



Activity Report



Week commencing: 29th November 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:	SB 5867, SB 5854, CB 5851, CB 664
	number of taskings:	10
	number of patient involvements:	8
	number of governance procedures:	0
	Tasking Types:	
	<i>trauma</i>	8
	<i>medical</i>	2
	<i>cardiac arrest</i>	0
	<i>other</i>	0
		<i>adult</i> 10
		<i>paediatric</i> 0

Case	Res	Date	Age	gender	type	Job description	S/D	Scene time	Total time	General interventions	Governance interventions	Adverse events
1	SB5867	30/11	59	male	trauma	Intoxicated motorcyclist vs car.	no	-	-	yes	no	nil
	<i>Additional comments:</i>					Possible open knee. Nil else obvious Primary survey, binder, obs..... ["IV access"]["Immobilisation"]						
2	SB5867	01/12	30	male	trauma	Low speed motorcycle vs car.	no	-	-	yes	no	nil
	<i>Additional comments:</i>					According to police, GCS 3 initially then 20 minutes seizure. GCS 15 on my arrival with left arm weakness. ["IV access"] CT normal and discharged.						
3	SB5854	01/12		male	trauma	RTC	no	-	-	yes	no	nil
	<i>Additional comments:</i>					Head on collision on A473, Initially coded as fatality at scene. on arrival both patients self extricated. One patient with EMRTS Second patient = driver of car, seat belt worn, air bag activated ABC = normal						

						D = head injury GCS 14 = E4 V4 M6 = confused, repetitive Patient with head injury travelled seated in same EA as other driver, due to lack of resources. Both went to MTC at UHW definite risk in allowing both to travel in same EA , as one patient was intoxicated (Patient attended to by EMRTS).						
4	SB5854	02/12			trauma	Stabbing	yes	-	-	no	no	nil
	<i>Additional comments:</i>					Initial call stated "Male stabbed female". having travelled almost to RV point, stood down as it was established to be a hoax call						
5	CB5851	03/12	20	female	trauma	29D05V MULTIPLE VEH RTC	no	-	-	yes	no	nil
	<i>Additional comments:</i>					D/W ECCH - interrogated - called 5851 back and asked to attend as SP on scene requesting EMRTS for 2 patients. On arrival, 20 yof, driver, small hatchback, into stationary vehicle on dual carriageway, speedo locked at 50mph. Reported as trapped, FRS had already removed door, angled seat, no further space creation required in process of extrication through tailgate on longboard HR 80 ECG, BP 120/xx, had 5mg morphine and 20mg ketamine from SP. C/O femoral pain. On review post extrication, vitals remain ok, no evidence of femoral fracture, onto vac mat, into EA, 12-lead ECG NAD. Reviewed pax already in second EA. Possible closed ankle fracture, GCS 15, BP 124/7x, HR variable 80-125. Requested 12-lead - NAD. Plan to take to TU (Glangwili - 1 mile from scene). EMRTS arrival HM67 CCP crew, reviewed driver, agreed minor injuries suitable for TU, to Glangwili by road, EMRTS & 5851 clear on scene.						
6	CB664	04/12	80	male	medical	31D02 - Collapse	no	-	-	yes	no	nil
	<i>Additional comments:</i>					- the patient had collapsed in front of family at a wedding. He had previously undergone cardiac surgery at Morriston Hospital (?TAVI). ["IV access"] Responding monosyllabically to voice. Weak radial pulse, SR~60/min and BP initially only 85mmHg systolic. SpO2 91-92%. He gradually improved. ECGs showed appearances consistent with LVH but no acute or evolving changes. Conveyed by EA to Morriston without my needing to escort him. I was not booked on but a member of staff at the wedding venue knew that I lived nearby and came to my house to ask me to attend.						
7	SB5854	04/12	82	female	trauma	Fall	no	-	-	yes	no	nil
	<i>Additional comments:</i>					fallen from standing onto wooden floor.						

						<p>Lying on right arm, increasingly breathless.</p> <p>On arrival patient lying on right arm as stated. complains of pain in head, Mid thoracic spine, right arm and right hip.</p> <p>A= clear. No haemorrhage. no C spine issues</p> <p>B = R+L Normal, sats 88%</p> <p>C = pulse 100, BP 160/100</p> <p>D = GCS 15, no compressive neurology, bruising to RIGHT side of face and forehead.</p> <p>["IV access"]</p> <p>["Immobilisation","Assisted Transfer"]</p> <p>Oxygen Via rebreather at 15L = FiO2 80%</p> <p>Cannulated LEFT ACF 20 G</p> <p>Ondansetron 4 mg, Fentanyl 80 MCG</p> <p>upon arrival of Tech crew + Soldier, agreed on use of scoop + vac mat as patient in rear upstairs room.</p> <p>Ketamine 20 mg given = good effect.</p> <p>rolled onto scoop, lifted onto vac mat, carried to stretcher then EA</p> <p>assisted transfer</p> <p>Phone to Trauma desk = advise Resus on basis patient had head injury and was on Aspirin + Clopidogrel.</p> <p>I was alerted to this case by a close friend. Patient = her mum.</p> <p>I advised control that I would be attending, but asked NOT to be formally allocated as this would cancel out the EA.</p> <p>Travelled at road speed.</p> <p>Mechanism = Low sats = P2 back up requested.</p> <p>Tech EA + squaddie</p> <p>On arrival of EA I radioed control and advised that I was now formally on scene and my call sign could be allocated</p>						
8	SB5854	04/12	34	male	trauma	Hanging	no	-	-	yes	no	nil
	<i>Additional comments:</i>					<p>limited information</p> <p>"He's committed suicide"</p> <p>On arrival established the patient had hung himself from bannister in the family home. Last seen by heavily pregnant wife 2 hours before.</p> <p>She alerted neighbour to her findings</p> <p>CPR commenced (Neighbour = Medical Registrar at GUH)</p> <p>["IO access","Advanced life support"]</p>						

						<p>On my arrival CPR ongoing</p> <p>Igel and bag. lucas applied. IO access, Adrenaline x 3, fluid = 500 ml</p> <p>ROLED</p> <p>I continued CPR as walking in and declaring "He's dead" did not seem appropriate bearing in mind the dynamics of the scene.</p> <p>Also, there is a chance that ROSC can be achieved, meaning that ROLE is delayed and organ donation can be discussed (I have attended 2 x hangings where this has taken place) in these scenarios from the ligature up = dead, from the ligature down = possibly some viable tissue/Organs.</p> <p>Wife counselled, Neighbours counselled, EA crew counselled</p> <p>Overall a shit job, but as always "Not my grief, not my shit . . .turn around. . .walk away"</p>						
9	CB664	05/12	18	female	medical	Asthma	yes	-	-	no	no	nil
	<i>Additional comments:</i>					<p>Given as asthma attack but actually found to be hyperventilating and upset after fall on pitch and consequent painful ribs.</p> <p>None - stood down by RRV first on scene</p>						
10	CB664	05/12		male	trauma	29D02N - RTC	no	-	-	no	no	nil
	<i>Additional comments:</i>					<p>- motorcyclist vs 2nd bike or street furniture?</p> <p>Motorcyclist had lost leg.</p> <p>First aider, off-duty paramedic and police officer had applied tourniquet(s).</p> <p>EMRTS, DOM and EA on scene by the time I got there.</p> <p>Nil from me. The casualty was GCS 15 and haemodynamically stable (HR 110/min).</p> <p>Packaging was completed and he was transferred to Morrision Hospital with EMRTS escorting.</p> <p>The casualty was later reported to have gone to theatres for attempted re-attachment of his limb.</p>						

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

No Governance