



## Activity Report



Week commencing: 15<sup>th</sup> November 2021

**Team Shift Activity:**

number of shifts:	3
number of taskings:	9
number of patient involvements:	6
number of governance procedures:	1

<b>Team Shift:</b>			
<b>Date:</b>	16/11	<b>Duration:</b>	05:18
<b>No. of taskings</b>	2	<b>Personnel:</b>	JW, NB, WH
<i>trauma</i>	2	<i>adult</i>	2
<i>medical</i>	0	<i>paediatric</i>	0
<i>cardiac arrest</i>	0		
<b>Pre-shift issues</b>	nil	<b>Post-shift issues</b>	nil
<b>Pre-comments</b>	nil	<b>Post-comments</b>	nil

Case	Age	gender	type	Job description	S/D	Scene time	Total time	General interventions	Governance interventions	Adverse events
1	31	male	trauma	Car v M/cycle RTC	no	-	-	no	no	nil
	<i>Additional comments:</i> No bony injury identified. Likely soft tissue injuries. Home with advice.									
2		male	trauma	Single veh RTC - M4	yes	-	-	no	no	nil
	<i>Additional comments:</i> HART already on scene. No injuries identified. BASICS not req'd. Stood down on arrival									

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

<b>Team Shift:</b>			
<b>Date:</b>	17/11	<b>Duration:</b>	06:22
<b>No. of taskings</b>	2	<b>Personnel:</b>	MC, TA, SW
<i>trauma</i>	0	<i>adult</i>	2
<i>medical</i>	0	<i>paediatric</i>	0
<i>cardiac arrest</i>	2		
<b>Pre-shift issues</b>	nil	<b>Post-shift issues</b>	nil
<b>Pre-comments</b>	nil	<b>Post-comments</b>	<p>Vehicle washed. OOD CDs destroyed at UHW, new CDs booked in.</p> <p>[MC] Bags and pouches are not being tagged after shifts. Please, can EVERY shift make sure all pouches are replenished and tagged before they leave. We had to spend 20mins today checking and retagging all the open pouches. There were numerous deficiencies.</p> <p>It is also clear that POMS are not being correctly booked out. This is unacceptable. To be clear, ALL POMs must be signed out of the BLACK FOLDER by both SOLO &amp; TEAM responders.</p>

Case	Age	gender	type	Job description	S/D	Scene time	Total time	General interventions	Governance interventions	Adverse events
1	83	male	arrest	Cardiac Arrest		-	-	yes	no	nil
		<i>Additional comments:</i> Wide PEA 70/min arrest, crews on scene. 4.5kPa ALS ongoing. Lucus applied. iVis, no flow, no cardiac contractility of note iGel to 8.0mm COETT by TA. SW airway assist. Bougie used, Grade 1 DL first pass success, 22cm at teeth, suction used on advancing VL blade. 6.5kPa Resus terminated 11:39 COD 1150hrs ["Advanced life support","LUCAS"] ["Ultrasound (cardiac)"]								

2	73	male	arrest	Cardiac Arrest		00:52	03:26	yes	yes	nil
<i>Additional comments:</i>				<p>Pulled from water in public pool unresponsive (immersed not submersed).</p> <p>CPR and 3 shocks from AED before recovering consciousness. Desk advised en-route that pt now conscious and talking but AED continuing to advise shock.</p> <p>Shortly before arrival advised HM57 also tasked.</p> <p>On arrival pt at poolside, vomiting +++ and c/o chest pain.</p> <p>pulsed (monomorphic) VT on monitor, SBP 100mmHg.</p> <p>PMHx: NKDA, DM &amp; HTN</p> <p>At poolside:</p> <ol style="list-style-type: none"> <li>1) Amiodarone infusion, 300mg/20min via Micrel</li> <li>2) Lifted onto stretcher, dried. AP pads for Tempus and full MEDSERVE monitoring applied.</li> <li>3) Move to EA for ? cardioversion if unstable (no Heart Failure/Ischaemia/Syncope/Shock evident)</li> <li>4) Plan to place LUCUS backboard, 2nd IV line and convey to PPCI centre.</li> </ol> <p>Loaded into EA: Arrested as stretcher secured.</p> <p>Shocks delivered (pVT&gt;VF&gt;VF&gt;VF&gt;VF).</p> <p>LUCUS applied - significant CPRIC evident (Vocalising, Reaching for device/mask)</p> <p>Given remaining AMO loading as bolus.</p> <p>Given 5mg bolus Midazolam for CPRIC.</p> <p>Given MgSO4 2.5g empirically due to presence of VT prior.</p> <p>Right Humeral IO placed.</p> <p>SCP given via PVC.</p> <p>Given ADX 1mg, AMO 150mg after 3rd shock and ADX after 5th shock.</p> <p>Initially airway with NRBM&gt;BVM then Intubated between 3rd-4th shocks.</p> <p>Change in rhythm after 5th shock noted: ROSC at pulse check.</p> <p>Post ROSC:</p> <p>Repeat ECG</p> <p>BM 13.8, Temp Probe, Onto Ventilator, Sedation commenced with Propofol &amp; Paralysed.</p>						

	<p>Call to UHW ED for pre-alert and then call to Cath Lab (phone answered by Nurse, not Cardiologist: I advised we would go to ED as not a clear "direct to lab" on SOP criteria as no evident STEMI but suspicious for OMI given VT....</p> <p>ABG attempted en-route: Suspect venous! (pH 7.0, pCO2 7.3, PO2 7.9, BE -18, HCO3- 13.5, K+ 3.9)</p> <p>Further fluid boluses and ADX 10mcg/ml aliquots to keep SBP &gt;90mmHg.</p> <p>Uneventful transfer, handover in ED to ED Consultant and Cardiology then attended and arranged for transfer to lab (occupied on arrival) ?Posterior MI.</p> <p>["IO access","Advanced life support","LUCAS"]</p> <p>["Assisted Transfer"]</p> <p>I've marked for governance because of the CPR Induced Consciousness: A topic for discussion at next CG.</p> <p>["Pre-hospital Sedation"]</p>
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<b>Team Shift:</b>					
<b>Date:</b>	19/11	<b>Duration:</b>	07:03	<b>Personnel:</b>	IB, JK, JM
<b>No. of taskings</b>	5				
<i>trauma</i>	4	<i>adult</i>	2		
<i>medical</i>	0	<i>paediatric</i>	3		
<i>cardiac arrest</i>	1				
<b>Pre-shift issues</b>	nil		<b>Post-shift issues</b>	nil	
<b>Pre-comments</b>	Discrepancy noted for ketamine. Should only be three vials and there are three vials. Last team wrote 4 in error.		<b>Post-comments</b>	nil	

Case	Age	gender	type	Job description	S/D	Scene time	Total time	General interventions	Governance interventions	Adverse events
1	7	male	trauma	Boy hit by car	yes	-	-	no	no	nil
	<i>Additional comments:</i>		Stood down, parent taking child to hospital							
2	2	female	trauma	Fell back against fireplace	no	-	-	no	no	nil
	<i>Additional comments:</i>		Seizure lasting 15 mins Now modified GCS 14 Crew happy to deal and transport to Morrision Alloc 18:45, Scene 19:05							
3	20	male	trauma	RTC	no	-	-	yes	no	nil
	<i>Additional comments:</i>		Driver hit head on low speed, then squashed between open door and car when tried to get out and other car continued on past. Restrained, air bags deployed, windows intact, front crumple zones deformed. No LOC. Self-extricated, alert & mobile. C/o pain in legs. Also passenger, 20yr old girlfriend. C/o mild pain in neck, chin, left shoulder and lower abdomen. No significant injuries found. All Obs normal. Reassurance and advice. Discharged to home with Mum, next door to incident site. Alloc 21:20, Scene 21:40							
4	33	male	arrest	Cardiac arrest	yes	-	-	no	no	nil
	<i>Additional comments:</i>		Alloc 21:04, Stand down 21:24							
5	<1	male	trauma	fall from height	no	-	-	no	no	nil
	<i>Additional comments:</i>		33yo epileptic Mum had seizure at top of stairs, fell back down stairs with baby falling to base of carpeted stairwell.							

		<p>Baby cried immediately, no apparent injuries or signs LOC. 2 episodes vomiting. Breastfeeding normally after 30mins.</p> <p>Mum had 1min seizure followed by 3 mins post ictal phase, as normal. First seizure for two months, otherwise well, medication routine good.</p> <p>All obs normal and stable. Abrasions to left shoulder and unglued left eye. No significant injuries identified.</p> <p>Crew conveyed to hospital.</p>
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<b>Solo Activity:</b>	active responders:	CB 664, SB 5854, CB 5851, SB 5858
	number of taskings:	8
	number of patient involvements:	5
	number of governance procedures:	0
	Tasking Types:	
	<i>trauma</i>	7
	<i>adult</i>	5
	<i>medical</i>	1
	<i>paediatric</i>	3
	<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	15/11	17	female	trauma	Bumper car RTC	no	-	-	yes	no	nil	
						<i>Additional comments:</i> The casualty had been in a fairground "bumper car" which had been struck by two others in quick succession. She immediately developed pain in the area of her R hip and R side of pelvis and also in her neck. She was noted to have a hypermobility type of syndrome with no specific diagnosis. Fentanyl 100mcg total First Aider had extricated her from the car with assistance and had applied a cervical collar and pelvic binder. She had been transferred to the First Aid room but remained in great pain. I was tasked to review her and give analgesia as necessary until an EA became available. She did not display any neurological symptoms or signs and remained haemodynamically stable. She was much more comfortable after IN fentanyl, IV paracetamol and IV morphine and was transferred to Morrision after discussion with Trauma Desk.							
2	CB664	16/11	60	male	trauma	29D02M - fall	no	-	-	no	no	nil	
						<i>Additional comments:</i> 29D02M - the casualty had been protesting about aspects of the works ongoing in Wind Street and had stepped in front of a slow-moving forklift. He had slipped and hit his sacral area on part of the front of the machine. It was initially reported that he was pinned but not impaled. Penthrox 3.0mls No significant injury apparent but he complained of pain "8/10" in the sacral/coccygeal area with no weakness of lower limbs.							

						He was able to stand with help after Pentrox, was transferred to a trolley and conveyed in the R lateral decubitus position via EA to Morriston.						
3	SB5854	17/11			trauma	Male motorcyclist RTC	yes	-	-	no	no	nil
	<i>Additional comments:</i>					Head injury, leg injury Trapped under a van Stood down en route as crew had arrived at scene. No enhanced care required						
4	CB664	18/11	13	male	trauma	Rugby player with likely #L tibia.	no	-	-	no	no	nil
	<i>Additional comments:</i>					Upgraded to Amber 1 - stuck on pitch, cold, wet and daylight fading. No WAST resource allocated. ["IV access"]["Limb splinting"] Analgesia and assisted crew with removal of casualty from pitch. Parents on scene.						
5	CB664	18/11	44	female	trauma	29D03 -RTC	no	-	-	yes	no	nil
	<i>Additional comments:</i>					29D03 - casualty was driver of vehicle hit from behind while stationary at lights. Examination & observations. No injuries. Discharged from scene in company of husband and son.						
6	CB664	18/11		female	medical	31D04 - Collapse	yes	-	-	no	no	nil
	<i>Additional comments:</i>					31D04 – female seen unconscious at side of road near “Sin City” Nil - stood down after it was reported that the patient had been seen to get up and walk away.						
7	SB5854	20/11	14	female	trauma	Car vs Pedestrian	no	-	-	yes	no	nil
	<i>Additional comments:</i>					14 year old, walking with friend on pavement, car mounted pavement, struck patient throwing her into the air. Car did not stop. Initial reports suggested patient was unconscious and CPR had been commenced ON arrival, patient in EA, No catastrophic haemorrhage, MILS C spine Airways clear = talking Breathing = rate 20, TWELVE FLAPS = Normal C = Pulse 98, BP 100/70 or thereabouts (exact figure not documented by myself) D = E 3 V 3 M 5 = 11/15						

						Pupils 6 mm Reactive NOTE: advice from persons at scene = patient intoxicated prior to collision. E = 10 x 8cm boggy swelling over the RIGHT Occipitoparietal region Abrasions to Right arm, Right thigh. Cannulated 14g RACF paracetamol, TXA and Ondansetron PARacetamol IV, Immobilised, Pelvic Binder EMRTS arrived, assisted transfer to UHW.						
8	CB5851	21/11		unk	trauma	07D01E – Vehicle Explosion	yes	-	-	no	no	nil
	<i>Additional comments:</i>					VEHICLE EXPLODED 4 PEOPLE STILL INSIDE INCLUDING BABY Called ECCH - working on other taskings and had not had time to interrogate. Assigned by ECCH and informed locality desk. Stood down en-route by locality desk following update from DP police - no explosion, no casualties. Passed updated back to ECCH						

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## Governance

Team Shift – Case 2

