



Activity Report



Week commencing: 6th December 2021

Team Shift Activity:

number of shifts:	3
number of taskings:	11
number of patient involvements:	8
number of governance procedures:	2

Team Shift:			
Date:	09/12	Duration:	10:30
No. of taskings	3	Personnel:	RHD, JT, TA
<i>trauma</i>	2	<i>adult</i>	3
<i>medical</i>	1	<i>paediatric</i>	0
<i>cardiac arrest</i>	0		
Pre-shift issues	nil	Post-shift issues	nil
Pre-comments	RD CD's	Post-comments	Cd's back to RD

Case	Age	gender	type	Job description	S/D	Scene time	Total time	General interventions	Governance interventions	Adverse events
1	30	female	medical	Dystonia episode	no	-	-	yes	no	nil
				<i>Additional comments:</i> ["IV access"] ["Drugs outside JRCALC guidelines (non-governance)"] - Diazepam 10mg Pt was in a medical facility with registered nurse on duty. Patient had complex medical hx, made full recovery						
2	44	female	trauma	Low speed RTC	no	-	-	no	no	nil
				<i>Additional comments:</i> reported as medically trapped by fire and police and high velocity. Assessment, obs, discharged with recall advice. Alloc 2112, Mob 2114, At scene 2123, Clear 2158						

3	45	male	trauma	Fall	no	01:07	01:09	yes	yes	nil
<i>Additional comments:</i>				<p>Fall from 1st balcony of a block of flats having climes down from 4th story evading police. EMRTS en-route.(by road)</p> <p>O/A police in attendance, oxygen on, thermal blanket applied.</p> <p>Impression - agitated male, clearly in pain, suspicious of multi-injury.</p> <p>Plan- clothes off, monitoring on, IV access, analgesics/ sedation.</p> <p>A- patent</p> <p>B - RR26 12Flaps negative</p> <p>C - HR120 , BP117/57, no visible external haemorrhage. ?Pelvic Injury.</p> <p>D- agitated, intoxicated, flailing, moving all limbs. GCS E1V3M5 = 9/15</p> <p>Limbs - all appear intact</p> <p>["IV access"] ["Immobilisation"]</p> <p>Management:</p> <p>4mg ondansetron, 100mcg fentanyl , 120mg ketamine (30+30+30+30), 1g paracetamol , 1g TXA</p> <p>Pelvic binder(ankles tied), Scoop to vac mat</p> <p>EMRTS transfer to MTC</p> <p>["Pre-hospital Sedation"]</p> <p>indications: extrication</p> <p>operators: RD</p> <p>location: Outside with full 360 access on the ground where he landed.</p> <p>decision: 2320, start: 2325, complete: 2354</p> <p>medications: Ketamine (initial: 30mg, total: 120mg), Fentanyl 100mcg,</p> <p>O2 applied, etCO2 monitoring</p> <p>observations stable</p> <p>Checklists used.</p> <p>Monitoring removed for a short duration during the extraction.</p>						

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

Team Shift:					
Date:	11/12	Duration:	07:37	Personnel:	JD, JM, TA
No. of taskings	3				
<i>trauma</i>	2	<i>adult</i>	3		
<i>medical</i>	1	<i>paediatric</i>	0		
<i>cardiac arrest</i>	0				
Pre-shift issues	nil		Post-shift issues	nil	
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	32	female	trauma	Fall - unconscious	no	-	-	yes	no	nil
	<i>Additional comments:</i>			conscious on arrival. Intoxicated. ["Immobilisation"] Scooped to bed. Handed over care to EA crew. Evidence of epistaxis, nil other injuries of note. Call 1937, Alloc. 1939, Mob. 1939, At 1943, Clear 2006						
2	30	male	medical	Overdose	no	-	-	yes	no	nil
	<i>Additional comments:</i>			Opiate overdose crew on scene. I-gel in place and vented. ["IV access"] Naloxone 400mcg EJV access						
3	26	male	trauma	Slit wrists - not responsive	yes	-	-	no	no	nil
	<i>Additional comments:</i>			stood down prior to arrival						

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Team Shift:					
Date:	12/12	Duration:	08:41	Personnel:	IB, CM
No. of taskings	5				
<i>trauma</i>	2	<i>adult</i>	5		
<i>medical</i>	1	<i>paediatric</i>	0		
<i>cardiac arrest</i>	2				
Pre-shift issues	nil		Post-shift issues	nil	
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	77	male	arrest	Choking- cardiac arrest	yes	-	-	no	no	nil
	<i>Additional comments:</i>			On arrival, patient concious and breathing. Crew dealing. Mobile 15:45, Stood down 16:30						
2		female	trauma	Car in river, submerged	yes	-	-	no	no	nil
	<i>Additional comments:</i>			Chris Shaw responded and dealing with patient Stood down before arrival Mobile 15:45, Stood down 16:30						
3	84	male	trauma	Fall from standing	no	00:24	01:38	yes	yes	nil
	<i>Additional comments:</i>			GCS 12/15 Lac to left temporal region , bruising over left eye Abnormal shape right pupil (old) Agitated, pulling all dressings off. 1 mg midazolam with good effect. Discussed with Cardiff TTL as ? Traumatic subarachnoid haemorrhage. Cardiff TTL happy for patient to go for CT triage at TU. ["Pre-hospital Sedation"] indication: facilitate procedure operators: CM, IB						

				location: EA Decision: 19:30, start: 1935, complete: 1936 medications: Midazolam 1mg observations stable Small dose to facilitate transfer and to avoid being kicked						
4	83	female	arrest	Collapse – Cardiac Arrest	no	-	-	yes	no	nil
	<i>Additional comments:</i>			Collapse in garden, known T2DM with high sugars, CPR in progress on EA arrival Asystole throughout ROLE after 20 mins ["IV access", "LUCAS"] Alloc 20:54, Scene 21:01						
5	65	male	medical	Immersed in canal	no	-	-	yes	no	nil
	<i>Additional comments:</i>			not submerged, hypothermia Full exposure, warmed, crew happy to transport to DGH Alloc 21:39, Scene 21:46						

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Solo Activity:	active responders:	CB 664, CB 5851		
	number of taskings:	5		
	number of patient involvements:	5		
	number of governance procedures:	0		
	Tasking Types:			
	<i>trauma</i>	2	<i>adult</i>	4
	<i>medical</i>	1	<i>paediatric</i>	1
	<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	CB664	06/12	87	female	trauma	29D09 - RTC	no	-	-	yes	no	nil
	<i>Additional comments:</i> - small hatchback seen to drift across carriageway (nominal speed limit 20mph) and collide offside front to offside front of large SUV. Casualty known to have PPM, AF and on apixaban. Last PPM check 08/21 -satisfactory. The casualty had self-extricated and was mobile around the scene but was complaining of chest pain worse on deep inspiration. Examination and observations. The casualty was recommended to go to hospital for further assessment/observation and, there not being any ambulances available, she was conveyed by me to Morriston.											
2	CB664	06/12		male	trauma	27D01S - Assault	no	-	-	yes	no	nil
	<i>Additional comments:</i> - the casualty had been assaulted, allegedly for the second time by the same person, and had received stab wounds to the head and L hand Examination only. The casualty appeared to have trivial lacerations and bruising to the nose only. He was left with WAST personnel. CB664 responding in DR01											
3	CB664	07/12	16	female	medical	12D02 - Collapse	no	-	-	yes	no	nil
	<i>Additional comments:</i> - patient had collapsed in street and exhibited some purposeless movements. It transpired that she had been investigated after having had similar episodes for many years and judged not to have epilepsy.											

						<p>She had remained under the care of a cardiologist with no specific diagnosis having been made.</p> <p>She was also noted to have a non-functioning kidney and recurrent UTI. She appeared to have been lost to follow-up.</p> <p>Removed from street to house nearby. Examination and observations.</p> <p>Referred to Morrision and, after discussion with Med Reg on call, it was agreed that she should attend the Acute GP unit for bloods and urine test and for re-referral to nephrology and her cardiologist.</p> <p>Letter to GP</p>
4	CB664	07/12	75	male	arrest	<p>09E01 – cardiac arrest</p> <p>no</p> <p>-</p> <p>-</p> <p>yes</p> <p>no</p> <p>nil</p>
						<p><i>Additional comments:</i></p> <p>- the casualty had been found not breathing in his vehicle on the road.</p> <p>No bystander CPR until a police unit came upon the scene</p> <p>["IO access", "Advanced life support", "LUCAS"]</p> <p>Resuscitation according to ALS algorithm together with SP & EA crew.</p> <p>Asystole from the outset and no response to resuscitation including 5mg adrenaline.</p> <p>ROLE.</p> <p>CB664 responding in DR01</p>
5	CB5851	12/12	40	female	other	<p>Vehicle into river</p> <p>no</p> <p>-</p> <p>-</p> <p>yes</p> <p>no</p> <p>nil</p>
						<p><i>Additional comments:</i></p> <p>GONE THROUGH THE FORD -CARS STUCK- PT IN VEHICLE -SHE IS UNDERWATER</p> <p>Update at scene, vehicle swept 20+ meters downstream, completely submerged by time of MWFRS arrival.</p> <p>EMS unable to access patient initially nor get eyes on due to scene safety concerns (swiftwater).</p> <p>Extricated to EA by FRS, wet clothing stripped, new blankets, heating on max.</p> <p>Icy cold peripherally, tympanic temp 32-34 (? accurate), difficulty with SpO2 reading, getting low 90s on ear probe.</p> <p>GCS 15, chest sounds clear, HP/BP OK.</p> <p>On 4lpm nasal specs from EMS, no other intervention indicated.</p> <p>Plan to transport to GGH in view of (i) hypothermia (ii) history of immersion.</p> <p>EMS crew happy to deal. BASICS cleared at scene.</p> <p>Good comms with local desk, ECCH and DOM at scene.</p> <p>Able to stand down HEMS (EMRTS) and DR01 once patient condition known.</p>

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Governance

Team Case – 09/12 – Case 3

Team Case – 12/12 – Case 3

