



Activity Report



Week commencing: 19th July 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, SB 5857, SB 5854		
	number of taskings:	3		
	number of patient involvements:	9		
	number of governance procedures:	0		
	Tasking Types:			
	<i>trauma</i>	9	<i>adult</i>	9
	<i>medical</i>	0	<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	21/07	43	male	trauma	29B03V Small hatchback vs van.	no	-	-	no	no	nil
						<i>Additional comments:</i> Female driver of hatchback had broken wrist and was unable to exit her vehicle because of deformity of door. Multiple pre-existing medical problems also compounded to prevent her exiting the vehicle by other means. Her male passenger had exited the vehicle and was mobile around the scene. The van driver had a minor abrasion to the top of his head only and did not required medical attention SP dealt with female who was taken to Morriston. I attended to her male passenger who had NIDDM and who was complaining of some mid-sternal pain but who had no significant injuries. He was discharged from the scene.						
2	SB5857	22/07			trauma	Car vs Pedestrians	no	-	-	yes	no	nil
						<i>Additional comments:</i> Multi patient incident - vehicle into building multiple responders – SB 5857, SB 5854 21 plate Ford Focus driven into people sitting outside pub, crashing into wall of building and bouncing back off. Significant damage to vehicle, all airbags deployed. Driver witnessed to be slumped over wheel prior to impact, unresponsive - bystander AED use - 1x shock given. On my arrival HART						

x2, DOM, EMRTS, RM (5854), 1 EA, 1 RRV on scene. EMRTS team of 3 with patient 4, RM already directed to patient 3. BB liaison with DOM as Ops commander, scene sweep and overview.

Patient 1 - Driver

79M - initially told had left scene, then found EA still on scene so rapid assessment prior to leaving.

Pt GCS15, uncomplaining of injuries, no recollection of event but reports being aware of shock (via AED)

- ?VF with awareness ?pulsed VT shocked by AED.

Previous CABG with LBBB on ECG. Haemodynamically stable.

Advised crew to immobilise on trolley and to use scoop to transfer off trolley at hospital and to trauma pre-alert to UHW

(significant mechanism - silver trauma - likely medical event with brief OOHCA)

Patient 2 - 48M. Sitting at bench, first patient hit by vehicle.

No injuries at initial assessment by WAST but significant tachycardia (HR 139).

In care of UCS & HART paramedic. Back pain with altered neurology and paraesthesia from mid-thigh down developing whilst on scene.

Immobilised, pelvic binder, IV paracetamol. UCS & HART paramedic accompanied - UHW (MTC +ve - altered neurology)

Patient 3 - 34F.

Seated outside at time of impact, lying on floor on left side. C/o pain to L hip/pelvis/ lower back with altered neurology to L leg.

RM assessed, IV access & analgesia (Fentanyl). Rolled to scoop, pelvic binder.

Initially unable to straighten L leg, but straightened after rolling, no sensation or movement in L leg but circulation intact.

Immobilised, transfer UHW with UCS & RM (MTC +ve - altered neurology)

Patient 4 - Adult Male - Injury to lower limb with open tib/fib, significant tissue loss and abdominal bruising

in care of EMRTS crew (sedated and transferred to UHW)

Patient 5 - 66M - Chest pain.

Assessed by RRV paramedic - Normal ECG and discharged with SOS advice as likely MSK chest pain

Patient 6 - 31M - Sitting outside, not hit directly by vehicle but injured while trying to jump out of way of vehicle.

Mobilised self into pub following incident, no other injuries reported.

						<p>Pain to L lower limb, point tenderness over tibial head ?plateau # with associated swelling and some parasthesia but distal circulation and movement intact, along with gross sensation.</p> <p>Transport by friend to Royal Glamorgan for assessment and XRay.</p> <p>Patient 7 - teenage male.</p> <p>Caught in head by patient 6 during incident. No LOC or red flag symptoms. No bruising / haematoma.</p> <p>No C-spine tenderness with full ROM / no neurology. Normal CNS examination, pupils EARL.</p> <p>Discharge to care of father with full SOS safety netting advice.</p> <p>Patient 2 & 3 ATMIST by BB through trauma desk.</p> <p>Discussion from desk as UHW had asked to reroute driver to POW - explained due to evidence of (brief) OOHCA or arrhythmia and significant mechanism that felt MTC appropriate.</p> <p>Patient 2 & 3 sent to UHW due to altered neurology.</p> <p>Unsure if Patient 4 directed to Morriston or UHW (MTC +ve but significant capacity issues at UHW, no neurosurgical concerns and significant lower limb open #)</p>						
3	SB5854	22/07	34	female	trauma	Car vs pedestrian	no	-	-	yes	no	nil
					<p><i>Additional comments:</i></p> <p>Car driven into a crowd outside pub.</p> <p>Driver had suffered VF arrest.</p> <p>Patient saw the car coming, and had stood and turned. As a result impact to LEFT hip , knocking her to ground.</p> <p>Not knocked out</p> <p>Full recollection</p> <p>only concern was severe 10/10 lumbar spine pain and pain in LEFT hip.</p> <p>Paraesthesia in whole of LEFT leg with loss of motor function = 0/5 in whole of left leg.</p> <p>["IV access"]["Immobilisation"]["Drugs outside JRCALC guidelines (non-governance)"] Fentanyl 90 mcg</p> <p>Analgesia = Fentanyl 90 MCG</p> <p>Scoop, blocks, immobilised</p> <p>Transfer to UHW.</p> <p>Haemodynamically stable, GCS 15 throughout</p>							

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



Governance

Nil

