



## Activity Report



Week commencing: 19<sup>th</sup> October 2020

**Team Shift Activity:**

number of shifts:	0
number of taskings:	0
number of patient involvements:	0
number of governance procedures:	0

<b>Solo Activity:</b>	active responders:	CB 664, SB 5854, SB 5866		
	number of taskings:	9		
	number of patient involvements:	8		
	number of governance procedures:	0		
	Tasking Types:			
	<i>trauma</i>	7	<i>adult</i>	9
	<i>medical</i>	2	<i>paediatric</i>	0
	<i>cardiac arrest</i>	0		

Case	Res	Date	Age	gender	type	Job description	S/D	Scene time	Total time	General interventions	Governance interventions	Adverse events
1	CB664	19/10	39	female	trauma	Fall – head and leg injury	no	-	-	no	no	nil
Additional comments:						<ul style="list-style-type: none"> <li>- casualty had fallen down 3 steps, had hit head and cut L shin</li> <li>- bone visible at base of laceration</li> <li>- concern that she had sustained open fracture</li> </ul>						

						- no significant injury other than laceration - casualty mobilised indoors and subsequently advised to make own way to hospital for suturing and tetanus booster						
2	CB664	20/10	21	male	trauma	Leg injury	no	-	-	yes	no	nil
	<i>Additional comments:</i>					- 30D03 at SA2 9EB - a basketball player had landed awkwardly, inverting his R ankle and injuring his L knee - his knee was initially thought to be dislocated. - by the time I arrived there no longer appeared to be a dislocation of his knee - after analgesia he was able to straighten his leg fully. there was some swelling around this joint and also over the lat malleolus of the r ankle with some bruising evident. - ["IV access"], Pentrox						
3	SB5854	20/10	50	female	trauma	RTC	no	-	-	yes	no	nil
	<i>Additional comments:</i>					- pedestrian RTC - massive crush injury to right leg - haemorrhage control - ["IV access"], ["Drugs outside JRCALC guidelines (non-governance)"] - co-amoxiclav - ["Limb splinting", "Immobilisation", "Assisted Transfer"] - massive trauma to right leg, compound comminuted fracture of femur, tibia and fibula, leg subsequently amputated. - stable lumbar spine fracture on CT						
4	multiple	20/10	32	male	trauma	Assault	no	-	-	yes	no	nil
	<i>Additional comments:</i>					- multiple responders - SB5866, SB5854, EM04 [GR] - Slashed with a machete - Evisceration. - AFO's & WAST on scene prior to Enhanced Care arrival (HM57 in overhead) - Cheerleading from sidelines for WAST CREW - they had done 1y survey and started treatment (urgency to move after 1 set obs encouraged).  A - Clear B - No issues C - Radial PULSE. IV Access in situ. D - GCS 15						

						<p>E - LLQ SMALL BOWEL EVISCERATION. Left calf 10cm deep wound.</p> <p>~Cling film &amp; Blast bandage to Abdomen</p> <p>~Olas dressing to leg</p> <p>~TXA, Paracetamol, morphine</p> <p>Pre-alert passed to UHW TTL (JD)</p> <p>CCP escort crew to ed</p> <p>Good job from WAST</p> <p>Didn't require any enhanced/Critical care.</p> <p>- ["IV access"]</p>						
5	CB664	20/10	31	male	trauma	RTC – cyclist vs car	no	-	-	yes	no	nil
	<i>Additional comments:</i>					<p>- 29D02L - cyclist vs back of car at SA5 SET</p> <p>- Examination/observations. transfer to hospital.</p> <p>- The casualty had sustained a deep laceration to his lower lip and had lost/displaced some teeth</p> <p>- no ambulance available - conveyed by me to morriston hospital.</p> <p>- ["Assisted Transfer"]</p>						
6	SB5854	23/10	-	-	trauma	Shooting	yes	-	-	no	no	nil
	<i>Additional comments:</i>					<p>- Patient shot in chest x 8</p> <p>- Minor injury, shot with a BB gun</p>						
7	CB664	24/10	40	male	trauma	Trauma	no	-	-	yes	no	nil
	<i>Additional comments:</i>					<p>- 23CO1L @ SA6 5ED</p> <p>- No reliable witnesses - casualty was said to have been assaulted and/or to have fallen down a flight of stairs</p> <p>- He was found by the crew first on scene to be unconscious and unrousable and with a partially empty container of diazepam about his person.</p> <p>- H57 committed elsewhere.</p> <p>- IV access had been obtained x2</p> <p>- There had been no effect from 1.6mg Naloxone.</p> <p>- TXA 1g given IV,</p> <p>- The casualty was extricated from the premises by HART.</p> <p>- I decided to escort him to UHW and this was agreed with the trauma desk.</p>						

						- The possibility of rv with Dr Barton en route was discussed but not required. - ["Assisted Transfer"]						
8	SB5866	24/10	65	female	medical	Collapse	no	-	-	yes	no	nil
	<i>Additional comments:</i>					- Initial call for collapse Pt had 4mins cpr from son. Pmhx of alcoholic liver disease & previous decompensation.  Variable LoC on arrival. A/b/c Stable D: Bm 3.7, E1/v1/m4 > E3/v4/m6 E: Contusion left orbit (reported to happen today)  - ["IV access"] - 16 Drh - Words of encouragement - Stood>carry chair>extra straps>ea - Repeat assessment, 12 lead ecg - Pre-alert To pow via asd noting variable gcs.  Imp: 1) Likely decompensated alcoholic liver disease 2) potential for ???extradural PCR completed by crew. Plan agreed with crew to Escort to M4 J36 then SB5866 stood down.						
9	CB664	24/10	46	female	medical	Unconscious	no	-	-	no	no	nil
	<i>Additional comments:</i>					- 31E01 @ SA4 4HJ - A female patient was found unconscious and hypothermic with an empty bottle of gin beside her. - Assistance with extrication to ambulance and packaging. - Supply of heating pads. - iGel size 4 and suctioning. - patient conveyed to morriston without my needing to escort her.						

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

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## **Case Reviews**

*nil governance to review*

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