



Activity Report



Week commencing: 15th March 2021

Team Shift Activity:

number of shifts:	1
number of taskings:	3
number of patient involvements:	3
number of governance procedures:	0

Team Shift:			
Date:	17/03/2021	Duration:	06:57
Personnel:	IB, NA, NB (Obs)		
No. of taskings			
<i>trauma</i>	3	<i>adult</i>	3
<i>medical</i>	0	<i>paediatric</i>	0
<i>cardiac arrest</i>	0		
Pre-shift issues	nil	Post-shift issues	nil
Pre-comments	Using SB11AUO No Hamilton	Post-comments	nil

Case	Age	gender	type	Job description	S/D	Scene time	Total time	General interventions	Governance interventions	Adverse events
1	52	female	trauma	Motorcyclist vs van	no	-	-	yes	no	nil
	<i>Additional comments:</i>			Motorcyclist into side of van Head inj and back pain ["Immobilisation"] 5854 dealing alloc 12:06, scene 12:43						
2	43	male	trauma	Assault	no	-	-	yes	no	nil
	<i>Additional comments:</i>			Hit over head with iron bar Head injury / query depressed / open skull fracture						

				["IV access"] Coamoxiclav 1.2g Dressed (? Distressed? Depressed GCS?) D/W TTL. - for MTC Alloc 14:21, Scene14:38						
3	56	male	trauma	Pedestrian vs. car	no	-	-	no	no	nil
	<i>Additional comments:</i>			Obs, examination, to ED in car. Mobile: 15:40, scene:16:15						

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



Solo Activity:	active responders:	SB 5857, CB 664, SB 5854, SB 5866
	number of taskings:	9
	number of patient involvements:	6
	number of governance procedures:	0
	Tasking Types:	
	<i>trauma</i>	4
	<i>medical</i>	3
	<i>cardiac arrest</i>	2
	<i>other</i>	0
	<i>adult</i>	6
	<i>paediatric</i>	3

Case	Res	Date	Age	gender	type	Job description	S/D	Scene time	Total time	General interventions	Governance interventions	Adverse events
1	SB5857	15/03	<1	unknown	medical	Choking infant	yes	-	-	no	no	nil
	<i>Additional comments:</i> Responded from Morriston. Stood down approx 0.5 miles from scene - not required.											
2	CB664	15/03	5	male	medical	Seizure	no	-	-	yes	no	nil
	<i>Additional comments:</i> The patient had a history of VP shunts x2 for hydrocephalus and was known to have partial seizures but no generalised seizure for 4+ years. He had vomited in school and was being taken to his father's car when he had a grand mal seizure. He was still twitching with ineffective breathing as I arrived. O2 via NRBFM. OP and NP airways. Suction. Jaw thrust. Buccal midazolam 2mg with termination of seizure activity. Monitoring courtesy of WAST crew + IV cannula to R ACF. SpO2 subsequently 100%; T=36C; CBG 11.6mmol/l; BP 130mmHg. Transfer to EA and left with EMRTS personnel. Call turned RED as I was en route because of prolonged seizure. EMRTS tasked by road and asked to keep running. The patient subsequently appeared to be waking and was escorted by them to Morriston without further interventions.											

3	SB5854	17/03		female	trauma	RTC	no	-	-	yes	no	nil
						<i>Additional comments:</i>	<p>Motorcyclist clipped kerb at speed, whilst negotiating a roundabout, states she was run off road by another car thrown from bike, head impact with side panel of a parked van. Unconscious 3-5 minutes</p> <p>["IV access"] ["Immobilisation"]</p> <p>On arrival GCS 15, all else stable, complains of back pain. right frontal bruising</p> <p>Packaged -> Admit UHW</p> <p>patient stable. No real clinical concerns other than documented period of unconsciousness</p>					
4	CB664	18/03	70	female	trauma	04B02A - Assault	yes	-	-	no	no	nil
						<i>Additional comments:</i>	<p>The casualty had allegedly been assaulted by a neighbour who had tried to chop her hand off with an axe</p> <p>Nil. Crew first on scene reported that I was not required.</p> <p>Offered to travel from my location (Cardiff West Services) at 1156 when it was clear that no resources were available to be tasked almost 25 minutes after 999.</p> <p>Control advised that my ETA was ~1225.</p>					
5	SB5854	18/03	14	female	arrest	Asphyxiation	no	-	-	yes	no	nil
						<i>Additional comments:</i>	<p>14 year old female , found hanging from swing in back garden . Asphyxiated, in cardiac arrest. Unknown downtime.</p> <p>["Advanced life support","LUCAS"]</p> <p>Persistent asystole. ALS. No change in rhythm.</p> <p>EMRTS CCP in attendance. No benefit in continuing as no other interventions available</p> <p>Thought inappropriate to transfer to UHW as child was clearly dead. ROLE at scene.</p>					
6	CB664	19/03	75	female	arrest	Cardiac Arrest	no	-	-	yes	no	nil
						<i>Additional comments:</i>	<p>Discovered unresponsive by daughter not having been seen since night before.</p> <p>Patient known to have myaesthesia gravis and had been suffering from diarrhoea.</p> <p>["IO access","Advanced life support","LUCAS"]</p> <p>No bystander CPR.</p> <p>Commenced chest compressions and pads applied - asystole.</p> <p>LUCAS deployed once EA arrived.</p> <p>Size 4 iGel + ETCO2 (0.5kPa)</p> <p>EMRTS arrived by air but they agreed that no reversible cause was likely in this case.</p> <p>Role at 1115.</p>					

7	CB664	19/03	83	male	medical	RTC – medical cause	no	-	-	no	no	nil
						<i>Additional comments:</i>	<p>29D01H - the driver of a small SUV had experienced symptoms of dysequilibrium and his vehicle had then collided with a low boundary wall at the side of a road with a nominal speed limit of 20mph (school zone).</p> <p>Assessment and observations.</p> <p>No injuries and no ongoing symptoms. Obs all satisfactory and driver able to mobilise.</p> <p>He was discharged from the scene but in view of the incident and his history of (paroxysmal) AF on beta blocker (known to Morriston) he was referred to his GP for further investigation/ambulatory ECG monitoring etc.</p> <p>The police traffic officer has referred the driver to the DVLA.</p>					
8	SB5854	19/03	84	female	trauma	Fall down stairs	no	-	-	yes	no	nil
						<i>Additional comments:</i>	<p>Request for assistance, as EMRTS unable to attend as getting dark.</p> <p>Patient fallen down stairs, depressed LEFT fronto parietal fracture</p> <p>Right Pupil 4mm left 3 mm GCS 3 initially, improving to E4 V1 M3 = 8 once airway secured and Oxygen given.</p> <p>On arrival, patient in EA, decorticate posturing/abnormal flexion of upper limbs.</p> <p>["IV access"] ["Immobilisation", "Assisted Transfer"]</p> <p>Sodium Chloride 200 ml 5%</p> <p>Airway secure, reps 26, BP 160/110, pulse 100.</p> <p>Initial advice was crew intended to run to GUH.</p> <p>Patient maintaining own airway with head tilt. Equal Rise and fall of chest, sats 100%</p> <p>I advised we would re route to UHW (All motorway, difference in transfer time around 5 minutes)</p> <p>200 ml 5% NaCl given, TXA, Oxygen</p> <p>Stable during transfer</p> <p>GCS on arrival at UHW E4V2M4 =10</p>					
9	SB5866	21/03			trauma	Stabbing	yes	-	-	no	no	nil
						<i>Additional comments:</i>	<p>EMRTS ASD Request.</p> <p>Call for Multiple Stabbings/Shootings at traveller site with ?multiple patients.</p> <p>SB5866, SB5855 assigned & SB5858 stood up to deploy.</p>					

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Governance

Nil governance to review

