



Activity Report



Week commencing: 10th May 2021

Team Shift Activity:

number of shifts:	1
number of taskings:	5
number of patient involvements:	4
number of governance procedures:	0

Team Shift:			
Date:	15/03/21	Duration:	06:59
No. of taskings	5	Personnel:	IB, CM, EC
<i>trauma</i>	1	<i>adult</i>	4
<i>medical</i>	2	<i>paediatric</i>	1
<i>cardiac arrest</i>	2		
Pre-shift issues	nil	Post-shift issues	nil
Pre-comments	nil	Post-comments	No rocuronium left in stores.

Case	Age	gender	type	Job description	S/D	Scene time	Total time	General interventions	Governance interventions	Adverse events
1	83	male	arrest	Cardiac Arrest	no	-	-	yes	no	nil
		<i>Additional comments:</i>		Complained of dizziness then witnessed to arrest. Face down in garage on significant foliage. No CPR prior to arrival. Shocks with tempus prior to crew arrival. Full ALS, intubation, IV & IO, adrenaline, ami, magnesium, bicarbonate. Episode of wide complex pea with cardiac standstill. Adrenaline VF > shocks and rosc ["IV access", "IO access", "Basic life support", "Advanced life support", "LUCAS"] ["Ultrasound (cardiac)", "Assisted Transfer"] ["Drugs outside JR CALC guidelines (non-governance)"]						

				Magnesium 2g, Sodium bicarb 100ml, Roc & propofol Post ROSC care. ECG = global ischemia Hamilton vent Uneventful transfer to UHW ED, met in resus by cardiology et al. Joint incident with several WAST teams and H67 EMRTS.						
2	5	male	medical	Red call, ineffective breathing.	no	-	-	no	no	nil
	<i>Additional comments:</i>			EMT crew on scene. Patient comfortable with normal observations. EMT crew happy to convey to RGHP Time of call 1911, Allocated 1916, At scene 1928, Clear 1934						
3	43	female	medical	OD	no	-	-	no	no	nil
	<i>Additional comments:</i>			Initially coded as heroin OD > cardiac arrest Patient was sleeping. Left with crew						
4	51	female	arrest	Cardiac Arrest	yes	-	-	no	no	nil
	<i>Additional comments:</i>			Pt found deceased Stood down before arrival						
5	27	male	trauma	Stabbing	no	-	-	no	no	nil
	<i>Additional comments:</i>			Stabbed with machete Not as given, pt absconded and denied being stabbed						

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



Solo Activity:	active responders:	SB 5854, CB 664, SB 5857	
	number of taskings:	8	
	number of patient involvements:	7	
	number of governance procedures:	1	
	Tasking Types:		
		<i>trauma</i> 6	<i>adult</i> 8
		<i>medical</i> 1	<i>paediatric</i> 0
		<i>cardiac arrest</i> 0	
		<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	SB5854	10/05	93		other	Residential fire	no	-	-	no	no	nil
	<i>Additional comments:</i>					93 year old living in assisted accommodation . Left pan on electric hob. flat filled with smoke, alarm activated, Warden called for and rescue Fit and well, all observations including CO in normal limits (HART) discharged at scene Possibly the shortest response time on record with WAST. Incident 0.3 miles from my home. Response time (Mobile to Arrival) 52 seconds						
2	CB664	10/05	36	male	trauma	29D07 - motorcyclist vs dog	no	-	-	yes	no	nil
	<i>Additional comments:</i>					at ~20mph. Rider unconscious despite wearing helmet and ? injury to R chest. GCS 7 improving to 14 just before loading. Primary survey. Assistance with packaging and transfer to EA and thence to H59. EM04 and H59 also attended - casualty flown to UHW						
3	SB5854	13/05		male	trauma	2 vehicle RTC	no	-	-	no	no	nil
	<i>Additional comments:</i>					Paramedics dealing with one driver, other driver asked to leave motorway by police Subsequently reviewed by fire and rescue who requested my attendance						

						Haematoma over RIGHT Frontoparietal region. All else clear. I did not have a PCR form, so I have emailed a full medical report to his GP Discharged at scene with appropriate advice						
4	SB5854	13/05		male	trauma	2 vehicle RTC	no	-	-	no	no	nil
	<i>Additional comments:</i>					Minor Injuries Both drivers discharged at scene with appropriate advice						
5	multiple	14/05	53	male	trauma	Angle grinder to leg	no	-	-	yes	no	nil
	<i>Additional comments:</i>					multiple responders – SB 5857, SB 5854 crew request for assistance Angle grinder to top of LEFT thigh 25 cm wound, down to and involving periosteum of Femur Initially bleeding ++, loose TQ, CELOX and pressure dressing by crew. Haemostasis achieved by paramedics. Not moved due to pain. Cold & shivering +++ Usually on 120mg MST + Oramorph for neck problems. Crew had given 15mg morphine, 1g paracetamol, 500ml NaCl, 1g TXA, 4mg Ondansetron Analgesia was main issue. ["Drugs outside JRCALC guidelines (non-governance)"] - Ketamine 30mg, Co-Amoxiclav 1.2 g This was analgesic dose of Ketamine, not procedural sedation Blizzard, warming pads, rapid extrication to EA (heating ++). Loss of sensation saphenous distribution, circulation & movement intact. Trauma desk --> UHW. Ketamine analgesia. Nerve block considered but not performed (no ultrasound / proximity to UHW / nerve damage assessment) Subsequently transferred to Morriston						
6	multiple	14/05	62	male	medical	Collapse near riverbank	no	00:42	02:13	yes	yes	nil
	<i>Additional comments:</i>					multiple responders – SB 5857, SB 5854 Found collapsed on riverbank near Pontcanna Fields, with note and Co-Codamol. Bystander CPR, pulse present on arrival of EA / RRV. WAST management - IV access, Naloxone (3.2mg - no effect), Diazepam (10mg) for trismus, Atropine (600mcg), iGel, ventilation. Difficulties identifying scene.						

						<p>HART / WAST / FRS / Rescue team / Police / Medserve / EMRTS CCP team all eventually to scene.</p> <p>A- Igel. Some intermittent biting and snoring / gurgling</p> <p>B- Mix spontaneous and supported (BVM) ventilations. EtCO2 3.0. Equal chest rise.</p> <p>C- HR 120, no radial, BP 81 / 50.</p> <p>D- Pupils 4mm BL, GCS E1 V1 M1. BM 12</p> <p>E- Cold / shut down +++++. 1x 20g LACF. No external signs of injury</p> <p>["IO access"]</p> <p>["Assisted Transfer"]</p> <p>Consideration leave iGel vs swap to ETT (difficult extrication, approx 1/2 mile from path). Given issues, look at change to ETT by CCP (BS) - not tolerated - decision for RSI (18.50)</p> <p>2nd access (IO L Tibia - supervised WAST)</p> <p>Monitoring (EMRTS Tempus)</p> <p>PHEA (18.55), packaging, warming, extrication</p> <p>["PHEA"]</p> <p>decision – 18:50, start – 18:55, complete – 18:57</p> <p>indication – airway compromise, low GCS</p> <p>location – riverbank, flat area</p> <p>pre-procedure – diazepam 10mg, atropine 600mcg, naloxone 3.2mg, I-Gel</p> <p>procedure – full RSI checklist, team lead-BB, intubator-BS (EMRTS), grade 1, 1st attempt, bougie, ["misting", "chest movement", "etCO2"]</p> <p>drugs – midazolam 1.5mg, fentanyl 50 mcg, rocuronium 100mg, metaraminol 1mg (RM fentanyl used)</p> <p>post-procedure – midazolam 3.5mg, metaraminol boluses</p> <p>Post-RSI - maintained on boluses of midazolam and fentanyl + metaraminol as needed, manual BVM during extrication by HART.</p> <p>On arrival at EA, swapped to propofol and metaraminol infusion and Hamilton ventilator.</p> <p>Initial difficulties +++ with monitoring (BP repeatedly cycle time out and SpO2 - swapped to ear probe) due to temperature & perfusion.</p> <p>Metaraminol given on induction and further boluses given to maintain radial pulse as a minimum.</p> <p>ATMIST UHW</p>						
7	SB5854	15/05		male	trauma	Stabbing	yes	-	-	no	no	nil
	<i>Additional comments:</i>					Reports of male having been stabbed with machete.						

						Liaised at scene with DRO1 and EMRTS, WAST, ARV, SWP, HART . . . Everyone in attendance except the patient, who could not be located Stood down by police						
8	SB5854	16/05			trauma	2 vehicles high speed RTC	no	-	-	no	no	nil
	<i>Additional comments:</i>					Car spun and hit central reservation eastbound M4 32-30 No persons injured. discharged at scene						

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Governance

Solo Case 6

