



Activity Report



Week commencing: 12th July 2021

Team Shift Activity:	number of shifts:	0
	number of taskings:	0
	number of patient involvements:	0
	number of governance procedures:	0



Solo Activity:	active responders:	CB 5851, CB 664, SB5854
	number of taskings:	6
	number of patient involvements:	5
	number of governance procedures:	1
	Tasking Types:	
	<i>trauma</i>	3
	<i>medical</i>	3
	<i>cardiac arrest</i>	0
	<i>other</i>	0
	<i>adult</i>	3
	<i>paediatric</i>	3

Case	Res	Date	Age	gender	type	Job description	S/D	Scene time	Total time	General interventions	Governance interventions	Adverse events
1	CB5851	12/07	17	male	trauma	29D03 - RTC	no	-	-	yes	no	nil
						<p><i>Additional comments:</i></p> <p>police - 1xrtc hit wall, male screaming for help, trapped, poss broken leg</p> <p>RTC, single vehicle, loss of control on minor road, collision with bank/wall.</p> <p>Significant front end damage but no intrusion into pax compartment. Seatbelt & airbags.</p> <p>Medical entrapment due to injury pattern.</p> <p>Single occupant (driver), 17 yom, autistic, patient own estimate 20 stone.</p> <p>Apparently isolated fracture / dislocation of left tibia & fibula, foot rotated 90 degree laterally.</p> <p>Limited space between vehicle offside and wall, nearside B post already removed by time of my arrival at scene</p> <p>plan to slide horizontally & extricate on long board</p> <p>["IV access"]</p> <p>["Limb splinting", "Immobilisation"]</p> <p>["Drugs outside JRCALC guidelines (non-governance)"] Fentanyl 100+50mcg, Ketamine 40mg, coamoxiclav 1.2g</p> <p>IV access, 16g, LACF. 100 mcg fentanyl for initial analgesia, then 40mg analgesic dose of ketamine for extrication (0.33 mg/estimated kg)</p> <p>Rotated leg to normal alignment with no resistance and no requirement for sedation.</p> <p>Photograph, saline soak, box splint, into EA, further analgesia, anti emetic, antibiotics.</p> <p>Discussed with air desk for trauma desk, plan to transfer approx 1 hour from scene direct to Morriston.</p>						

						<p>04:30 - 60 minutes+ since ketamine - agreed with DOM at scene and crew that paramedic crew would convey</p> <p>5851 would follow normal road speed & no lights to assist crew if they needed to stop - route to hospital same route back home</p> <p>Agreed that if no issues by arrival at Carmarthen, 5851 would stand down RTB and crew happy to continue to Morriston.</p>						
2	CB664	14/07	68	male	trauma	Leg injury	no	-	-	yes	no	nil
						<p><i>Additional comments:</i> the casualty had been cutting a hedge and had fallen from a step ladder while holding the hedge trimmer.</p> <p>He had sustained 2 lacerations to his R lower leg from the sharp edge of the ladder and it was initially reported that there had been serious bleeding.</p> <p>["IV access"]</p> <p>Penthrox 3.0mls</p> <p>Primary survey and observations - the only injuries were to his leg and there had only been minor blood loss.</p> <p>The wounds were dressed and he was conveyed for suturing of wounds</p>						
3	CB664	16/07	61	male	medical	31D04	no	-	-	no	no	nil
						<p><i>Additional comments:</i> a delivery driver was seen to be driving erratically on a dual carriageway.</p> <p>Once stopped he was found to be sweaty, disorientated and noted to be an insulin-requiring diabetic.</p> <p>The members of the public who had brought him to a halt had the presence of mind also to give him an energy drink.</p> <p>He was up and about and recovered by the time I got to him. CBG 6.0mmol/l. Additional glucose gel given (15g).</p> <p>It transpired that his dose of insulin had been increased a few weeks ago because of a higher than ideal HbA1c but he had not had the opportunity that morning to snack as he would usually.</p> <p>He was discharged from the scene, taken home by his manager and told to contact his Diabetic Specialist Nurse for advice about his dosage of insulin.</p>						
4	CB664	16/07	14	female	medical	Intoxication	no	-	-	yes	no	nil
						<p><i>Additional comments:</i> Intoxicated probably only as a consequence of alcohol.</p> <p>An unreliable witness had reported possible seizure activity.</p> <p>["IV access"]</p> <p>Monitoring, OP airway and O2 via NRBFM.</p> <p>IV cannula.</p> <p>CBG.</p> <p>Handover to EA and conveyed to Morriston</p>						
5	CB664	16/07	3	female	trauma	Dog bite to neck	yes	-	-	no	no	nil
						<p><i>Additional comments:</i> 03D04 - bitten on neck by Rottweiler.</p>						

						Nil - stood down en route. EA conveyed patient promptly to hospital where she underwent surgery.						
6	CB664	17/07	26	female	medical	Seizure	no	00:38	01:00	yes	yes	nil
						<i>Additional comments:</i> Initially Amber 1 - became RED because reportedly prolonged fit. Possible seizure after bottle of amaretto and cocaine. Not a habitual user of recreational drugs. Rhythmic flexion of upper limbs noted but not typical seizure activity. Tachycardic and hyperventilating. Beginning to display carpal spasm. Rhythmic flexion of upper limbs noted but not typical seizure activity. Tachycardic and hyperventilating. T=37.8C. Beginning to display carpal spasm. Monitoring, CBG. ["Pre-hospital Sedation"] location: On sofa in caravan drugs: Midazolam, initial dose 1mg, total dose 3mg observations stable Patient subsequently very much calmer and able to walk to EA						
7	SBS5854	16/07	19	male	trauma	RTC		-	-	yes	no	nil
						<i>Additional comments:</i> RTC. car was being chased by another 2 vehicles, blocked at a junction and whilst stationary struck at speed on passenger front wheel. No intrusion into passenger compartment. Patient (passenger) complained of immediate pain in C spine, and LEFT elbow. Paraesthesia in LEFT ulnar distribution? C spine or peripheral neuropathy/Neuropraxia NO haemorrhage Airway clear BCDE all normal but for injury previously described I arrived one hour after collision following request from EMRTS. Main issue was extrication as patient was in severe pain (10/10) Analgesia = Fentanyl 70mcg - No real effect. Ketamine in analgesic dose. Titrated 20 mg Ketamine = nystagmus , sedated/analgesed Full monitoring applied including ETCO2 All observations normal range						

		following this, simple extrication by FRS through rear of car, on backboard Scooped to stretcher MILS C spine throughout Blocks to scoop, NO collar Immobilised Trauma desk Triage = UHW I travelled in with patient CT Normal Simple extrication once analgesia optimised This was not procedural sedation as such, but full pre and post dose monitoring applied
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key – Res = responder, S/D = stood down?, time = hour:mins



Governance

Solo case 6

