MEDSERVEWALES

# Activity Report

**Week commencing:** 22nd November 2021

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| **Team Shift Activity:** | number of shifts: | 3 |
| | number of taskings: | 9 |
| | number of patient involvements: | 8 |
| | number of governance procedures: | 0 |

**Team Shift:**

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|---|---|---|---|---|---|
| **Date:** | 24/11 | **Duration:** | 07:29 | **Personnel:** | RHD, JT |
| **No. of taskings** | 3 | | | | |
| *trauma* | 1 | *adult* | 3 | | |
| *medical* | 1 | *paediatric* | 0 | | |
| *cardiac arrest* | 1 | | | | |

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| **Pre-shift issues** | nil | **Post-shift issues** | nil |
| **Pre-comments** | Drugs RHD stock | **Post-comments** | nil |

| Case | Age | gender | type | Job description | S/D | Scene time | Total time | General interventions | Governance interventions | Adverse events |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 54 | male | trauma | 29D02L RTC - motorcycle vs pickup | no | - | - | yes | no | nil |
| | *Additional comments:* | | | Examination and observations.<br>Back pain in context of chronic back problems.<br>Conveyed as a precaution. No major trauma suspected.<br>["Assisted Transfer"] | | | | | | |
| 2 | 79 | female | arrest | Cardiac Arrest | no | - | - | yes | no | nil |
| | *Additional comments:* | | | Cardiac arrest in frail patient with aortic stenosis<br>ALS commenced but discontinued when DNAR produced by family. | | | | | | |

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| 3 | 58 | female | medical | Seizure | no | - | - | yes | no | nil |
| | | *Additional comments:* | | Prolonged seizure despite diazepam via PEG.<br>Previous CVA, meningitis and chronic lung disease. DVT. Anxiety, depression. PEG, urinary catheter, bedbound.<br>“Functional neurological disorder”<br>? Infected PEG entry site.<br>Abdo pain, distended abdo, ? Obstructed.<br>["Assisted Transfer"]<br>History, examination.<br>Diazepam 15mg (total) IV, Levatiracetam 1.2g IV, 2.5mg midazolam en-route<br>Conveyed to Morriston with pre-alert | | | | | |

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

**Team Shift:**

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|---|---|---|---|---|---|
| **Date:** | 25/11 | **Duration:** | 08:22 | **Personnel:** | IB, ST |
| **No. of taskings** | 2 | | | | |
| *trauma* | 1 | *adult* | 1 | | |
| *medical* | 1 | *paediatric* | 1 | | |
| *cardiac arrest* | 0 | | | | |

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| **Pre-shift issues** | POM Drug checks - some smashed/illegible/OOD - corrected | **Post-shift issues** | nil |
| **Pre-comments** | nil | **Post-comments** | Quiet shift<br>Cuisine: five guys |

| Case | Age | gender | type | Job description | S/D | Scene time | Total time | General interventions | Governance interventions | Adverse events |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | male | medical | Asthma attack, difficulty breathing | no | - | - | no | no | nil |
| | *Additional comments:* | | | Call from GP surgery, increased work of breathing and hypoxic (sats 90%)<br>Ventolin nebs and prednisone already given,<br>History, Examination and Observations<br>Observations stable, but persistent hypoxia, and minimal distress<br>advice given to paramedics<br>transferred to hospital without assistance<br>Allocated/mobile 1545, at scene 1607, clear 1614 | | | | | | |
| 2 | 29 | female | trauma | Motorcyclist vs stationary car | no | - | - | no | no | nil |
| | *Additional comments:* | | | Misbalanced on moped, low speed into stationary vehicle<br>- no significant damage to vehicles<br>- right leg injury - bruising<br>History/examination/observations all satisfactory<br>- ambulatory at scene<br>Recall and review advise given<br>Patient and family happy for discharge<br>Call: 1740, mobile: 1740, at scene: 1812, clear: 1835 | | | | | | |

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

**Team Shift:**

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|---|---|---|---|---|---|
| **Date:** | 27/11 | **Duration:** | 09:15 | **Personnel:** | RHD, AW-E |
| **No. of taskings** | 4 | | | | |
| *trauma* | 1 | *adult* | 4 | | |
| *medical* | 2 | *paediatric* | 0 | | |
| *cardiac arrest* | 1 | | | | |

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| **Pre-shift issues** | Drugs not taken.<br>Utilised Rob Davies personal issue drugs | **Post-shift issues** | Advisory notice on car - "park assist unavailable. Service required" |
| **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 | 31 | female | medical | Unconscious | no | - | - | yes | no | nil |
| | *Additional comments:* | | | Amber call became red. Alcohol plus unknown tablets. Booked into premier inn with person unknown.<br>Found by father intoxicated and displaying apnoeic episodes.<br>History, examination, and observations.<br>GCS improved over next 10 minutes.<br>Conveyed by EA to Morriston due to concern of unknown ingestion in context of chronic use of alcohol. | | | | | | |
| 2 | 92 | female | arrest | Cardiac Arrest | no | - | - | yes | no | nil |
| | *Additional comments:* | | | Residential home resident. Witnessed cardiac arrest by care home staff. Immediate CPR. On arrival CPR in progress.<br>["IV access","Advanced life support"]<br>First rhythm slow PEA. Airway secured with iGel. Adrenaline x2.<br>Continuing PEA with broadening and slowing rate. Decision made to stop due to futility. ROLE. | | | | | | |
| 3 | 35 | female | trauma | RTC. Car vs Wall | no | - | - | yes | no | nil |
| | *Additional comments:* | | | Complaining of chest and abdominal pain.<br>Self-extricated to neighbouring house.<br>["IV access"]<br>History, examination, and observations. Pain to lower left ribs.<br>No evidence of haemodynamic compromise. Major trauma tool negative.<br>Conveyed to local ED by EA. | | | | | | |

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| 4 | 24 | male | medical | Male breathing but not conscious. ?Spiked. | yes | - | - | no | no | nil |
| | *Additional comments:* | | | Stood down on route | | | | | | |

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

**Solo Activity:**

active responders: SB 5858, CB 664, SB 5854

number of taskings: 5

number of patient involvements: 5

number of governance procedures: 1

Tasking Types:

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| *trauma* | 4 | *adult* | 4 |
| *medical* | 0 | *paediatric* | 0 |
| *cardiac arrest* | 1 | | |
| *other* | 0 | | |

| Case | Res | Date | Age | gender | type | Job description | S/D | Scene time | Total time | General interventions | Governance interventions | Adverse events |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | SB5858 | 22/11 | 79 | male | trauma | Wheelchair vs Car | no | - | - | no | no | nil |
| | | | | *Additional comments:* | | Wheelchair user rolled down driveway, hit car and ejected from chair<br>Lying on floor, assessed, stood up, had small lac to head, no loc, on steroids and apixaban.<br>Had some skin flap wounds that unfortunately I couldn't do much about.<br>Public place and lack of that sort of kit.<br>Discharged to care of daughter, who will drive pt to UHW. | | | | | | |
| 2 | CB664 | 23/11 | 74 | male | arrest | Cardiac Arrest | no | - | - | no | no | nil |
| | | | | *Additional comments:* | | 09E01 - patient had been unwell during the previous day and had vomited in his wife's presence and then collapsed.<br>Aystole initially then PEA. DC shock for one episode of VF.<br>As per ALS algorithm + LUCAS - brief periods of ROSC x 3 but by the time I arrived the patient had already had 8mg (1:10000) adrenaline + bolus doses of 10mcg when ROSC achieved.<br>The personnel first on scene had hoped that I would be able to provide cardiac ultrasound but this not available to me.<br>ROLE after ~90 mins of attempted resuscitation. | | | | | | |
| 3 | SB5854 | 25/11 | | male | trauma | RTC | no | 00:39 | 02:59 | yes | yes | nil |
| | | | | *Additional comments:* | | High speed collision. Car v Tree. Unrestrained. | | | | | | |

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| | | Initial reports suggested unconscious but breathing. On arrival of RRV patient displaying agonal respiration. Subsequent cardiac arrest.<br>Rapid extrication from vehicle assisted by Fire and Rescue.<br>Patient initially mechanical trapped due to massive intrusion into the driver compartment.<br>HOTT resuscitation protocol commenced by paramedics.<br>Chest compressions.<br>iGel<br>Bilateral Pneumofix needle decompression<br>18G Cannula<br>2 x Adrenaline 10 ml 1/10,000 given by the time I arrived.<br><br>O/E Asystolic traumatic cardiac arrest<br>No catastrophic external haemorrhage<br>A= Airway = secured with 4/0 iGel ETCO2 = 1.7<br>B = Breathing = bilateral needle decompression<br>C=Asystole<br>D = GCS 3 Fixed Dilated pupils, Eyes open, bilateral corneal desiccation.<br>E = Limbs attached, no obvious deformity bruising to chest, facial trauma with bleeding from nose and mouth.<br><br>["IV access"] ["Immobilisation"]<br>Airway = secured by way of 4/0 iGel = ETCO2 reading 1.7, MILS.<br>Bilateral Thoracostomies performed by myself. Both lungs inflated.<br>At this time no fluid had been given. I placed 14g cannula in RACF, and 500 ml WARM saline was given<br>Tranexamic acid 1000 mg, Third dose of Adrenaline 10 ml 1/10,000, Pelvic binder<br>At next rhythm check = Narrow complex with ROSC rate 90, palpable carotid<br>EMRTS arrived<br>iGel converted to COTT., Blood products given<br>Assisted transfer to UHW<br>last update = Brain Dead on ITU<br><br>["IV access"] ["Immobilisation"] |

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| | | | | | | ["Simple Thoracostomy"]<br>location: Supine on road beside vehicle<br>indication: traumatic arrest<br>procedure: Bilateral<br>findings: Both lungs inflated<br>complications: nil<br>comments: non aseptic technique. further contamination form engine oil at scene<br><br>On reflection.<br>1. Bilateral Thoracostomies = I did not use aseptic technique, and the incisions were further contaminated at scene by the copious amounts of engine oil that covered everything!<br>2. Pelvic binder is a haemorrhage control device, and should be put on as soon as is practically possible. There was a delay in applying the binder.<br>3. conversion of asystole to narrow complex with ROSC troubles me. did we have a loose lead ? Interventions between rhythm checks were bilateral Thoracostomies and 500 ml of warm saline. what are other peoples experiences with Traumatic asystolic cardiac arrest suddenly converting to narrow complex ROSC. | | | | | | |
| 4 | SB5854 | 26/11 | 42 | female | trauma | Pedestrian v 4x4 Car | no | - | - | yes | no | nil |
| | | | | | *Additional comments:* | Patient knocked down, and 4x4 went over her.<br>Initially dragged from under car by passerby.<br>Initial reports = unconscious<br>On arrival = in EA<br>Airway secure, breathing, verbalising<br>Auscultation of chest = air entry bilaterally, but surgical emphysema on RIGHT anterior chest wall<br>BP in the 140/90 range<br>GCS = E3 V3 M5 = 11/15<br>Large boggy swelling over RIGHT occipitoparietal region<br>Grazes to knees and right thigh, Right side of chest.<br>Congenital malformation of RIGHT arm with evidence of previous surgery.<br>["Immobilisation","Assisted Transfer"]<br>EMRTS en route = advised to stand down<br>pelvic binder applied, cannulated, TXA | | | | | | |

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| | | | | | | 3.2 miles to UHW so crew advised that rapid evacuation to MTC more sensible than staying at scene, hence decision to stand down EMRTS<br>CT showed intraparenchymal RIGHT occipital haemorrhage<br>? blood in RIGHT side of chest | | | | | | |
| 5 | SB5854 | 26/11 | | | trauma | RTC | no | - | - | no | no | nil |
| | | | | *Additional comments:* | | Car drove into a parked van<br>Initial reports suggested entrapment and possible fatality<br>On arrival, EMRTS on scene<br>Driver of parked Van extricated with assistance and immobilised .<br>Driver of car self extricated.<br>Non compliant behaviour, eventually calmed down.<br>Transferred to PCHM as discharge at scene not safe due to lack of compliance. | | | | | | |

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## Governance

Solo case 3