



## Activity Report



Week commencing: 21<sup>st</sup> September 2020

**Team Shift Activity:**

|                                  |   |
|----------------------------------|---|
| number of shifts:                | 2 |
| number of taskings:              | 6 |
| number of patient involvements:  | 4 |
| number of governance procedures: | 0 |

|                          |                        |                          |   |
|--------------------------|------------------------|--------------------------|---|
| <b>Team Shift:</b>       |                        |                          |   |
| <b>Date:</b> 22/09/2020  | <b>Duration:</b> 09:00 | <b>Personnel:</b> RHD/TA |   |
| <b>No. of taskings</b> 5 |                        |                          |   |
| <i>trauma</i> 2          | <i>adult</i> 5         |                          |   |
| <i>medical</i> 1         | <i>paediatric</i> 0    |                          |   |
| <i>cardiac arrest</i> 1  |                        |                          |   |
| <b>Pre-shift issues</b>  |                        | <b>Post-shift issues</b> |   |
| <b>Pre-comments</b>      | - Rob's CD'S used      | <b>Post-comments</b>     | MOT noted to be expired at end of shift as of midnight. Addressed and had Mot at 11am and passed. |

| Case | Age  | gender | type    | Job description             | S/D | Scene time | Total time | General interventions | Governance interventions | Adverse events |
|------|--|--------|---------|-----------------------------|-----|------------|------------|-----------------------|--------------------------|----------------|
| 1    | -  | -      | Arrest  | Cardiac Arrest              | YES | n/a        | 00:00      | -                     | -                        | -              |
|      | <i>Additional comments:</i> - DNR – Stood down             |        |         |                             |     |            |            |                       |                          |                |
| 2    | ?  | male   | Medical | Mixed overdose              | NO  | 00:26      | 00:30      | IV access             | NO                       | nil            |
|      | <i>Additional comments:</i> Left in care of crew to convey |        |         |                             |     |            |            |                       |                          |                |
| 3    | -  | -      | Trauma  | Stood down, closer resource | YES | n/a        | 00:00      | -                     | -                        | -              |
|      | <i>Additional comments:</i>                                |        |         |                             |     |            |            |                       |                          |                |
| 4    | 62   | female | Medical | Copd, low Spo2.             | NO  | 00:53      | 00:58      | nil                   | NO                       | nil            |

|   |                             |        |   |                   |    |       |       |     |    |     |
|---|-----------------------------|--------|---|-------------------|----|-------|-------|-----|----|-----|
|   | <b>Additional comments:</b> |        | - Improved with oxygen therapy by CFR<br>- no intervention required.  |                   |    |       |       |     |    |     |
| 5 | ?                           | female | Trauma  | Fall, head injury | NO | 01:04 | 01:06 | nil | NO | nil |
|   | <b>Additional comments:</b> |        | - Dressing applied, advised own transport to ED as no EA's available. |                   |    |       |       |     |    |     |

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



|                         |                       |                      |  |
|-------------------------|-----------------------|----------------------|--|
| <b>Team Shift:</b>      |                       |                      |  |
| <b>Date:</b> 23/09/2020 | <b>Duration:</b> ?    | <b>Personnel:</b>    | RHD/TA   |
| <b>No. of taskings</b>  | 1                     |                      |  |
| <i>trauma</i>           | 1                     | <i>adult</i>         | 1  |
| <i>medical</i>          | 0                     | <i>paediatric</i>    | 0  |
| <i>cardiac arrest</i>   | 0                     |                      |  |
| <b>Pre-shift issues</b> | *no pre-shift checks* |                      | <b>Post-shift issues</b> *no post-shift checks |
| <b>Pre-comments</b>     |                       | <b>Post-comments</b> |  |

| Case | Age                         | gender | type                     | Job description             | S/D | Scene time | Total time | General interventions | Governance interventions | Adverse events |
|------|-----------------------------|--------|--------------------------|-----------------------------|-----|------------|------------|-----------------------|--------------------------|----------------|
| 1    | 30                          | male   | Trauma                   | Facial injury, intoxicated. | NO  | 00:13      | 00:26      | nil                   | NO                       | nil            |
|      | <b>Additional comments:</b> |        | Left in care of EA crew. |                             |     |            |            |                       |                          |                |



|                       |                                  |        |
|-----------------------|----------------------------------|--------|
| <b>Solo Activity:</b> | active Responders:               | CB 664 |
|                       | number of taskings:              | 3      |
|                       | number of patient involvements:  | 2      |
|                       | number of governance procedures: | 0      |
|                       | <br>Tasking Types:               |        |
|                       | <i>trauma</i>                    | 2      |
|                       | <i>adult</i>                     | 3      |
|                       | <i>medical</i>                   | 1      |
|                       | <i>paediatric</i>                | 0      |
|                       | <i>cardiac arrest</i>            | 0      |

| Case | Res   | Date  | Age | gender | type    | Job description  | S/D | Scene time | Total time | General interventions                   | Governance interventions | Adverse events |
|------|-------|-------|-----|--------|---------|--|-----|------------|------------|---|--------------------------|----------------|
| 1    | CB664 | 21/09 | 26  | Female | Trauma  | Ankle Injury   | NO  | 02:20      | 02:54      | Assisted transfer,<br>Added Medications | NO                       | nil            |
|      |       |       |     |        |         | <i>Additional comments:</i> lost balance on downhill path to three cliffs beach. Heard "click" in R ankle with immediate pain ++.<br>Difficulties locating casualty.<br>noted that she had chronic kidney disease and unsuitable therefore for Pentrox.<br>no iv access possible<br>IN fentanyl in aliquots: pain score reduced to 5/10.<br>with assistance of HMCG and HART transferred to wheeled stretcher for extrication to ambulance (UCS crew)<br>entonox provided with partial effect only<br>ketamine administered (20mg IM x2; ie ~0.2mg/Kg for 110kg patient) en route. pre-alert given to Morriston. |     |            |            |   |                          |                |
| 2    | CB664 | 26/09 | -   | -      | Trauma  | RTC - TCA  | YES | -          | 00:04      | -                                       | -                        | -              |
|      |       |       |     |        |         | <i>Additional comments:</i> Casualty pronounced life extinct by WAST personnel first on scene  |     |            |            |   |                          |                |
| 3    | CB664 | 26/09 | 60  | Male   | Medical | allergic reaction 02C01  | NO  | 00:51      | 01:00      | nil                                     | NO                       | nil            |
|      |       |       |     |        |         | <i>Additional comments:</i> "history, examination and observations.<br>the patient had experienced swelling of his tongue and difficulty swallowing with no obvious trigger.<br>He was already improving having used one of his emerade devices.<br>He was known to have allergies to co-codamol and sulphites but the last usage of IM adrenaline was 2-3 years previously  |     |            |            |   |                          |                |

|  |  |  |
|--|--|--|
|  |  | Examination and observations were all satisfactory<br>the Patient declined to go to hospital.<br>he was Strongly advised to (a) use "emerade" device again if worsening symptoms and call 999 and (b) contact GP at earliest opportunity |
|--|--|--|

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



## Case Reviews

*no governance to review*

