



Activity Report



Week commencing: 25th October 2021

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:	SB 5858, CB 664, SB 5854, DR01	
	number of taskings:	8	
	number of patient involvements:	6	
	number of governance procedures:	0	
Tasking Types:			
	<i>trauma</i>	5	<i>adult</i> 8
	<i>medical</i>	1	<i>paediatric</i> 0
	<i>cardiac arrest</i>	1	
	<i>other</i>	1	

Case	Res	Date	Age	gender	type	Job description	S/D	Scene time	Total time	General interventions	Governance interventions	Adverse events
1	SB5858	25/10	65	male	trauma	Pedestrian vs car	no	-	-	yes	no	nil
	<i>Additional comments:</i>					Discharged on scene . Obs normal . No obvious injuries. Low mechanism.						
2	CB664	25/10	28	male	medical	Chest pain	no	-	-	yes	no	nil
	<i>Additional comments:</i>					The patient was an employee of a business near me and had been reluctant to leave work. His superior, knowing that I might be available to attend, had called at my house asking me to see him. History, examination and observations; serial ECGs. Chest pain judged unlikely to be cardiac but follow-up advised for CXR/blood tests etc. The patient made his own way to hospital. He was discharged after assessment.						
3	SB5854	26/10		male	trauma	RTC	no	-	-	yes	no	nil
	<i>Additional comments:</i>					Initial call suggested a collision between a motorbike and a car, potentially on the slip road at Sarn services. Graded Amber 2 Subsequently recoded Amber ONE when it became obvious that a motorcyclist had been travelling in lane 3 at 70 mph clipped by a car moving from lane 2 to 3 . Mechanism alone was a concern. Reports that patient was up against the crash barrier should have amplified this concern. On arrival numerous assets had been mobilised and were on scene (over 60 minutes since initial call)						

						<p>Patient wearing full and good quality protective gear</p> <p>No obvious injury, other than some abrasions to the legs.</p> <p>Airway and breathing = Normal</p> <p>Haemodynamically stable</p> <p>GCS 15</p> <p>No evidence of long bone, chest abdominal or pelvic pain (over 60 minutes since collision)</p> <p>EMRTS landed and took over patients care</p> <p>["Immobilisation"] - Immobilised and packaged due to mechanism.</p> <p>Pelvic binder applied based on mechanism</p> <p>Trauma call to UHW based on Mechanism.</p> <p>1. Concerns over the grading of this call as Amber 2</p> <p>2. Use of Pelvic Binder (GCS 15, BP systolic in the 120s, pulse 86-90 no distracting injuries)</p>						
4	CB664	27/10		female	arrest	14E01	no	-	-	no	no	nil
						<p><i>Additional comments:</i></p> <p>- a female judged to be in her 60s had been recovered from the sea at Langland.</p> <p>RNLI had brought her via their AWB to Mumbles apparently with CPR ongoing.</p> <p>Nil from me; I stood by at the lifeboat station in case it was decided to bring the casualty ashore there.</p> <p>In the end it was decided to winch the casualty aboard CG187 and convey her to Morriston.</p>						
5	SB5854	27/10	57	male	trauma	Coded 17D01 = fall over 10 m.	no	-	-	yes	no	nil
						<p><i>Additional comments:</i></p> <p>Local knowledge suggested this to be a correct estimate.</p> <p>Patient ? fallen from embankment down onto disused railway cutting at the back of Asda Coryton. Banking is 60 Degrees., height Over 10 m</p> <p>On arrival patient was conscious and had been helped back up the steps by some concerned passers-by!</p> <p>They confirmed I was with the Ambulance service and departed swiftly!!</p> <p>No catastrophic Haemorrhage</p> <p>Airway clear, C spine cleared</p> <p>Breathing R+L+Normal, FLAPS= Normal rate 16</p> <p>Circulation = Haemodynamically stable</p> <p>D = E4, V 4-3, M6= 14 dropping to 13 by the time EA arrived</p> <p>E = grazes legs, pain in RIGHT femur but weight bearing, covered in mud, nil else on full systematic meticulous review.</p> <p>assisted to EA.</p>						

						gave past history of childhood significant head injury, and ongoing issues with ?? paranoid schizophrenia. Lives alone in flat, Electricity has been turned off !!!! Confusion without a baseline to compare with was main reason for transfer to ED, coupled with mechanism.						
6	SB5854	28/10	93	female	trauma	Fall	no	-	-	yes	no	nil
				<i>Additional comments:</i>		<p>Mobilised by Tim Austin on trauma desk, who had spotted this on the stack. sitting amongst the Amber 2 calls. Call active for 2 hours.</p> <p>93 year old female.</p> <p>fall from standing in kitchen. significant facial injury with ongoing bleeding.</p> <p>Patient on Rivaroxaban, Family unable to stop the bleeding.</p> <p>On arrival, ongoing bleeding from 3 wounds</p> <p>significant amount of blood on floor and soaked into towels .</p> <p>Airway clear</p> <p>Bleeding, but not catastrophic haemorrhage</p> <p>Potential for C spine appreciated.</p> <p>Chitosan Gauze to wounds.</p> <p>1. 8 cm laceration across forehead, fat extruding, bone visible, bleeding +</p> <p>2. Laceration involving lateral canthus of RIGHT eye, extending down as a triangular skin/flesh flap over zygoma</p> <p>3. Deep laceration across bridge of nose.</p> <p>NOTE: ? clear fluid from left ear?</p> <p>Chitosan applied, packed into wounds, then Traumafix pressure dressing to cover all 3 wounds.</p> <p>Cannulated (18G Green LEFT forearm)</p> <p>Analgesia - Fentanyl 50 mcg= good effect</p> <p>TXA 1000 mg</p> <p>Chest appears clear, though Tachypnoeic rate 30</p> <p>Circulation pulse 66</p> <p>BP 144/66</p> <p>D = GCS 15, nil else</p> <p>E = abrasion to Right shoulder. Nil else obvious</p> <p>["IV access"] ["Assisted Transfer"]</p> <p>["Drugs outside JRCALC guidelines (non-governance)"] Fentanyl 50 mcg</p>						

						As outlined above ATMIST to UHW CT = Splenic laceration, EXCELLENT SPOT BY TIM. THIS LADY WOULD HAVE SLOWY BLED OUT OVER THE NEXT 6-8 HOURS WAITING FOR AN EA. PULSE 66 = Permanent pacemaker						
7	DR01	30/10			Other	Major Incident	no	-	-	no	no	nil
	<i>Additional comments:</i>					<p>Responders: IB, CM</p> <p>Major incident standby -</p> <p>IB & CM on route to Carmarthen ambulance station for training.</p> <p>As we approached cross hands, IB received major incident alert, called air desk and we were politely requested to attend</p> <p>- drowning with multiple casualties, H57, H59 & H61 on route.</p> <p>RV with H61 crew, given an update.</p> <p>Advised not required - also confirmed by air desk. Left scene to proceed with planned training.</p> <p>Allocation - 10:16, At scene - 10:48, RV – 10:54, Clear - 11:13</p> <p>CS & NB also attended on separate callsign</p>						
8	CB664	31/10	39	male	trauma	17D03E	yes	-	-	no	no	nil
	<i>Additional comments:</i>					<p>- the casualty had been kite surfing. He had been lifted "25 feet" off the ground and had fallen sustaining a laceration to his head and possibly two broken legs.</p> <p>Nil from me.</p> <p>I saw from C3 radius that H57 had been tasked but had not lifted (because of high and gusting winds).</p> <p>I therefore offered to start running but was stood down after H57 had been able to fly to the incident.</p>						

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



No Governance

