



Activity Report



Week commencing: 5th October 2020

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:	CB 664, SB 5846, SB 5866			
	number of taskings:	4			
	number of patient involvements:	3			
	number of governance procedures:	0			
Tasking Types:					
	<i>trauma</i>	3	<i>adult</i>	0	
	<i>medical</i>	0	<i>paediatric</i>	0	
	<i>cardiac arrest</i>	1			

Case	Res	Date	Age	gender	type	Job description	S/D	Scene time	Total time	General interventions	Governance interventions	Adverse events
1	CB664	6/10		male	trauma	RTC	no	-	-	immobilisation	nil	nil
<i>Additional comments:</i>						car with driver only travelling at approximately 70mph in very wet conditions had aquaplaned and ended up on hard shoulder extensive damage/significant intrusion to driver's side management: nil specific. support for rrv and ea first on scene the driver had suffered two lacerations of scalp, one almost from vertex to forehead, but had not been knocked out He had self-extricated and was gcs 15 and haemodynamically stable.						
2	SB5846	07/10	79	male	arrest	Cardiac arrest	no	01:01	01:19	multiple	nil	nil
<i>Additional comments:</i>						Case report submitted						
3	CB664	10/10	20	Female	trauma	Leg injury	no	-	-	as documented	nil	nil
<i>Additional comments:</i>						Laceration to leg from broken glass from picture frame. 10cms long and down to adipose tissue - not as deep as TFL/muscle. Casualty known user of non-prescribed substances and on methadone. On rivaroxaban for previous recurrent venous thrombosis (hadn't taken for 2 days). Epileptic on keppra. PH of WPW - ablation in bristol but no recent f/u. Casualty vehemently declined transfer to hospital. Wound irrigated in back of ambulance and explored under LA. No FB detected.						

						<p>8x 2/0 silk sutures- to be removed in 7-10 days</p> <p>may restart Rivaroxaban on 11/10 if no haematoma.</p> <p>advised to seek medical help urgently if worsening swelling/pain or if fever &/or discharge from wound noted.</p> <p>Casualty strongly advised to have wound inspected in next 24-48 hours. Indicated she would contact "jan", link worker/nurse for homeless persons in area.</p>						
4	SB5866 SB5854	11/10		male	trauma	? assault with vehicle +/- Weapons.	yes	-	-	nil	nil	nil
	<i>Additional comments:</i>					<p>Desk request.</p> <p>Co-response with RM</p> <p>Pt had absconded scene</p>						

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



Case Reviews

nil governance to review

Submitted Case Reports:

Case: 1	Date:	07/10	Responders:	GR	Age:	79	Gender:	male	
	Time:	09:43	Scene Time:	01:01	Total Time:	01:19	1st on Scene	NO	
	Tasking Description	Cardiac Arrest							
	Mechanism/History:	Arterial ulcer on leg bled, anticoagulated Unwitnessed PEA arrest							
Injuries:	n/a								

Clinical	Assessment					Interventions	Comments
A	patent		I-Gel			O2 advanced airway - iGel to ETT	INTUBATED BY GR.
B	RR	-	Sats	-	etCO2 0.5	Able to ventilate	
C	HR	70	BP	PEA	Progressed to asystole	["IV access", "IO access", "crystalloid given", "Adrenaline", "Cardiac US", "LUCAS"]	IO X 2 BY EMRTS/WAST IV BY GR USS BY GR BICARB BY GR. Bleeding controlled with dressing and C.A.T.
D	GCS		3				
E	T	-	BM	-			
Other							

Transport details	n/a	
Stable:	n/a	
Governance Interventions	NO	
Comments:	ROLE -10:58 Hypovolaemic arrest in premonitory poor patient Decision not to give blood products nor transport to hospital downtime in asystole 30 mins despite ALS and 2.5L fluid USS showed standstill Futility, all in agreement, ROLE	

