



Activity Report



Week commencing: 9th November 2020

Team Shift Activity:

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

Team Shift:			
Date:	12/11/2020	Duration:	10:05
		Personnel:	CW, FT, TA
No. of taskings			
<i>trauma</i>	3	<i>adult</i>	2
<i>medical</i>	0	<i>paediatric</i>	1
<i>cardiac arrest</i>	0		
Pre-shift issues	nil	Post-shift issues	nil
Pre-comments	nil	Post-comments	no issues, all documents completed discussions had around sedation and drug selection good joint working with EM03

Case	Age	gender	type	Job description	S/D	Scene time	Total time	General interventions	Governance interventions	Adverse events
1	19	female	trauma	Kicked by horse	no	-	-	yes	yes	no
	<i>Additional comments:</i> Kicked by horse - ?pelvis #, ? R Femur # Was carried to pick up truck, met us near scene. Pain++, unable to straighten leg or extricate with paracetamol and fentanyl therefore proceeded to sedation to facilitate extrication and pelvic binder/limb straightening Full monitoring inc. etco2 / checklist 65kg female given 30 +10+10 mg of ketamine to good effect No adverse effects ["IV access"]									

				["Limb splinting"] ["Pre-hospital Sedation"] Back of EA, facilitate procedure, O2 applied, CO2 monitoring Ketamine 30+10+10 mg no complications						
2	38	female	trauma	Car vs ped	no	-	-	no	no	no
	<i>Additional comments:</i>			Discharged on scene, low low speed, not as given						
3	13	male	trauma	Car vs paediatric	no	-	-	no	yes, by EMRTS	no
	<i>Additional comments:</i>			Tasked 19:34, mob 1934, at scene 1948, clear 2014 EMRTS on scene on arrival Partial amputation, sedation by EM03 (BB,MA,RC) DR01 assisted as directed						

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



Solo Activity:	active responders:	SB 5854, SB 5866, SB 5857, CB 664, SB 5867
	number of taskings:	12
	number of patient involvements:	9
	number of governance procedures:	
	Tasking Types:	
	<i>trauma</i>	8
	<i>medical</i>	2
	<i>cardiac arrest</i>	2
	<i>adult</i>	11
	<i>paediatric</i>	1


Case	Res	Date	Age	gender	type	Job description	S/D	Scene time	Total time	General interventions	Governance interventions	Adverse events
1	SB5854	10/11	-	-	trauma	RTC	yes	-	-	no	no	nil
	<i>Additional comments:</i>					Rollover RTC with entrapment Update = NPI						
2	SB5866	11/11	42	female	medical	Seizure	no	-	-	no	no	nil
	<i>Additional comments:</i>					42 YR OLD FEMALE OVERDOSE STATUS EPILEPTICUS Fitting had ceased by arrival. DZP administered by crew. Carry chair: extricated. ED						
3	SB5866	12/11	3	male	trauma	"Hit by bus"	no	-	-	no	no	nil
	<i>Additional comments:</i>					Not actually hit by bus. Stepped into road from behind car, pulled back by mother. Rucksack struck glancing blow to wheel arch <20mph. Not knocked over. No injuries. Stood up from where lain on floor. Mobilised. 2 sets normal obs. Safety netting advice given. Scene discharge.						
4	SB5854	13/11	-	male	trauma	Pedestrian v car	yes	-	-	no	no	nil

	<i>Additional comments:</i>					mobilised. En route advised patient deceased with destruction of skull, evisceration and loss of leg						
5	SB5854	13/11	-	male	trauma	RTC	no	-	-	no	no	nil
	<i>Additional comments:</i>					<p>prolonged entrapment. car off m4 and down embankment. no sms.</p> <p>I was alerted to it by Dr Roberts one hour into the job, as he had been mobilised by road from dafen= 62 miles</p> <p>on arrival, patient was in truck</p> <p>stable</p> <p>no obvious serious injury identified.</p> <p>advised RGH = crew took to UHW as deemed to be major trauma;</p>						
6	SB5857	14/11	65	female	medical	Crew request - sedation	no	00:42	02:08	no	yes	nil
	<i>Additional comments:</i>					<p>Crew request for sedation - post ?fit</p> <p>Altered, drowsy with RR to 6, but in between extremely agitated, screaming, thrashing, trismus</p> <p>["Pre-hospital Sedation"]</p> <p>- Upstairs in bedroom of terraced house, extrication, CO2 monitoring</p> <p>- Midazolam, 0.5mg + 1mg</p> <p>Difficult to assess GCS as fluctuating between completely flat, RR 4 with apnoea (pre sedation) to agitated, screaming, thrashing 4 limbs, throwing herself about when stimulated</p> <p>Very small increments to facilitate transfer to carry chair, down stairs and onto trolley in EA. ATMIST via ASD (ASD sent request for tasking as EMRTS committed)</p> <p>No O2 or EtCO2 initially due to moving patient, applied once in EA.</p>						
7	multiple	14/11	-	male	trauma	RTC – entrapment, multiple casualties	no	00:45	02:22	yes	yes	nil
	<i>Additional comments:</i>					<p>multiple responders: SB5857, SB5854</p> <p>Rollover RTC, entrapment, destruction of car. death of front seat passenger. patient was driver</p> <p>prolonged extrication of two casualties. deceased had been ejected from car. 50 minutes to extricate.</p> <p>on arrival I split the WAST resources into 2 teams, and prepared trolley/scoop/blizzard/pelvic binder/iv acces/txa in readiness</p> <p>teams briefed and prepared for rapid treatment once extricated. EMRTS attended then, along with dr barton. 2 x phea positive .</p> <p>["IV access", "Basic life support"]</p> <p>["Limb splinting", "Immobilisation", "Assisted Transfer"]</p> <p>patient extricated, placed on scoop.</p> <p>agitated ++, combative. ketamine sedation prior to formal phea</p>						

						<p>["PHEA", "Pre-hospital Sedation"] – sedation: RM; PHEA: RM/BB</p> <p>Sedation: for extrication, ketamine 60mg</p> <p>PHEA:</p> <ul style="list-style-type: none"> - team: BB-intubator, drugs, TL ; RM: airway assist; WAST: MILS; WAST: runner. - decision 23:52, start 00:12, complete 00:16 - airway compromise – multifactorial - road between 2 EA - pre-drugs – TXA 1g, ketamine 60mg +10mg (for pre-O2) - checklist – full - Pre-O2 – BVM - Drugs – fentanyl 100mcg, ketamine 60mg, rocuronium 100mg - free running flush line, approx 100ml given - Intubation – DL – 4, grade 1, bougie, #8 ETT secured at 23cm, ["misting", "chest movement", "etCO2"] - post-drugs- Ketamine/midazolam trauma mix 20ml/hr, rocuronium, 50mg - parapac vent 3 minutes post intubation - initially 500 x 20 increased to 24 to 520x26 for co2 control - heating pads x2, blizzard and blankets - MILS maintained during preo2/preparation/phea --> blocks and tape - bm 4.1 - sedation via micrel syringe pump trauma mix <p>Transport</p> <p>ASHICE UHW TTL</p>						
8	CB664	14/11	50	female	trauma	29D02M car vs Pedestrian	no	-	-	yes	no	no
	<i>Additional comments:</i>					<p>on zebra crossing (car travelling at ~25mph)</p> <p>Assisted with assessment and packaging.</p> <p>["IV access"]</p> <p>Morphine IV; IV paracetamol requested.</p> <p>Likely only # R ankle and abrasions to R forearm but in ambulance noted to have LUQ tenderness in ABDO.</p> <p>Discussion with trauma desk but casualty stable and agreed destination would be Morriston.</p>						

9	SB5854	14/11	-	-	trauma	RTC	yes	-	-	no	no	nil
	<i>Additional comments:</i>					Head on RTC , Polytrauma, entrapment stood down when less than one mile from scene						
10	SB5867	15/11	70	male	arrest	Witness collapse.	no	-	-	no	no	nil
	<i>Additional comments:</i>					Bystander CPR. Initial ROSC from VT then PEA. PPM. ROLE'd						
11	CB664	15/11	45	male	trauma	30D03 - Bicycle fall – head injury	no	-	-	yes	no	nil
	<i>Additional comments:</i>					<ul style="list-style-type: none"> - a cyclist had been travelling downhill, had attempted to mount the kerb and had fallen, striking his head against the metal shuttering of a shop. he had not been wearing a helmet. - A witness to the incident reported that he had not been knocked out but had initially seemed dazed. - primary survey and inspection of wound - his main injury was a deep 15-20cms vertical laceration from forehead to mandible with bone (zygoma) visible at its base. - wound covered and ongoing minor arterial bleeding dealt with by trauma bandages. - EM01 was tasked to the incident but were stood down once I had reported on the casualty's condition. - after discussion with Trauma desk subsequently it was agreed that the casualty would go to Morrision given his primary need of max-Fax &/or plastic surgery. ["IV access"]						
12	SB5854	14/11	18	female	arrest	Cardiac Arrest	no	01:37	01:44	yes	no	nil
	<i>Additional comments:</i>					Diabetic. Alcohol + Ketamine. Last seen 20 minutes before being found collapsed and in cardiac arrest - PEA advanced airway – iGel, ["Oxygen applied/confirmed"] ["IV access", "crystalloid given", "Adrenaline", "LUCAS"] Lucas Applied, IV access 14 g , 2 x Adrenaline, 2 x 500 ml NaCL ROSC after second adrenaline. suspected aetiology: ["Toxins"] EMRTS attended CoTT, ventilated, NaHCo3 given, vasopressor support with boluses of adrenaline Good team response with Paramedics, medserve, EMRTS						

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Governance: Team Case 1
Solo Case 6
Solo Case 7

