MEDSERVEWALES

Activity Report

Week commencing: 10th January 2022

Team Shift Activity:	number of shifts:	2
	number of taskings:	7
	number of patient involvements:	6
	number of governance procedures:	0

Team Shift:

Date:	10/01	**Duration:**	08:45	**Personnel:**	JW, TH, JT
No. of taskings	2				
trauma	1	*adult*	2		
medical	0	*paediatric*	0		
cardiac arrest	1				

Pre-shift issues	nil	**Post-shift issues**	Fuel card with TA. Car just below 3/4 tank so should be good for next shift if not able to be refuelled in interim
Pre-comments	nil	**Post-comments**	nil

Case	Age	gender	type	Job description	S/D	Scene time	Total time	General interventions	Governance interventions	Adverse events
1	26	male	trauma	Wall collapse onto 3 patients		-	-	yes	no	nil
	Additional comments:			Significant garden retaining concrete wall est 6ft onto two patients and grazing one. EMRTS allocated us to patient 2. Patient 1: EMRTS with on our arrival - TCA asystolic. HOT management: Intubated/thoracostomies. ROLE. Patient 2: DIB, Red mark and bruising to anterior chest and epigastrium. Guarding abdomen. Stable vital signs. Patient 3: no apparent injuries (minor graze to shin). WAST dealing. ["IV access"] Patient 2: IVA, TXA and analgesia: paracetamol and morphine. Ondansetron. WAST Conveyed.						

2	74	male	arrest	Cardiac Arrest	no	-	-	yes	no	nil
	Additional comments:			Collapse at bottom of stairs, extensive cardiac surgery previous CABG, valve and PPM. Bystander CPR initially for 10 minutes. ALS ongoing on arrival for 17 mins but without IV access. iGel kept in situ with good etCo2 7 LUCAS put in place. IO sited right humerus. US subxiphoid, apical and PSLA - very poor cardiac windows. No clear evidence of tamponade or contractility. ["IO access","Advanced life support","LUCAS"] ["Ultrasound (cardiac)"]					

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

Team Shift:

Date:	15/01	**Duration:**	?	**Personnel:**	RD, FT, AWE
No. of taskings	7				
trauma	3	*adult*	5		
medical	4	*paediatric*	2		
cardiac arrest	0				

Pre-shift issues	not submitted	**Post-shift issues**	not submitted
Pre-comments	not submitted	**Post-comments**	not submitted

Case	Age	gender	type	Job description	S/D	Scene time	Total time	General interventions	Governance interventions	Adverse events
1	69	male	trauma	Fall	no	-	-	yes	no	nil
		Additional comments:		Fallen over step. Landed on left side. Helped to car by family. Stuck half in half out of car. Primary survey NAD Pain and deformity left wrist Pain and tenderness left hip ["Drugs outside JRCALC guidelines (non-governance)"] - Penthrox PRN Penthrox to good effect Assisted transfer to stretcher ED for ongoing assessment					
2	36	male	medical	?opioid overdose.	no	-	-	yes	no	nil
		Additional comments:		GCS 3/15. Breathing. Naloxone by WAST NP airway and jaw thrust Accompanied transfer to ED due to potential for airway compromise						
3			trauma	RTC.	yes	-	-	no	no	nil
		Additional comments:		?2 unconscious Stood down on route						
4	6	male	medical	6yo Male. Seizure. Turning blue	no	-	-	yes	no	nil
		Additional comments:		On arrival seizure terminated, ongoing right sided inattention/weakness. Lateral nystagmus. Pyrexial. Obs and glucose NAD. Recurrent tonsillitis.						

				Prolonged period of abnormal neurology ["IV access"] ["Assisted Transfer"] IV access Accompanied transfer to ED for ongoing investigation						
5	14	female	medical	Allergic reaction	no	-	-	no	no	nil
		Additional comments:		Tried cashews for first time. Now DIB. O/A patient being managed by WAST paramedics. No airway compromise. Hives+. WAST crew happy to manage patient. Stood down to attend another call						
6	20	female	trauma	pedestrian vs car	no	-	-	no	no	nil
		Additional comments:		?unconscious Stood down on arrival as patient conscious and walking and WAST happy to convey to hospital						
7	72	male	medical	?ineffective breathing	no	-	-	yes	no	nil
		Additional comments:		On arrival severe abdominal pain. ECG NAD. Large irreducible midline abdominal hernia. ["IV access"] ["Drugs outside JRCALC guidelines (non-governance)"] Ondansetron 4mg Analgesia - morphine and paracetamol O2 WAST transport to ED for ongoing investigation						

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Solo Activity:

active responders: CB 5851, SB 5866, SB 5858, SB 5854

number of taskings: 4

number of patient involvements: 4

number of governance procedures: 0

Tasking Types:

trauma	3	*adult*	4
medical	0	*paediatric*	0
cardiac arrest	1		
other	0		

Case	Res	Date	Age	gender	type	Job description	S/D	Scene time	Total time	General interventions	Governance interventions	Adverse events
1	CB5851	10/01	68	male	trauma	Dog Attack	no	-	-	yes	no	nil
				Additional comments:		["IO access","Advanced life support"] Arrived to BLS/AED ongoing by fire service first responder. Multiple laceration to legs, blood volume loss unclear as patient moved from original area of attack. Lifepak --> asystole. Intubated --> ETCO2 0.5kPa. IO access. Adx, fluid challenge. Remains in asystole. EMRTS arrival - POCUS - ventricular standstill. No obvious reversible causes - ROLE.					
2	SB5866	11/01	19	male	trauma	Alleged assault	no	-	-	yes	no	nil
				Additional comments:		stabbed to face/neck with ? glass bottle. Outside school at 1430hrs. 3 Wounds: Upper Right lip (through & through), Right Mandible, Right neck ZONE 2 from level of CTM midline, laterally to boarder of SCM. ["IV access"] EA 1 min ahead of me. Pt on EA, police incl AFOs on scene.					

						Pt stood, trousers down for search of creases: No wounds. Sat, axillae and back inspected: No wounds. No evidence of ongoing venous/arterial bleeding. Circumferential neck bandage removes, wounds packed with chito gauze then saline soaks + Olas for larger wound. Crew encouraged to undertake IV access, MOR + PAR (No TXA indicated as very stable obs, no ongoing bleeding) and get going for MTC. Pre-alerted by MC via RTD to TTL in UHW (1 mile out), escorted by crew not by SB 5866. APP + EM07 also attended, not required. SB5866 ~5miles from scene when call came in, roughly 3min run.						
3	multiple	14/01	44	male	arrest	Cardiac Arrest	no	-	-	no	no	nil
				Additional comments:		multiple responders: SB 5866, SB 5858, SB 5854 09E01 "NEPTS DRIVER-CA, COLLAPSED" Radioed in, unclear whether patient WAST staff or not based on initial information, agreed to run to scene. EA & 2 x RRV also running. 5854 confirmed also responding while en-route. On arrival - numerous Police vans centred around small van (Berlingo/Post van type, rear doors + L&R side doors) with patient in the rear and CPR ongoing Upwards of 30 persons already on scene and hostile atmosphere. Handover from WAST paramedic and 30 Sec round: 44yrs Male, T2 DM and ? Bowel cancer recent dx. ALS ongoing on top of pile of cardboard in rear of van. Pt ~120kg and bearded/short neck. <C> Nil A/B iGel, ETCO2, BVM, 100% O2 C PEA @50bpm (broad QRS) CPR, LD IO Left Prox Tibia, ADX, SCP D/E Nil of note. Left WAST crew to continue as initial query of ? appropriate to continue if terminally ill? Spoke with wife, recent CA dx and understanding that chemotherapy could be curative. Returned to patient and team. Plan:						

						(1) Get patient onto an extrication board to level out and apply LUCUS. (2) Intubate (3) Consider POCUS 1-2 completed (tube by WAST paramedic supported by 5858) and further ADX given. PEA rhythm became ? CHB with clearly definable p-waves then broad QRS at ~50/min. ADX continued. BM >10. Increasingly hostile atmospherics, MOPs attacking van/banging on side/shouting at staff and police. Concern for staff safety if resuscitation ceased. Asked by WAST & Police staff to consider not ROLE-ing at scene. Given atmospherics, colleague request and brief discussion with Ray/Chris plan to load patient, review and move off scene. Logistics of all vehicles sorted. Loaded into EA - remains in PEA/visible p-waves inbetween broad complexes. Pre-alert passed to UHW with note that main reason for conveying was scene saftey. Challenging transit to UHW with EA being "chased" by vans from relatives. On arrival rhythm check> Agonal/Asystole. Intent to hold patient outside department and invite ED consultant onto EA to discuss reason for conveyance and then ROLE outside ED abandoned as >15 relatives already mobbing entrance. Taken into Resus. Handover while on ambulance trolley. Moved to bed. Remains in Asystole. ROLE. At debriefing it became clearer as to what had happened and why the patient was in cardiac arrest in the back of a van. He had become unwell and relatives had bundled him into the van to take to hospital. They then stopped a NEPTS vehicle and the NEPTS staff found patient unconscious in the rear of the vehicle in a sitting position with abnormal breathing. In the time taken to request P1 backup and fetch BLS kit, patient arrested. Good job done from NEPTS crew. Discussion to be had regarding decision to convey in cardiac arrest given perceived futility: can be at M&M if required. ["IO access","Advanced life support","LUCAS"] ["Ultrasound (cardiac)","Assisted Transfer"]						
4	SB5854	14/01		male	trauma	Stabbed to chest , bleeding heavily.	no	-	-	no	no	nil
					Additional comments:	On arrival patient conscious , haemodynamicaly stable , GCS 15 wound to LEFT side of chest appears superficial.						

		EMRTS in attendance no additional input from myself.

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No Governance