



## Activity Report



**Week commencing:** 6<sup>th</sup> September 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 5866, CB 664, SB 5854
	number of taskings:	7
	number of patient involvements:	6
	number of governance procedures:	1
	Tasking Types:	
	<i>trauma</i>	6
	<i>adult</i>	4
	<i>medical</i>	0
	<i>paediatric</i>	3
	<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	SB5866	06/09	10	male	trauma	Traumatic Cardiac Arrest	no	02:39	03:08	yes	yes	nil
						<p><i>Additional comments:</i></p> <p>Farming Family towing water bowser with hi-lux 4x4 in very steep field. Loss of control lead to vehicle rolling down hill.</p> <p>Occupants bailed/jumped out:</p> <p>Adult M, Adult F, Adolescent M, 10yrs M, 1 yr F</p> <p>10yrs M trapped under vehicle or trailer and dragged down hill.</p> <p>TCA when pulled out by dad, BLS &gt; ALS when WAST arrived.</p> <p>Early SMS from ASD: EMRTS unable to make scene by air, Cardiff BASICS likely 10-20mins closer.</p> <p>["Advanced life support"]</p> <p>["Immobilisation"]</p> <p>On arrival full ALS, iGel, IO, SCP, TXA, ADX ongoing, chest decompressed.</p> <p>Added:</p> <ul style="list-style-type: none"> <li>-Intubated.</li> <li>-Pelvic binder (prometheus).</li> <li>-Asked FRS to make a level working area with chocks and long board to aid thoracostomy placement and level patient out: rapidly achieved.</li> <li>-Bilateral Thoracostomies</li> </ul>						

						<p>-Blood once EMRTS arrived: 2 PRBC &amp; CaCl given.</p> <p>ROLE at 1159hrs.</p> <p>Transported to UHW for PRUDIC as infant will also be conveyed there due to MT+ve mechanism of fall from vehicle.</p> <p>WAST PCR by crew &amp; EMRTS eEPR completed by me.</p> <p><b>["Simple Thoracostomy"]</b></p> <p>location: In field. On flat surface created by FRS/on scoop.</p> <p>indication: traumatic arrest</p> <p>procedure: bilateral</p> <p>findings: Large RIGHT tension HTX/PTX</p> <p>Right: Air release at skin incision &amp; pleural puncture. Lung re-inflated, Blood +++ &gt;500mls.</p> <p>Left: Air release at skin incision &amp; pleural puncture. Lung re-inflated</p> <p>complications: none</p>						
2	CB664	10/09	55	male	trauma	29D02L - Scooter vs Van	no	-	-	no	no	nil
	<i>Additional comments:</i>					<p>a scooter rider had collided with the rear of a van and had been seen to fall on his right side, hitting his head (no significant damage seen to helmet).</p> <p>The van had left the scene. A passer-by had helped the casualty up and off the carriageway.</p> <p>Established that the only injury appeared to be an abrasion to the R knee but weight-bearing on that leg became more painful.</p> <p>No EA available - the casualty was conveyed to Morriston in my vehicle.</p>						
3	SB5854	09/09	53	female	trauma	Hanging	no	-	-	no	no	nil
	<i>Additional comments:</i>					<p>Last contact with anyone was one hour and five minutes before she was discovered hanging from the bannister of her home. Nylon rope ligature.</p> <p>Husband had cut patient down, and had performed some chest compressions.</p> <p>Paramedic crew, RRV and myself all arrived at much the same time.</p> <p>Aystole.</p> <p>Pupils fixed and dilated.</p> <p>early corneal desiccation</p> <p>deep ligature mark around the anterior neck.</p> <p>Digits = purple/blue from PIP joint on hand distally = ?Venous stasis</p> <p>Team decision not to attempt resuscitation</p> <p>NO active resuscitation undertaken.</p>						

						On reflection perhaps we should have tried, as sometimes one can obtain ROSC, allowing family more time, and also consideration of organ donation. Good discussion point ???						
4	SB5866	12/09	9		arrest	Cardiac Arrest	yes	-	-	no	no	nil
	<i>Additional comments:</i>					Call 1812, 1819 mob Standown/Clear 1842 - 1.5miles out, Critical Care Team on scene.						
5	SB5854	12/09	84	male	trauma	Traumatic Cardiac Arrest	no	-	-	yes	no	nil
	<i>Additional comments:</i>					Laceration to LEFT forearm, ? Brachial artery Call active ? 40 minutes. Coded red once patient arrested EMRTS also in attendance o/e Asystolic, empty, most of circulating volume on carpet. U/S showed empty heart, a flicker of myocardial activity. Downtime was at this stage over 30 minutes. NO blood products given ROLED ["IV access","Advanced life support"] Laceration to arm can lead to death. This has happened more than once recently . How do we prevent it happening again? This was an eminently preventable death due to an easily compressible distal wound.						
6		12/09	18	male	trauma	Pedestrian v car RTC	no	-	-	yes	no	nil
	<i>Additional comments:</i>					Head injury GCS variable 3-7 On arrival, evidence of injury to LEFT side of head, frontal, zygomatic and Maxillary 2-3 teeth broken/missing Nil else GCS – 3, Improved to E1V1M5 = 7 Pulse 80 BP 128/78 Resps 20 sats 97% on air Pelvic binder. 14G RACF TXA 1000 mg Immobilised. ["IV access"]						

						["Immobilisation", "Assisted Transfer"] Trauma call to UHW. Rapid extrication as clinically stable, close to UHW, and potential for deterioration						
7	SB5854	12/09	9	female	trauma	Drowning	no	-	-	yes	no	nil
<i>Additional comments:</i>						epileptic, drowned in bath at home. Asystolic cardiac arrest. EMRTS x 2 Helicopters attended. Standard ALS ROSC with Manual ventilation via COTT, subsequent rearrest Continued ALS, subsequent return of established ROSC ["IV access", "Advanced life support"] My contribution was cannulation of the LACF with 22G (Blue) Venflon Initial ROSC followed Ventilation. ? did ventilation get the heart going, only to return to the circulation all the blood that had pooled in the periphery, causing a second arrest. Responded to fluids, adrenaline and compressions. Gasses at scene showed marked acidosis and base deficit. Bicarbonate given en route to UHW. Sustained ROSC, on PICU at time of writing report						

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



## Governance

Solo Case 1

