



## Activity Report



Week commencing: 21<sup>st</sup> December 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:	DR01, SB5866, SB5854, CB 664	
	number of taskings:	8	
	number of patient involvements:	7	
	number of governance procedures:	2	
	Tasking Types:	8	
		<i>trauma</i> 5	<i>adult</i> 7
		<i>medical</i> 1	<i>paediatric</i> 1
		<i>cardiac arrest</i> 2	

Case	Res	Date	Age	gender	type	Job description	S/D	Scene time	Total time	General interventions	Governance interventions	Adverse events
1	DR01	21/12	18	male	medical	Pre-Planned sedation	no	-	-	yes	yes – C&V governance	nil
<i>Additional comments:</i>						Deep sedation for surgeon to remove FBO from within ear at home address. MDT input as patient suffers with sever autism. Governance with C&V, present: IB and TA ["IV access"]						

						["Drugs outside JRCALC guidelines (non-governance)"] S-Ketamine 100mg, Fentanyl 100mg with Propofol 2% at 80ml/hr for maintenance. Procedure undertaken without complication allowing for the patient to be recovered at home. No complications during the sedation or during the recovery Full monitoring throughout including EtCO2 and cycling BP's every 3mins. Patient self-ventilating. OPA placed. Mapleson-c circuit used, FIO2 1.0 12-lead and blood draw undertaken for GP's records. Governance with C&V							
2	SB5866	24/12			trauma	TCA cyclist vs van	no	-	-	no	no	nil	
	<i>Additional comments:</i>					Cwmbran drive is a long road. Postcode took me to wrong end of it - arrived @ ROLE!							
3	SB5854	24/12	53	male	trauma	TCA	no	-	-	yes	yes	nil	
	<i>Additional comments:</i>					Initial Call = 11:00 am Coded Amber 2 Police on scene report GCS 14, complaining of right sided chest pain progressively more breathless, increasing Right sided chest pain 12:19 = 79 minutes after initial call, a request for assistance, TCA On arrival, Airway secured with LMA Bilateral Needle decompression already performed. Fluids = IV N/Saline Persistent Asystole I performed LEFT sided Thoracostomy, Right sided thoracostomy more challenging, as flail segment moving around under finger, and smaller forceps ineffective Right side completed by Ben Seabourne with larger forceps. RIGHT lung down. Despite full HOTT protocol persistent Asystole ROLE = 13:00 COTT inserted by EMRTS  ["Simple Thoracostomy"] RM, on EA trolley, traumatic arrest							

						bilateral procedures, LEFT lung inflated, RIGHT lung down Flail segment complicated the completion of RIGHT sided procedure comments: We need larger Forceps as standard						
4	SB5854	24/12			trauma	Reports of stabbing.	no	-	-	no	no	nil
	<i>Additional comments:</i>					Attended scene. Liaised with ARV. No stabbing victim identified ? Hoax call						
5	CB664	27/12	74	male	arrest	1342 - 09E01	no	-	-	yes	no	nil
	<i>Additional comments:</i>					A male hypertensive had collapsed while working in the garden and after experiencing "heartburn". the patient's son - a consultant at Morrision Hospital, had commenced CPR but was clearly tiring by the time I and an RRV arrived (at ~1407) ["IV access", "Advanced life support", "LUCAS"] According to ALS protocol. Initial rhythm asystole Lucas deployed. iGel + ETCO2 monitoring (Never more than 0.7kPa) No response to adrenaline; 1l warm fluids. CBG 7.7mmol/l ROLE @ 1436						
6	SB5866	27/12	6	female	trauma	RTC Car vs car.	no	-	-	no	no	nil
	<i>Additional comments:</i>					Given as carnage - not carnage. Pt assessment & agree for hi observation in Ed. EM from Tremorfa (dual CCP) Dispatched with panache.						
7	SB5854	27/12			trauma		yes	-	-	no	no	nil
	<i>Additional comments:</i>					Stood down, not as given						
8	SB5854	27/12	53	male	arrest	PEA arrest in male with Covid.	no	-	-	no	no	nil
	<i>Additional comments:</i>					Known ICD / Pacemaker Request for BASICS assistance as EMRTS committed Airway = LMA						

		SpO2 = 92-95% ETCO2 3.5 - 5.5 LUCAS deployed transferred to UHW ["Advanced life support","LUCAS"] pH=6.4, Lactate 28 Ultrasound shows very poor asymmetrical ventricular activity. Down time by then 80 minutes or so = ROLE
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*key – Res = responder, S/D = stood down?, time = hour:mins*



## Governance

Solo case 1

Solo case 3

