



Activity Report



Week commencing: 11th October 2021

Team Shift Activity:

number of shifts:	1
number of taskings:	4
number of patient involvements:	2
number of governance procedures:	0

Team Shift:			
Date:	15/10	Duration:	06:32
		Personnel:	IB, CM, TH
No. of taskings			
<i>trauma</i>	1	<i>adult</i>	3
<i>medical</i>	3	<i>paediatric</i>	1
<i>cardiac arrest</i>	0		
Pre-shift issues	nil	Post-shift issues	nil
Pre-comments	nil	Post-comments	Successful ROSC prior to our arrival. Probably case report.

Case	Age	gender	type	Job description	S/D	Scene time	Total time	General interventions	Governance interventions	Adverse events
1	29	female	trauma	RTC	no	-	-	no	no	nil
				<i>Additional comments:</i> Passenger in car that hit electricity pole. Some amnesia Pmh- metallic heart valve on warfarin, Seizures GCS 15, Has capacity, Refused to travel Paperwork complete Alloc 19:47, Scene 20:09, Clear 20:50						

2	19	female	medical	? Anaphylaxis	yes	-	-	no	no	nil
	<i>Additional comments:</i>			RRV on scene, stood down on arrival Alloc18:25, Scene 18:42, Clear 18:49						
3	16	male	medical	unconscious ? drugs	no	-	-	no	no	nil
	<i>Additional comments:</i>			Patient ran from scene on arrival, police dealing						
4	30	male	medical	Cardiac arrest	yes	-	-	no	no	nil
	<i>Additional comments:</i>			Patient walked off before arrival Time of call 0046, Stand down 0101						

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



Solo Activity:	active responders:	SB 5866, CB 664, SB 5857, SB 5854, SB 5858			
	number of taskings:	5			
	number of patient involvements:	3			
	number of governance procedures:	1			
	Tasking Types:				
		<i>trauma</i>	2	<i>adult</i>	5
		<i>medical</i>	1	<i>paediatric</i>	0
		<i>cardiac arrest</i>	1		
		<i>other</i>	1		

Case	Res	Date	Age	gender	type	Job description	S/D	Scene time	Total time	General interventions	Governance interventions	Adverse events
1	SB5866	14/10	30	female	arrest	Cardiac arrest.	no	?	01:19	yes	yes	nil
						<i>Additional comments:</i> First call AMBER "Intoxicated" Second call RED "Unconscious", ? taken street benzos, empty bottle of methadone nearby. Full ALS from SP & DCA. iGel & LUCUS in situ on my arrival, PEA 20 min. Intubated 7.0 @ 22cm, Grade 1 view. Humeral IO, ADX> ROSC. Control updated & asked to flag to ECCH. Onto Vent, into EA 12 lead ECG, BM, Temp. NaHCO3 8.4% 100ls (toxins...!) & Propofol 1% 20mls/hr via driver. Venting well so no paralysis given, stomach decompressed with suction catheter. ["IO access", "Advanced life support", "LUCAS"] ["Ultrasound (cardiac)", "Assisted Transfer"] EM updated via 440 open speech that leaving scene for UHW. Uneventful transfer. Handover to ED Cons.						

						Non PHEA sedation post-ROSC. ["Pre-hospital Sedation"] O2, etCO2 Drugs: Propofol Post ROSC sedation, via pump at 20mls/hr						
2	CB664	14/10	74	female	other	22D01	yes	-	-	no	no	nil
	<i>Additional comments:</i>					- casualty trapped in crouching position at side of shed by old iron washing line which had fallen across her. Injuries unknown. "No resource in region" Nil. Stood down en route. The casualty had managed to extricate herself.						
3	SB5857	16/10	24	male	trauma	RTC	no	-	-	yes	no	nil
	<i>Additional comments:</i>					- vehicle hit 2x lampposts, multiple rollover, ending approx 40m from initial impact. 1x patient ejected from vehicle, reported as unconscious, CPR ongoing 2nd patient self extricated. ?Which patient driving. Airbags (front & side) deployed. Small amount cab intrusion. EA on scene (running call) Female patient hysterical, no obvious injuries, left with police & WAST Male patient in recovery position by passer-by & GP (not Ray!). Reported h/o ETOH. <C>- Nil A- Own. MILS. On 15L NRB O2 B- Small amount surgical empysema R upper chest wall. No crepitus. BL chest movement, able to deep breath. SpO2 99% C- Radial approx 100/min. CRT <2. Initially unable to properly assess a do/pelvis, reassessed once on scoop - mild tender LUQ, pelvis N alignment. Femurs N. D- GCS E3 V4 M5 improving to E4 V5 M6. PEARL. BM 6.4. E- Large full thickness laceration to right side of forehead (approx 10cm). Obvious R humeral fracture with open wound, angulation and deformity ++. ?L clavicle fracture. Bruising and abrasion R axilla. Bruising and tender over R proximal tibia ?#.						
						["IV access"] ["Limb splinting"] ["Drugs outside JRCALC guidelines (non-governance)"] Fentanyl 100mcg, Co-amoxiclav 1.2g						

						<p>Trauma naked with temperature management. IV access. Analgesia. Pelvic binder & scoop with MILS (appears intoxicated + distracting injury +).</p> <p>Manipulation R arm, dressing & vacuum splint - distal neurovascular intact post procedure.</p> <p>IV antibiotics. Additional analgesia - IV paracetamol & morphine, IV ondansetron.</p> <p>Soaked gauze packing to scalp wound with haemostasis. Remained haemodynamically stable with GCS 14.</p> <p>ATMIST TTL UHW - discussed with crew, (experienced dual paramedic crew), happy to convey.</p>						
4	SB5854	16/10	25	male	trauma	Stabbing	no	-	-	yes	no	nil
	<i>Additional comments:</i>					<p>Initial call suggested Male stabbed to neck and chest .</p> <p>On arrival, patient in back of EA</p> <p>No catastrophic haemorrhage. Pressure dressing on LEFT radial arterial wound that had been bleeding heavily (as witnessed by blood pooled and sprayed on wall of pub)</p> <p>Airway clear, but patient spitting fresh and some clotted blood</p> <p>Breathing = Normal (TWELVE FLAPS + Normal)</p> <p>C = tachycardia 120, BP 119/85</p> <p>D = GCS 15</p> <p>E = Wound to left side of neck, zone II, lateral to border of sternomastoid</p> <p>NOTE: Pallor ++, drenched in sweat, cold hands</p> <p>BP dropped. systolic 70. (patient sat up with legs over edge of trolley at this time)</p> <p>Cannulated 14G</p> <p>TXA</p> <p>Laid flat, legs elevated. BP improved to 110/80</p> <p>Suggestion to give N/Saline was explored and reasons to withhold explained.</p> <p>NOTE: At this point EMRTS were stood down by paramedic.</p> <p>I intervened and requested that EMRTS be allowed to continue as ETA was 5-7 minutes, and they had blood!!!</p> <p>Patient remained stable</p> <p>EMRTS then transferred to UHW</p> <p>Stop the bleeding. TXA, avoid N/Saline, rapid transfer to UHW.</p> <p>The idea of standing down EMRTS and taking patient to Prince Charles was discussed, and rationale for requesting their attendance (Blood products, and they were minutes away) and taking to UHW explained.</p>						

5	SB5858	16/10		female	medical	Female choking in restaurant.	yes	-	-	no	no	nil
	<i>Additional comments:</i>					<p>Stood down as arrived</p> <p>Made contact with crew. "meat now moved ". Pt eyeballed - looked fine. Crew left to deal</p> <p>Toc 1355, Text 1404, Mobile 1410</p> <p>On scene / stood down 1418</p>						

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



Governance

Solo case 1

