest.	no	-	-	yes	no	nil
						<i>Additional comments:</i>	<p>Bystander CPR, AED deployed, advised SHOCK x 1</p> <p>On arrival of paramedics, rhythm = Asystole</p> <p>Lucas deployed, cannulated, Adrenaline 1 mg IV. . .ROSC</p> <p>Scooped and transported</p> <p>During transfer patient suffered a bradycardia episode, rate dropping to 35, ST depression, ischemic trace ( Lead II)</p> <p>20 MCG adrenaline given to good effect.</p> <p>Sustained ROSC, ETCO2 3.5-4.5, BP 150/100. on arrival at UHW, patient was breathing (rate 12/min) Pupils small</p> <p>No Bicarbonate given</p> <p>["IV access","Advanced life support","LUCAS"]</p> <p>["Assisted Transfer"]</p> <p>["Drugs outside JRCALC guidelines (non-governance)"] – adrenaline 20 mcg</p>					
9	SB5854	25/11	50	male	arrest	Cardiac Arrest	yes	-	-	no	no	nil
						<i>Additional comments:</i>	<p>Cardiac Arrest. CPR Ongoing. Stood down by CTL as patient clearly dead</p>					
10	SB5854	26/11	20	male	trauma	Car vs pedestrian	no	-	-	yes	yes – by EMRTS	nil
						<i>Additional comments:</i>	<p>pedestrian RTC. Struck by car at speed. head through windscreen , headlight shattered, intrusion into bonnet</p> <p>["IV access"]</p> <p>["Immobilisation"]</p>					

						GCS E=1 V=2 M= 4 =7/15 Combative. EMRTS in attendance Team Approach. I placed 14 g in Right ACF and 16G in Dorsum of LEFT hand. Immobilised. PHEA with EMRTS. CT showed # Base of Skull, Sub Arachnoid Haemorrhage, coup/contrecoup injury to cerebellum.						
11	SB5866	27/11	29	male	arrest	request for support	yes	-	-	no	no	nil
	<i>Additional comments:</i>					WAST CREW REQUESTING DR SUPPORT FITTING PATIENT NOW IN ARREST EMRTS COMMITTED PLEASE CONTACT ASD OR REGIONAL DESK						
12	CB664	28/11	63	female	medical	Fast AF	no	-	-	no	no	nil
	<i>Additional comments:</i>					AF & rapid ventricular rate in patient with Covid-19 (symptoms since 20/11/2020 & positive test 21/11/2020). The patient had previously been in Morriston overnight on 26/11 but had been discharged with no follow-up. The patient had previously been a neighbour of mine and had specifically asked Control if I might be requested to see her. History, examination and observations. Despite a rate of up to 200/min she did not display any adverse signs. in the absence of a conveying resource and having been stable for 3 hours she was taken to hospital by her husband.						
13	SB5854	27/11	77	female	trauma	Pedestrian v Car.	no	-	-	yes	yes – by EMRTS	nil
	<i>Additional comments:</i>					Car travelling at speed, patient bullseyed windscreen and was then thrown off bonnet of car. Overall travelled 30 feet. GCS 3. Pupils fixed and dilated. Hypotensive, only palpable thready femoral ["IV access"]["Immobilisation"] Advised EMRTS en-route, so patient prepped for PHEA. 2 x wide bore cannulae, Pelvic binder, MILS, Airway secured with iGel, resps 4-6, so assisted ventilation, good ETCO2trace, 3.5-4.5 throughout. TXA, Hypertonic saline, 250ml of 3% NaCL EMRTS attended. Standard PHEA haemodynamically unstable, required blood products. police escort to UHW Patient subsequently died in ED. Main injury was massive Head Trauma						

14	SB5854	28/11	-	male	trauma	RTC	no	-	-	yes	no	nil
<i>Additional comments:</i>						car travelled up the onslip at coryton interchange, from the cardiff direction travelling west. excessive speed. across junction, through crash barrier, into tree, dropped 30-40 feet landed on roof 2 patients female deceased Male complaining of severe back pain. ["IV access"] EMRTS at scene. I played a minor role in immobilising patient and preparing IV access I remained at scene for 30 minutes whilst fire and rescue performed detailed search to exclude further casualties						
15	SB5866	29/11	1	male	arrest	1 YO NOT BREATHING	no	-	-	no	no	nil
<i>Additional comments:</i>						Mum COVID +ve, household in isolation  ON ARRIVAL: in ea, conscious & breathing. "Flat" with observed apnoeas by police on scene and rescue breaths given. No apnoeas with crew, crying ++ Rr 35(Crying), SpO2 99% (A), Hr 160 (crying), Crt <2 centrally, Temp 39.5, BM 5.5 - Crew dealing - Update to ecch - Call to Ed to explain COVID +ve parent will be accompanying child, but given entire household in close contact there is no "clean" individual to send. - confirmed Crew not requiring support to transfer, cleared.						

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## **Governance**

Team shift 28/11/20: case 3

Solo Activity: case 1

