



Activity Report



Week commencing: 8th November 2021

Team Shift Activity:

number of shifts:	2
number of taskings:	5
number of patient involvements:	4
number of governance procedures:	2

Team Shift:			
Date:	10/11/2021	Duration:	07:30
Personnel:	IB, CM, JT		
No. of taskings			
<i>trauma</i>	2	<i>adult</i>	4
<i>medical</i>	1	<i>paediatric</i>	0
<i>cardiac arrest</i>	1		
Pre-shift issues	nil	Post-shift issues	nil
Pre-comments	nil	Post-comments	nil

Case	Age	gender	type	Job description	S/D	Scene time	Total time	General interventions	Governance interventions	Adverse events
1	79	female	trauma	Hit by car relatively slow speed	no	01:23	01:48	yes	yes	nil
				<i>Additional comments:</i> Right ankle significantly angulated laterally, abrasion and critical skin ["Limb splinting"] Morphine 10mg by WAST Procedural sedation with ketamine Handed over to SP ["Pre-hospital Sedation"] Decision: 13:30, start: 13:45, complete: 13:50						

				operator: JT CM IB location: Street indication: facilitate procedure Drugs: ketamine (initial dose 20mg), fentanyl (50 mcg) etCO2 monitoring, O2 applied observations stable comments: Ankle fracture, realigned with minimal drugs						
2	67	male	arrest	Cardiac arrest	yes	-	-	no	no	nil
	<i>Additional comments:</i>			RRV role on arrival Alloc 15:18, Stood down 15:30						
3	53	male	medical	Collapse	no	-	-	no	no	nil
	<i>Additional comments:</i>			reported cardiac arrest in Costco On arrival - known brain tumour, tonic clinic seizure, now post octal, crew happy to deal. Alloc 16:10, Scene 16:21						
4	74	male	trauma	Rollover RTC ? Ineffective breathing	no	-	-	no	no	nil
	<i>Additional comments:</i>			Alloc 16:25, Scene 16:51 Dr Monsell dealing- ? # sternum						

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

Team Shift:			
Date:	12/11/2021	Duration:	06:34
Personnel:	RM, TA		
No. of taskings			
<i>trauma</i>	0	<i>adult</i>	1
<i>medical</i>	1	<i>paediatric</i>	0
<i>cardiac arrest</i>	0		
Pre-shift issues	nil	Post-shift issues	nil
Pre-comments	I-stat checked	Post-comments	Concerns - Nil. Education - Dip IMC related topics covered. Food - Nil.

Case	Age	gender	type	Job description	S/D	Scene time	Total time	General interventions	Governance interventions	Adverse events
1	20	male	medical	23D01A	no	01:17	02:25	yes	yes	nil
				<p><i>Additional comments:</i> Red, "vomiting can't move". "CPR ongoing, ?OD." Mob 1751, At 1757, With pt 1800, Clear 2015</p> <p>Distressed pregnant partner greeted us, initially Hx unclear. Later gathered that the Pt had been to pub after work, on returning home he advised his partner that he thought he had been spiked. Soon after he vomited and became unresponsive, partner later advised that she thought he had been fitting Evidence of incontinence present. On our arrival pt was found unresponsive on the sofa. Later mum reported similar episode 7 years prior with epileptic type activity. Moved to the floor and centre of the room for 360 access. AED applied by CFR concurrently to RM assessing ABC's - no shock advised</p> <p>A - Partially occluded, opa size 4 placed (not tolerated), 2x 8.0 nap placed (tolerated). Required frequent suctioning. B - Present, episodes of apnea with episodes of Hyperventilating with a RR29-73. SpO2 fluctuating 84-99%. EtCO2 3.6-5.5kPa. C - Tachycardia(101-130) & normotensive. 16g IV to Rt ACF. D - GCS 3 to 11/15 E3V3M6, pupils 8-9mm, BM 4.7 ? Elements of pseudo seizures. E - Episodes of agitation and flailing limbs. 35.9degC to 37.1degC</p>						

	<p>["IV access"]</p> <p>["Assisted Transfer"]</p> <p>Tx :</p> <p>5mg Midazolam 1mg aliquots(1825-1835hrs)</p> <p>70mg Ketamine in 10mg aliquots (1844-1928hrs)</p> <p>["Pre-hospital Sedation"]</p> <p>Decision: 18:40, start: 18:44, complete: 19:28</p> <p>operator: RM, TA</p> <p>location: Living room floor with 360 access, 1st floor flat.</p> <p>indication: extrication</p> <p>Drugs: ketamine (initial dose 10mg, total dose 70mg)</p> <p>etCO2 monitoring, no O2 applied</p> <p>observations stable</p> <p>comments: O2 not applied due to flailing when placed on face, o2 says maintained 94-99% throughout, however this was closely monitored with O2 immediately available throughout.</p> <p>Midozalam was used for the treatment of the seizure like activity, not for sedation to aid with extrication.</p> <p>Scooped to VacMat.</p> <p>Extricated on VacMat down narrow staircase to ambulance stretcher, requiring monitoring to be removed to aid movement.</p> <p>ATMIST to GUH.</p> <p>RM travelled with EA crew, uneventful transfer.</p>
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Solo Activity:	active responders:	SB 5854, CB664, SB5858, SB5866
	number of taskings:	7
	number of patient involvements:	5
	number of governance procedures:	0
	Tasking Types:	
	<i>trauma</i>	5
	<i>adult</i>	7
	<i>medical</i>	1
	<i>paediatric</i>	0
	<i>cardiac arrest</i>	1

Case	Res	Date	Age	gender	type	Job description	S/D	Scene time	Total time	General interventions	Governance interventions	Adverse events
1	SB5854	10/11	73	male	trauma	Coded as a traumatic cardiac arrest	no	-	-	yes	no	nil
						<i>Additional comments:</i> Elderly driver of car had driven into the rear of another car. On arrival, crew at scene already. conscious, breathing, haemodynamically stable. severe mid sternal tenderness. crew happy to convey to UHW No enhanced care required						
2	CB664	11/11		male	trauma	29D05 – pedestrian vs car	yes	-	-	no	no	nil
						<i>Additional comments:</i> - a vehicle with a caravan attached had not been held by its handbrake and had rolled downhill trapping the casualty against a tree Nil from me - H57 had arrived on scene and found the casualty not in need of critical care.						
3	SB5854	11/11		male	trauma	Hanging	yes	-	-	no	no	nil
						<i>Additional comments:</i> all details unknown stood down en route						
4	CB664	13/11	18	female	trauma	Stabbing	no	-	-	no	no	nil
						<i>Additional comments:</i> The casualty alleged that she had been stabbed but no significant injuries were apparent. No clear evidence of an assault obtained by police. Nil from me - casualty dealt with by female paramedics and discharged at scene in company of mother.						

5	CB664	13/11	91	female	medical	06E01 - RED	no	-	-	yes	no	nil
<i>Additional comments:</i>						<p>The patient had been noted to have a high reading on her Freestyle Libre monitor and was already on treatment for a presumed UTI.</p> <p>It was not apparent why the incident had been coded as above.</p> <p>History, examination and observations.</p> <p>Her glucose level was already falling as a consequence of addition soluble insulin provided by her husband.</p> <p>She was afebrile with no other signs of an acute illness.</p> <p>Her family was obviously concerned about other symptoms consistent with a diagnosis of dementia.</p> <p>Patient left at home with advice for her family.</p> <p>Bottles of Lucozade were removed from the house by her son and her husband was warned not to purchase this or similar sweet drinks.</p> <p>Letter done to GP.</p>						
6	CB664	14/11	20	male	trauma	29D02L RTC - CAR VS MOTORBIKE	no	-	-	yes	no	nil
<i>Additional comments:</i>						<p>Examination of motorcycle rider - likely # L wrist and ?# L elbow.</p> <p>No other injuries apparent.</p> <p>Conveyed to Glangwili by RRV</p>						
7	SB5858	14/11	55	male	arrest	Cardiac Arrest	no	-	-	yes	no	nil
<i>Additional comments:</i>						<p>multiple responders: SB5858, SB5866</p> <p>Male with chest pain, parked in garage forecourt. Witnessed cardiac arrest</p> <p>Police on forecourt with AED, immediately attended, one shock. ROSC.</p> <p>Agitated as I arrived. I arrived just after RRV. 12 lead - obvious STEMI. IV access, morphine, aspirin , GTN .</p> <p>Packaged and transported.</p> <p>Paracetamol and 200 mls of fluid .</p> <p>["IV access"] ["Assisted Transfer"]</p> <p>Unable to get through to Cardiology on phone so ATMIST via ED who informed cardiology, pit stop ED>PPCI.</p> <p>Good reception at UHW. Thanks Dr Barton. Off to Cath lab.</p> <p>Initially couldn't get through to desk so started normal road speed - hence great times.</p> <p>Police officer 4716 drove my car to UHW and used public warning system and overtook us to 'escort '.</p> <p>This has not been requested or discussed</p> <p>Toc 1523. Mobile officially 1539? Pt side 1541. Mob to UHW 1602 Clear 1700</p> <p>["IV access"] ["Assisted Transfer"]</p>						

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Governance

10/11 - Team case 1

12/11 – Team case 1

