



Activity Report



Week commencing: 22nd February 2021

Team Shift Activity:

number of shifts:	2
number of taskings:	7
number of patient involvements:	4
number of governance procedures:	0

Team Shift:			
Date:	22/02	Duration:	?
No. of taskings	4	Personnel:	IB, CM, NA (Obs)
<i>trauma</i>	1	<i>adult</i>	3
<i>medical</i>	2	<i>paediatric</i>	1
<i>cardiac arrest</i>	1		
Pre-shift issues	nil	Post-shift issues	not submitted
Pre-comments	nil	Post-comments	

Case	Age	gender	type	Job description	S/D	Scene time	Total time	General interventions	Governance interventions	Adverse events
1	64	male	trauma	Cyclist off bike	no	-	-	no	no	nil
	<i>Additional comments:</i> Cyclist knocked off bike in roundabout Minor injuries treated, Recall and review advice given, Home with daughter Mobile 15:27, Scene 15:47									
2	43	male	arrest	Cardiac Arrest	no	-	-	yes	no	nil
	<i>Additional comments:</i> Breathless and tired today, ?covid, Collapse at home ["IO access","LUCAS"] ["Ultrasound (cardiac)"] ALS, Lucas, ROLE									

3	16	male	medical	Seizures	yes	-	-	no	no	nil
	<i>Additional comments:</i>			Fitting after weed						
4	28	female	medical	Seizures	no	-	-	no	no	nil
	<i>Additional comments:</i>			TLE, Cluster of fits today, Now post ictal Transport with UCS to royal glam Mobile 18:44, Scene 18:56						

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

Team Shift:					
Date:	26/02	Duration:	08:18	Personnel:	IB, JK, NA
No. of taskings					
trauma	0	adult	0		
medical	0	paediatric	0		
cardiac arrest	0				
Pre-shift issues	nil	Post-shift issues	kit issues - ? details		
Pre-comments	nil	Post-comments	nil		

Case	Age	gender	type	Job description	S/D	Scene time	Total time	General interventions	Governance interventions	Adverse events
1	44	male	trauma	Assault	no	-	-	yes	no	nil
	<i>Additional comments:</i>			Alleged assault, Head injuries, conscious, suspected diazepam + Cocaine use. Obs normal. Dressing to scalp. Chair transfer to ambulance. Advised to grange for head CT. Crew content to take unescorted. Mobile 22:32, At scene 22:42, Cleared 23:16						
2	63	male	medical	Seizure	yes	-	-	no	no	nil
	<i>Additional comments:</i>			Known epileptic, fitting, only CFR in attendance. Stood down to attend red call. Mobile 22:15, Stood Down 22:32						
3	52	male	trauma	Assault	yes	-	-	no	no	nil
	<i>Additional comments:</i>			Two patients. Assaulted with baseball bat. Stand down. Mobile: 23:54, Stand down: 00:24						

Solo Activity:	active responders:	SB 5854, CB 664, SB 5858, CB 5851, SB5857
	number of taskings:	15
	number of patient involvements:	12
	number of governance procedures:	4 (3 Medserve, 1 EMRTS)
	Tasking Types:	
	<i>trauma</i>	11
	<i>adult</i>	12
	<i>medical</i>	3
	<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	SB5854	22/02	15	male	trauma	Hanging	no	-	-	yes	yes - EMRTS	nil
						<i>Additional comments:</i> unknown duration of asphyxia. ALS from family and then WAST. Asystole - VF- Shocked x 1 . . ?? PEA. persistent ETCO2 reading over 4.0 Pressor doses of Adrenaline (10-20 MCG) and fluid bolus resulted in palpable radial BP = systolic around 90 extrication from property via carry chair. Transferred to UHW. ["Advanced life support"] ["Drugs outside JRCALC guidelines (non-governance)"] – Adrenaline 20 mcg x 4 pressure doses of adrenaline stabilised BP to allow transfer. EMRTS attended, PHEA prior to transfer MRI showed hypoxic ischaemic encephalopathy. died 26/2/21						

2	CB664	23/02	84	male	trauma	29D04V - RTC	no	-	-	yes	yes	nil
						<i>Additional comments:</i>	<p>A Jaguar saloon allegedly struck a Honda Jazz which was emerging from premises on road with nominal speed limit of 40mph.</p> <p>The driver of the Honda was found in TCA.</p> <p>["IV access"]</p> <p>["Ultrasound (cardiac)"]</p> <p>"HOT" management already underway courtesy of RRV x2 and EA (ETT, Pneumofixes and IV saline. TXA.)</p> <p>Thoracostomies L&R - both lungs down; ROSC following this. likely flail R chest.</p> <p>Ongoing resuscitation included blood & lyoplas courtesy of EMRTS.</p> <p>The casualty survived to hospital and went to theatre but has since died.</p>					
3	CB664	24/02	29	male	medical	12D02 - Seizures	no	-	-	yes	no	nil
						<i>Additional comments:</i>	<p>the patient had a complex medical history including possible non-epileptic seizures.</p> <p>He had demonstrated what appeared to be genuine tonic/clonic seizure activity associated with cyanosis.</p> <p>Despite IV diazepam he had been irritable and combative and the personnel first on scene anticipated difficulties extricating and transporting him.</p> <p>The patient was being removed to the back of an EA as I arrived.</p> <p>He appeared to be commencing another seizure and was given midazolam 5mg IV.</p> <p>NP airway/100% O2 via NRBFM.</p> <p>Haemodynamically Stable during transfer.</p>					
4	SB5858	25/02	26	male	medical	Seizures	no	-	-	yes	no	nil
						<i>Additional comments:</i>	<p>Crew request - Male in supported housing having repeated seizures / agitation</p> <p>Male pt (approx 90kg) cycling quickly between absent seizures/ post ictal confusion/ aggressive behaviour</p> <p>Eventually persuade to sit on trolley, strapped , iv access and 2mg midaz . Escorted to UHW</p> <p>Supported by matt creed on EM04 initially via phone then in person.</p> <p>["IV access"]</p> <p>["Drugs outside JRCALC guidelines (non-governance)"] – Midazalam 2mg</p> <p>Toc 1914 (2 requests for basics) allocated and mobile 2049. At scene 2109. Clear 2246</p>					
5	CB5851	25/02		female	trauma	Cyclist vs Van - TCA	no	-	-	yes	yes	nil
						<i>Additional comments:</i>	<p>CS (+ IB ON EMRTS)</p> <p>Cyclist hit by van. wearing helmet - mangled, occipital area smashed. TCA.</p> <p>On my arrival, in back of EA, intubation attempt by WAST (failed - revert to iGel)</p>					

						bilateral pneumofix in situ, pelvic binder, tibial IO, 500ml fluid up, asystole. no major external injury / deformity evident. ["IO access", "Advanced life support"] bilateral thoracostomy. new IO right shoulder. crystalloid 500ml. TXA. IB arrived on EMRTS shortly after - intubated (VL) VF, several shocks, back into asystole, ROLE ["Simple Thoracostomy"] CS - trolley in ea Ind - traumatic arrest Proc – Bilateral, Right lung down + 100ml blood out, left lung up, Used 22g retractable scalpel no complications							
6	CB5851	25/02	50	female	trauma	RTC	no	-	-	yes	no	nil	
	<i>Additional comments:</i>					vehicle off road on pax side in deep ditch, at least 6ft down from main carriageway dog and pax in vehicle self extricated, pax describes driver head slump forward and vehicle left road vehicle engines off to avoid exhaust gases boozing in ditch entered vehicle under FRS direction - fire commander, Dom, CS happy with stability as vehicle wedged in ditch with full support to roof driver suspended by seat belt, no respiratory effort, no pulse, ecg (pads) - asystole. Time of ECG/access 1944 - 40 minutes after time of original call. no bystander CPR d/w Dom and agreed ROLE criteria met. HRS and police updated, abandoned rescue attempt. Pax from vehicle uninjured, discharged from scene with safety netting advice for head injury and whiplash. no actions outside jrcalc							
7	SB5857	26/02			trauma	Motorbike Vs tractor	yes	-	-	no	no	nil	
	<i>Additional comments:</i>					stood down							
8	SB5854	26/02		male	trauma	RTC	no	-	-	no	no	nil	
	<i>Additional comments:</i>					rollover RTC, unknown injuries, persons trapped. Minor injuries, no enhanced care require.							
9	SB5854	26/02			trauma	RTC	yes	-	-	no	no	nil	
	<i>Additional comments:</i>					Multi vehicle RTC. All unknown. Stood down en route as minor							

10	CB664	26/02	70	male	arrest	31D03 - Arrest	no	-	-	yes	no	nil
	<i>Additional comments:</i>					<p>became code 9 on arrival of EA first on scene.</p> <p>The patient had a history of cardiac problems and had been found unresponsive by his sister and her husband who had had to break into the house.</p> <p>Initial rhythm PEA with agonal/ineffective breathing</p> <p>["Advanced life support", "LUCAS"]</p> <p>["Ultrasound (cardiac)"]</p> <p>ALS with cardiac ultrasound on EMRTS' machine.</p> <p>ROLE after ~35 minutes</p>						
11	CB664	26/02	2	female	medical	06E01	no	-	-	no	no	nil
	<i>Additional comments:</i>					<p>The patient had woken from sleep and had immediately appeared distressed & breathless.</p> <p>Nil from me.</p> <p>EA 1st on scene were about to stand me down as I arrived</p> <p>the child was sitting on mother's lap and no longer distressed.</p>						
12	SB5857	27/02	56	male	trauma	Unconscious	no	00:23	02:41	yes	yes	nil
	<i>Additional comments:</i>					<p>alleged assault last night. found unresponsive this morning & snoring with head and facial injuries</p> <p>joint response with H67 double CCP crew (shaw / morris)</p> <p>M4 closed at 33 so delay to scene</p> <p>["IV access"]</p> <p>["Immobilisation", "Assisted Transfer"]</p> <p>["PHEA"]</p> <p>Team – BB (Int/TL), CS (Mon/Dx), AM (airway assist) – Medserve/EMRTS</p> <p>Decision – 11:29, start – 11:36, complete – 11:42</p> <p>Ind - Airway compromise - low GCS</p> <p>Loc - Road outside house</p> <p>Full checklist, Pre-O2, Map-C</p> <p>Dx – Fentanyl 150mcg, Ketamine 150mg, Rocuronium 100mg</p> <p>Airway – VL4, grade 1, bougie, 1 attempt, ["misting", "chest movement", "auscultation", "etCO2"], ventilation within 2 minutes, no complications</p> <p>maintenance – fentanyl 50mcg x 3, propofol 25 ml/hr</p> <p>observations stable</p>						

						comments: Temp 32 pre-induction – heat pad and blankets, ?prolonged on floor, PEARL throughout target etCO2 3-4 kPa given pre-PHEA tachypnoea - suspected acidotic + (subsequent ABG Paco2 6.0 with etCO2 3.8) 7.0 ETT due to facial injuries, swelling and small stature. no active facial bleeding so not packed post PHEA						
13	SB5854	27/02		male	trauma	Jump from height	yes	-	-	no	no	nil
	<i>Additional comments:</i>					Male, allegedly jumped over 30 feet from flyover. Stood down, minor injuries						
14	SB5854	27/02	15	male	trauma	27D02S - Stabbing	no	-	-	no	no	nil
	<i>Additional comments:</i>					Reports of 15 year old male stabbed by large gang. On arrival at scene, reports to police suggested patient had been bundled into a car and had left scene. No patient, no clinical input.						
15	CB664	28/02	64	male	trauma	29D02L- motorcycle vs cyclist	no	-	-	yes	no	nil
	<i>Additional comments:</i>					motorcycle vs cyclist on road with nominal speed limit 60mph Primary survey and assistance with packaging/transfer to EA. discussed with Chris Shaw (solo in EMRTS car) and agreed motorcyclist for Morriston not UHW. Both casualties wearing helmets. Cyclist thought he had been knocked out but was mobilising around scene and GCS 15 with cut to face only apparent injury ["Immobilisation"]						

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Governance

Solo cases 2, 5 and 12

Solo case 1 – primarily EMRTS governance