



## Activity Report



Week commencing: 16<sup>th</sup> August 2021

<b>Team Shift Activity:</b>	number of shifts:	0
	number of taskings:	0
	number of patient involvements:	0
	number of governance procedures:	0



<b>Solo Activity:</b>	active responders:	SB 5854		
	number of taskings:	6		
	number of patient involvements:	4		
	number of governance procedures:	0		
Tasking Types:				
	<i>trauma</i>	4	<i>adult</i>	6
	<i>medical</i>	1	<i>paediatric</i>	0
	<i>cardiac arrest</i>	1		
	<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	SB5854	20/08		male	trauma	Unconscious male	yes	-	-	no	no	nil
	<i>Additional comments:</i>					Unconscious male with significant head injury Reports of ongoing haemorrhage from head wound. Mobilised. Stood down as resources arriving at scene suggest not as reported.						
2	SB5854	21/08		male	trauma	RTC	no	-	-	no	no	nil
	<i>Additional comments:</i>					Head on collision - 2 x casualties. patients in a Honda Civic travelling at 50 mph, Large 4 x 4 travelling at 50-60 mph on opposite carriageway crossed over lanes = Head on impact. similar injury pattern seen Male 1 = C spine cleared only concern was significant bruising in seatbelt distribution, tenderness over LEFT anterior ribs transferred to PCH for review and observation. Male 2 = C spine cleared transient difference in BP R<L arm (difference in systolic of 40 mm Hg R<L) this observation was with patient sat in seat. laid flat and rested , both arms = BP 125/85. Pulses synchronous and equal. transferred to PCH for observation and review.						

						Both transferred to PCH for observation and review ( ? Radiology due to significant mechanism) Initial concern regarding differential BP suggesting possible Aortic Root issues. One hour post injury patient remained stable with synchronous BP (Delay at scene was due to lack of conveying resource) Transient difference in BP, patient otherwise well. Was transfer to PCH appropriate for observation?						
3	SB5854	21/08	35	male	arrest	Cardiac Arrest	no	-	-	yes	no	nil
						<i>Additional comments:</i> Initial call was 09:39 = Coded as arrest. Request for assistance at 10:18. Patient had been awaiting an urgent endoscopy for altered bowel habit = Melena Witnessed arrest, with evidence of haemetemesis = Bright red blood , just prior to collapse. Initial rhythm was VF = Shocked x 2 converted to a persistent Asystole When I arrived, patient in established Asystole. Pallor +++ , I would estimate HB around 60g/dl or less. Asystole for 20 minutes. option for transfer to UHW for transfusion discussed with colleagues at scene , but the reality was that this patient had been in cardiac arrest for nearly an hour. Underlying pathology (Upper GI Bleed ) could not be fixed until haemodynamically stable = ROLED						
4	SB5854	22/08	73	male	medical	Chest Pain	no	-	-	yes	no	nil
						<i>Additional comments:</i> Complex cardiac history. Patient complained of Chest pain. RRV on arrival established patient was in VT. Request for assistance. I responded along with EMRTS, Chris Shaw in attendance. Patient GCS 15, BP 95 Systolic (Normal for patient) rate 150-160 broad complex VT, Sats acceptable Cyclizine 50 mg Minimal input from myself. Discussion with Chris Shaw regarding options available, plan was already in place to give Amiodarone 300 mg IV slowly over 20 minutes via driver. Cyclizine for nausea. transfer to UHW						
5	SB5854	22/08			trauma	RTC	yes	-	-	no	no	nil
						<i>Additional comments:</i> Reports of Car into central reservation on the A4232. Car on fire, unsure if persons trapped. Multiple assists allocated (Police , Fire and rescue, Harts x 3 , Wast x 3, myself) Unable to locate any incident. I was asked by control to drive around Culverhouse Cross intersection to check source of smoke = Domestic bonfire. Then proceeded to Junction 36, where I was stood down ? was this a car that had hit central reservation , activating air bags (giving impression of car being on fire) car subsequently left the carriageway by itself 3 separate calls received apparently						

6	SB5854	22/08	18	male	trauma	RTC	no	-	-	yes	no	nil
						<i>Additional comments:</i> Pedestrian RTC. Initial reports suggested significant head injury with patient unconscious. Reports of ongoing haemorrhage. On arrival , GCS 15, haemodynamically stable. Significant occipitoparietal scalp wound. Skull palpable ? fracture. Immobilised, no Collar but Pelvic binder applied (Mechanism + distracting injury) TXA 1000mg given. ATMIST to UHW						

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



## Governance

Nil

