



Activity Report



Week commencing: 23rd August 2021

Team Shift Activity:

number of shifts:	1
number of taskings:	5
number of patient involvements:	5
number of governance procedures:	0

Team Shift:			
Date:	29/08	Duration:	? Personnel: IB, RL, CJM
No. of taskings			
<i>trauma</i>	3	<i>adult</i>	5
<i>medical</i>	2	<i>paediatric</i>	0
<i>cardiac arrest</i>	0		
Pre-shift issues	not submitted		Post-shift issues nil
Pre-comments			Post-comments nil

Case	Age	gender	type	Job description	S/D	Scene time	Total time	General interventions	Governance interventions	Adverse events
1	29	female	trauma	Attempted suicide	no	-	-	yes	no	nil
				<i>Additional comments:</i> found on riverbank, ligature around neck, unresponsive. Apparently had not suspended herself. ["IV access"] ["Immobilisation", "Assisted Transfer"] Assisted WAST and F&R extricating up riverbank. Clinically stable. Para crew transporting. Alloc 17:35, Scene 17:52						

2	36	male	medical	Male fitting	no	-	-	no	no	nil
	<i>Additional comments:</i>			Unresponsive male, known epilepsy, longer seizure than normal Supported crew, patient gcs 15 within 5 mins Alloc 19:05, Scene 19: 17						
3	50	male	medical	Unconscious on road	no	-	-	yes	no	nil
	<i>Additional comments:</i>			Type 1 diabetic, BM 2 Given glucose gel Handed over to crew Alloc 21:34, Scene 21:47						
4			trauma	Fall from motorcycle	no	-	-	yes	no	nil
	<i>Additional comments:</i>			Low speed fall from motorcycle, no helmet. No LOC. Lac to left eyelid. MSC x4. Eye dressed. To UHW for max fax not immobilised. None						
5			trauma	RTC	no	-	-	yes	no	nil
	<i>Additional comments:</i>			car into parked van then into parked car. Huge impact, van and both cars written off. ["IV access"] Triage of 3 PT's. All well in hand by WAST crews and DOM. 1 PT to Cardiff max fax. 1 PT to Merthyr 1 PT conveyed by friends to RGH. IV access by CJM on Cardiff PT.						

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



Solo Activity:	active responders:	CB 664, SB 5854
	number of taskings:	15
	number of patient involvements:	13
	number of governance procedures:	2 1 by EMRTS
	Tasking Types:	
	<i>trauma</i>	11
	<i>adult</i>	13
	<i>medical</i>	4
	<i>paediatric</i>	2
	<i>cardiac arrest</i>	0
	<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	24/08	53	male	trauma	Foot injury	yes	-	-	no	no	nil
	<i>Additional comments:</i>					21B02T - the casualty had sustained a laceration to the foot. Active bleeding complicated by anticoagulation. Nil - stood down en route.						
2	SB5854	24/08	35	male	trauma	Stabbing	no	-	-	yes	no	nil
	<i>Additional comments:</i>					Patient had been stabbed. On arrival, single stab wound over the LEFT Iliac crest Depth of wound unknown. Knife reported to be a 6 inch stiletto type blade Patient haemodynamically stable. Full capacity. Refused admission to UHW for observation/review Stated his mum would take him later if he felt unwell. Interesting discussion point: patient with full capacity and potentially serious injury refusing treatment.						
3	SB5854	24/08		male	trauma	Cyclist vs Car	no	-	-	no	yes - EMRTS	nil
	<i>Additional comments:</i>					Male cyclist in collision with car.						

					Re coded as a traumatic arrest as patient was apparently unconscious and not breathing, with CPR ongoing. On arrival GCS E 1= V=2 M = 4 = 7/15 6 cm wound to skull on the left occipitoparietal region = Bleeding ++ EMRTS at scene, decision to PHEA. Excellent team response. Patient cannulated x 2, immobilised , PHEA and transferred without any issues. ["IV access"] ["Immobilisation"] CT showed significant subarachnoid haemorrhage. excellent CRM with WAST EMRTS and MEDSERVE all working seamlessly.						
4	SB5854	25/08		trauma	RTC	yes	-	-	no	no	nil
					<i>Additional comments:</i> WAST RRV involved in a 2 vehicle RTC. Both cars rolled over. I was mobilised from the previous stabbing incident. Stood down en route as minor injury.						
5	SB5854	25/08		medical	Attempted Suicide	no	-	-	yes	no	nil
					<i>Additional comments:</i> Patient had been missing since the previous evening. Police search = Helicopter etc as genuine concern. Car located at 04:00 on 25/8/21 Police undertook a further search. Located male hidden in undergrowth off a cycle path. Patient is a Veterinary surgeon, and had access to Phenobarbital. Had self-cannulated, and had an infusion running . It appears that he may have lost consciousness, and fallen onto cannulated arm, occluding the infusion. On arrival GCS 3 decorticate posturing lying on an incline at 30 Degrees, head down Airway secured with OPA and NPA = Jaw Thrust Oxygen via rebreather facemask, sats 98%, ETCO2 4.0, Resps 18 Palpable radial pulse, HR 120 NOTE : Aural temp = 34.0, but felt warm to touch , some shivering of the arms, but not legs.						

						Airway was secure, decision not to play at scene = rapid extrication to EA and UHW. Reversing the Trendelenburg positioning of the patient was suggested as a priority. Was the "Shivering" seizure activity? Patient tachycardia and centrally warm, but Aural Temp = 34. On reflection I think he had a cold wet ear, but was centrally warm. tachycardia not in keeping with hypothermia Shivering and decorticate posturing? Seizure activity. Should I have given Levetiracetam IV at scene? Use of Benzodiazepines may have further compromised breathing/airway.						
6	CB664	26/08	26	male	trauma	29D02R - motorcycle vs minibus/van.	no	00:57	02:33	yes	yes	nil
						<i>Additional comments:</i> Pillion passenger of motorcycle (wearing helmet, no gloves, no leathers) Motorcycle rider: ROLE at scene Primary survey. Analgesia/sedation Conveyed to UHW. Reported to have comminuted fracture of L scapula, # ribs (no flail), small pneumothorax ["Assisted Transfer"] ["Pre-hospital Sedation"] decision: 08:45, start 08:52, complete 09:16 location: EA indication: other Prep: O2, monitoring Medication: Ketamine, initial dose 20mg, total dose 90 mg observations stable no complications						
7	SB5854	26/08			trauma	4 Vehicle RTC	no	-	-	yes	no	nil
						<i>Additional comments:</i> White transit type van into slowed traffic on the A48/M4 slip road East bound Tredegar Park. Single occupant in each vehicle. On arrival all had self extricate and were walking around at scene.						

						Initial appearance was reassuring. Each patient spoken to briefly, and then triaged with intention of examining all 4 Patient 1 = significant C spine pain = Screening suggests need to immobilise and transfer to ED for radiology. Patient 2 = Nil except persistent tachycardia. In view of mechanism = altered physiology = Admit MTU Patient 3 = abrasions from air bag, nil else Patient 4 = the last car, minor damage to bumper. drove off in vehicle prior to being assessed The patient with the persistent Tachycardia of 120 was admitted to Southmead ED. This was after crew spoke with Trauma Desk. Pulse was settling (110) rationale and logistics for admission to Bristol as opposed to Grange at Llanfrecdfa are worthy of discussion.						
8	CB664	28/08	2	male	medical	Pyrexial Illness	no	-	-	no	no	nil
	<i>Additional comments:</i>					06E01 - the child had been pyrexial likely as a consequence of a viral illness for 3/4 days but had become listless and difficult to rouse with signs of difficulty breathing The child's temp was 38.5C, He was snotty and grizzly but had a clear chest with SpO2 95%. He was easily roused and was then much more content in his mother's arms. He was conveyed to Morrston without my needing to escort him.						
9	CB664	28/08	39	male	trauma	Toe Injury	no	-	-	yes	no	nil
	<i>Additional comments:</i>					30B02 - the casualty had sustained a laceration to the R great toe from a metal-bladed petrol-driven mower. There was severe injury to the digit but without significant blood loss. ["IV access"] Inspection of wound which was then redressed by crew. Co-amoxiclav requested and administered by crew.						
10	CB664	28/08	81	female	medical	Abdominal pain	no	-	-	no	no	nil
	<i>Additional comments:</i>					31D04 - the patient had developed colicky abdominal pain and had then been seen to become unconscious briefly. Examination and observations - all satisfactory except for tenderness in RLQ. ECG - NAD. She reluctantly agreed to be conveyed to hospital for investigation.						
11	SB5854	28/08			trauma	Stabbing	no	-	-	no	no	nil
	<i>Additional comments:</i>					Male stabbed to arm. On arrival 3 patients						

						Male = stabbed to arm = minor injury , but needs sutures Male 2 = Bitten on nose = deep wound, needs cleaning and antibiotics Female = Punched to face = clinical fractured Zygoma All needed treatment at ED						
12	CB664	29/08	30	female	medical	?Near Drowning	no	-	-	no	no	nil
						<i>Additional comments:</i> 14D01 - casualty rescued from canal - near drowning? The casualty was intoxicated. Liaison with crew first on scene. No findings of concern on examination except that she was cold. The crew were content to convey without my needing to accompany the patient.						
13	CB664	29/08	81	female	trauma	Leg Injury	no	-	-	yes	no	nil
						<i>Additional comments:</i> The casualty had fallen down the steps outside her mobile home with immediate onset of pain down R leg and inability to bear weight on that leg. The incident was noted to be local to me and had been upgraded to Amber 1 after 2 hours. ["IV access"] Examination and observations - shortened R leg. Analgesia including femoral nerve block. Prolonged delay for conveying resource.						
14	SB5854	29/08		male	trauma	Stabbing	no	-	-	yes	no	nil
						<i>Additional comments:</i> 2 x male patients Stabbed to chest Patient 1 = LEFT sided 4/5 ICS Mid Clavicular GCS 15. systolic 90 palpable radial Patient 2 = RIGHT Anterior Axillary line 4/5 ICS diminished air entry on injured side, haemodynamically stable sats initially 98% on Oxygen via rebreather mask Both patients management included active encouragement to evacuate to ED as a matter of urgency. UHW 2.4 miles on a straight road = 3-4 minutes transfer time. Patient 2 = Chest not decompressed at scene, but preparations made to do so if needed. rapid transfer thought more appropriate.						

						Patient 2 , sats dropped during transfer, but stabilised in ED. The question is whether I should have decompressed chest at scene. Chest drain inserted in ED, after delay due to lack of patient compliance						
15	SB5854	29/08	13	male	trauma	Quad Bike incident	no	-	-	yes	no	nil
	<i>Additional comments:</i>					<p>Ejected from a quad bike at 40 mph. Not wearing a crash helmet. Knocked out.</p> <p>Witnessed unconscious for 2 minutes, regained consciousness to GCS 14 then 15 on arrival</p> <p>Large boggy occipital swelling, Facial abrasions, abrasions to chest and abdomen.</p> <p>Haemodynamically stable, sats 98% on air</p> <p>NOTE: June 2020 = patient suffered a subdural haemorrhage falling off an electric scooter.</p> <p>Immobilised on scoop. Blocks, no collar.</p> <p>No pelvic Binder</p> <p>TXA given</p> <p>Transferred to ED</p> <p>CT scan showed large occipital haematoma</p> <p>Fracture across skull from Right frontal region to Occiput</p>						

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Governance

Solo case 3 – EMRTS

Solo case 6

