



## Activity Report



Week commencing: 5<sup>th</sup> April 2021

**Team Shift Activity:**

number of shifts:	0
number of taskings:	0
number of patient involvements:	0
number of governance procedures:	0

<b>Solo Activity:</b>	active responders:	CB 664, SB 5857, SB 5854, SB 5866
	number of taskings:	11
	number of patient involvements:	11
	number of governance procedures:	2 1 by EMRTS
	Tasking Types:	
	<i>trauma</i>	5
	<i>adult</i>	10
	<i>medical</i>	5
	<i>paediatric</i>	1
	<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	CB664	05/04	23	male	trauma	RTC - 29D02M	no	-	-	yes	no	nil
<i>Additional comments:</i>						the casualty had been crossing the road on an electric scooter and had collided with a Mini crossing the junction at 20-25mph. He had not been knocked out and had been able to mobilise to the side of the road.						

						<p>Brought to my vehicle to warm up. Examination and observations.</p> <p>C/O low back pain only with no obvious deformity, bruising or abrasions.</p> <p>Paracetamol PO. Was about to get Pentrox when EA arrived.</p> <p>Conveyed by EA to Morrision for further assessment/investigation.</p>						
2	SB5857	05/04	80	female	medical	chest pain, collapse	no	-	-	no	no	nil
	<i>Additional comments:</i>					<p>known cardiac history</p> <p>crew assist</p>						
3	SB5854	06/04		male	trauma	Elderly Pedestrian Vs Car	no	01:06	01:19	yes	yes	nil
	<i>Additional comments:</i>					<p>RM, TA(off duty)</p> <p>Patient thrown 20m from point of initial impact, shoe landing in bus stop 50m from impact.</p> <p>Significant damage to bonnet, windscreen and front of roof.</p> <p>Bystander CPR. RRV arrived 3mins after call, weak pulse noted however no respiratory effort iGel placed and ventilating well with BVM.</p> <p>TA came across incident and stopped to assist gaining IV (14g) access.</p> <p>Shortly after EA &amp; RM arrived. 2nd IV (14g) by RRV</p> <p>Injuries noted - apparent open frontal skull fracture, abrasions to both knees, displaced fractures to both ankles.</p> <p>["IV access"] ["Limb splinting", "Immobilisation"]</p> <p>Catastrophic bleeding - nil visible.</p> <p>A - EA Para to continue to manage with iGel, some blood in oropharynx, suctioned by RRV.</p> <p>B - manual ventilation (no respiratory effort throughout), EtCO2 (5.7kPa) and catheter mount added by TA. Good air movement, easy to ventilate, rise and fall equal with good breath sounds in all fields. Chest wall appeared intact.</p> <p>C - radials present but weak, 1g TXA by TA. BP's recorded around 95 systolic. Pelvic binder applied.</p> <p>D - remains gcs 3, pupils fixed &amp; dilated. 300ml of 2.7% Hypertonic Saline by RM.</p> <p>E - Scooped, Heat pad applied, ankle fractures reduced by RM, ankles splinted together with triangular bandage. Moved to ambulance trolley and placed into Blizzard blanket, repositioned into shade behind EA with ramp up with plan to place definitive airway.</p> <p>EMRTS Arrived - MS(Dr), MA(CCP), AE(HTP/CCP secondment)</p> <p>Oxygenation became troublesome with SpO2 dropping to 87% and radials absent with weak carotid pulse.</p> <p>Code Red activated - 1 Red, 1 Lyo (total)</p> <p>Decision made by MS for COETT without drugs by AE, assisted by MS, to be followed by bilateral thoracostomies.</p> <p>Right thoracostomy by AE. (Lung up, no blood)</p>						

						<p>Left thoracostomy by TA supervised by RM. (Lung up, no blood)</p> <p>["Simple Thoracostomy"] – TA</p> <p>locations - On ambulance trolley behind EA</p> <p>indication - profound hypoxaemia</p> <p>Left sided, no complications</p> <p>Lung Up, No Blood</p> <p>Supervised by RM, some challenge with the blunt dissection as felt quite fibrous but was able to make an appropriate sized hole. RM confirmed findings and disposed of the sharp.</p> <p>1.2g Co-amoxiclav by RM</p> <p>Moved into EA.</p> <p>CO2 dropped from 6.7kPa to 1.1kPa, ecg became asystolic, SpO2 waveform lost.</p> <p>POCUS by MS - no cardiac movement.</p> <p>Decision made to terminate treatment and not to commence CPR/ ALS based on massive head injury and evidence of frailty (mobility aid of patient smashed at side of road). All in agreement.</p> <p>ROLE 13:10 by MS</p> <p>Excellent joint working between services. No CRM issues. All staff sensitive to scene forensics when removing equipment.</p> <p>All details exchanged with police, DOM attended post ROLE.</p> <p>(Written by TA, RM please feel free to add in the email chain)</p>						
4	CB 664	07/04	43	male	trauma	29D02M - pedestrian vs van	no	-	-	no	no	nil
	<i>Additional comments:</i>					<p>male casualty had his hood up and didn't see or hear the council van that was approaching at 15-20mph as he stepped off the kerb!</p> <p>Glancing blow only</p> <p>Examination and obs. Discharged from scene.</p>						
5	CB 664	07/04	23	male	medical	12B01 - seizure	no	-	-	no	no	nil
	<i>Additional comments:</i>					<p>the patient had suffered his third seizure - possibly significantly after weaning himself of valium abruptly.</p> <p>High daily intake of alcohol also noted.</p> <p>Examination and obs. Had fully recovered with no injuries.</p> <p>Strongly advised to see new GP asap.</p>						

						Letter done to practice.						
6	CB 664	07/04	51	female	medical	Seizure	no	-	-	no	no	nil
	<i>Additional comments:</i>					<p>Fitting - Amber initially with no resource available. Then turned RED and I was refuelling vehicle within a mile of location...</p> <p>Examination and obs.</p> <p>Casualty displaying likely pseudo-seizure activity but history emerged of possible "bleed on brain" also of "psychosis" and of "learning difficulties".</p> <p>Also alleged physical abuse by relative.</p> <p>Conveyed to Morriston without my needing to escort her.</p>						
7	SB5866	10/04	60	male	arrest	Collapse and arrest	no	-	-	yes	yes - EMRTS	nil
	<i>Additional comments:</i>					<p>60yrs Male cycling with friends.</p> <p>10 mins prior C/O dizzy/SOB</p> <p>Seen to wobble and crash into rear of parked car.</p> <p>Cardiac arrest.</p> <p>["IV access","IO access","Basic life support","Advanced life support"]</p> <p>["Assisted Transfer"]</p> <p>["Drugs outside JRCALC guidelines (non-governance)"]</p> <p>WAST arrival at Call +10min, MC at Call + 17min.</p> <p>Pt behind car in limited space.</p> <p>Cardiac Arrest: 3 Shocks given.</p> <p>&lt;C&gt; Nil</p> <p>A/B iGel #3, BVM, O2</p> <p>C ROSC (noted by MC as pt breathing). LD IO in situ Left Tibia.</p> <p>D GCS 3</p> <p>E Facial lacerations ?#s</p> <p>Update to ASD for PHEA assist/team. Informed HM 15+mins out, EM 5mins out.</p> <p>Scoop, MILS, Stretcher move to middle of road for PHEA. Vomited. iGel removed. GCS now 5 (E1/V1/M3).</p> <p>TCC (Bowler) to proceed, courtesy call to EMRTS TCC (Gill).</p> <p>EM CCP/HTP arrived and PHEA prep commenced (IO not patent so IV access sited).</p> <p>HM made good time - started but then held off completing checklist to permit them to PHEA as a team and convey.</p>						

						EMRTS PHEA (LW) while I documented on PCR and spoke to pts friends, Pt packaged and loaded into EA. EMRTS then requested to retask as EA about to leave scene, so asked to escort pt in with EM CCP. Accepted - uneventful transfer - Gwent Police clearing junctions en route.  12 lead ECG: Marked inferior ST depression. Handover to ED SpR /TTL. Comms challenges meant 1min warning only to UHW. Does not need MEDSERVE PHEA governance despite TCC as PHEA completed by EMRTS team. MEDSERVE team able to facilitate HM retasking.						
8	CB664	10/04	41	male	medical	Diabetic emergency	no	-	-	yes	no	nil
	<i>Additional comments:</i>					patient hypoglycaemic and fitting. Recovering by the time I saw him. Dextrose 15g PO. Serial monitoring of CBG. Advice re follow-up. Tasked by Tim on Desk. Letter to GP.						
9	CB664	10/04	17	male	trauma	RTC	no	-	-	yes	no	nil
	<i>Additional comments:</i>					small hatchback vs people carrier - closing speed ~45mph. 2 casualties - 17 yo male and 68 yo female. Male casualty initially thought to have been unrestrained and to have hit head on windscreen but later judged to have hit with R elbow. ["IV access"] ["Immobilisation"] Liaison with off-duty DOM and EAs from Brecon and Swansea. Male - ?# ankle and lacerations only. Concern for female who is awaiting surgery for cervical spondylosis and threatened cord compression. No new neurological symptoms/signs noted at scene. Both casualties conveyed to Morriston after discussion with Desk.						
10	CB664	10/04	83	male	trauma	17B03 – Fall, ankle injury	no	-	-	yes	no	nil
	<i>Additional comments:</i>					Fell when almost at bottom of stairs. Noted R foot at "90 degrees". Reduced this himself (!) and hobbled to kitchen to await help.						

						PH of IHD, Ca prostate and osteoporosis. Examination & obs. No neurovascular compromise. Simple analgesia. Conveyed to Morriston. Lives alone so daughter, neighbour and another friend all informed of incident.						
11	CB664	11/04	76	female	medical	Smoking Inhalation	no	-	-	no	no	nil
	<i>Additional comments:</i>					Escaped from burning caravan - smoke inhalation. PH of surgery for chronic pulmonary thrombo-embolic disease. O2 from F&R. Examination and observations. Discharged from scene in company of husband with advice to seek medical help if symptoms of concern later.						

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



## Governance

Solo Case 3

Solo Case 7 - EMRTS

