



Activity Report



Week commencing: 21st June 2021

Team Shift Activity:

number of shifts:	2
number of taskings:	4
number of patient involvements:	3
number of governance procedures:	1

Team Shift:			
Date:	22/06	Duration:	08:30
		Personnel:	IB, CM
No. of taskings			
<i>trauma</i>	0	<i>adult</i>	3
<i>medical</i>	2	<i>paediatric</i>	0
<i>cardiac arrest</i>	1		
Pre-shift issues	nil	Post-shift issues	nil
Pre-comments	nil	Post-comments	? Benefit from carrying adenosine.

Case	Age	gender	type	Job description	S/D	Scene time	Total time	General interventions	Governance interventions	Adverse events
1	37	female	medical		yes	-	-	no	no	nil
	<i>Additional comments:</i>			Alloc 19:21, Clear 19:34						
2	29	male	medical	Unconscious	no	00:48	02:30	yes	yes	nil
	<i>Additional comments:</i>			Mixture of alcohol and drug use throughout the evening ++. Pt was witnessed to bang head against wall, found 20 minutes later unconscious, some CPR by neighbour. Reduced GCS, vomit++, partially occluded airway. Extricated to EA, PHEA (difficult to ventilate), transported to UHW. ["IV access"]						

				["Assisted Transfer"] ["PHEA"] decision 23:08, start 23:21, complete 23:25 indication: Airway compromise - low GCS location: EA team: IB (team lead/drugs), CM (1 st intubator) pre-RSI: full checklist, pre-O2, BVM RSI: fentanyl 100mcg, Ketamine 150mg, Rocuronium 100mg, intubator – CM, DL-4, bougie, 1 st attempt, ["misting", "chest movement", "auscultation", "etCO2"] post-RSI: ventilator within 2 mins, SIMV, ["Sao2 < 92% within 5 mins of RSI", "aspiration"], Propofol maintenance Large patient. Significant vomit in airway with low SPO2 pre RSI. 1st pass intubation direct view. Unable to maintain SPO2 on Hamilton, swapped to BVM which improved spo2. Tight to bag, bilateral air entry with global crackles on auscultation - aspiration pre RSI. Otherwise uneventful.						
3	80	female	arrest	Witnessed collapse - cardiac arrest.	no	-	-	no	no	nil
	<i>Additional comments:</i>			RRV and EA on scene. Patient ROLEd before our arrival. No CPR ongoing and significant medical history. Left crew & RRV dealing.						

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

Team Shift:			
Date:	24/06	Duration:	03:48
Personnel:	GR, TA		
No. of taskings			
<i>trauma</i>	1	<i>adult</i>	1
<i>medical</i>	0	<i>paediatric</i>	0
<i>cardiac arrest</i>	0		
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	40	male	trauma	Fall from wall	no	-	-	yes	no	nil
		<i>Additional comments:</i> reported as unconscious, gcs14 (e4v4m6) on arrival. RRV solo in attendance. Wound to Rt side of head, multi abrasions on Lt arm. Moving limbs freely. Clear evidence of intoxication. RRV reported patient as combative on his arrival. ["IV access"] MILS Wound dressed by RRV Scooped on arrival of EA Didn't trigger on the MTTT, advised local ED. Passing GP stopped and offered to assist us, Gareth introduced himself.								

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



Solo Activity:	active responders:	SB 5857, SB 5854
	number of taskings:	3
	number of patient involvements:	2
	number of governance procedures:	0
	Tasking Types:	
	<i>trauma</i>	2
	<i>adult</i>	1
	<i>medical</i>	0
	<i>paediatric</i>	2
	<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	SB5857	22/06	<1	unknown	arrest	Cardiac arrest	yes	-	-	no	no	nil
	<i>Additional comments:</i>					Cardiac arrest, in and out of shockable rhythm and ROSC. Request from ASD for assistance (and LUCAS/ultrasound - explained not available, try HART/ SP for LUCAS, BASICS responders with LUCAS probably too far from scene) EMRTS and SP already committed Arrived on scene but unable to find specific location (postcode took to shopping centre loading bay), stood down by desk as EA left scene to Morriston maintained ROSC, GCS 15! Siren stopped working en route, continued with blues on M4. All visual warning deactivated at junctions, lights etc after leaving motorway						
2	SB5854	26/06			trauma		no	-	-			nil
	<i>Additional comments:</i>					Reported as a rollover RTC with car and caravan. All unknown. Mobilised from Cardiff Bay. On arrival no injuries reported by driver of car, the sole occupant. Paramedics happy to discharge at scene						
3	SB5854	27/06	10	male	trauma		no	-	-			nil
	<i>Additional comments:</i>					Male pedestrian RTC ? car drove over abdomen, tyre marks /abrasions. Fracture dislocation of LEFT shoulder						

	Clinical findings discussed with paramedic DOM at scene. Clinical stable and adequate analgesia . Appropriate to proceed directly to UHW rather than Wait (possibly 30 minutes) for my attendance. Crew happy with advice.
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key – Res = responder, S/D = stood down?, time = hour:mins



Governance

Team shift 22/06 – Case 2

