



4	32	male	arrest	cardiac arrest	yes	-	-			nil
	<i>Additional comments:</i>			stood down						

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

<b>Team Shift:</b>				
<b>Date:</b>	31/12/2020	<b>Duration:</b>	?	
<b>No. of taskings</b>	4	<b>Personnel:</b>	IB, CM SB 5855	
<i>trauma</i>	0	<i>adult</i>	3	
<i>medical</i>	3	<i>paediatric</i>	1	
<i>cardiac arrest</i>	1			
<b>Pre-shift issues</b>	no checklist		<b>Post-shift issues</b>	no checklist
<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	23	female	medical	cardiac arrest/seizure	no	-	-	no	no	nil
	<i>Additional comments:</i>			23 yof fitting, CPR ongoing. On arrival, CPR being performed by carers. Patient good pulse, opening eyes to command. APP on scene, patient well known to them We got bored and left.						
2	52	female	arrest	cardiac arrest	no	-	-	no	no	nil
	<i>Additional comments:</i>			Overdose of co-codamol ?80 tables 30/500 Last seen at 1330, found at 2200 in bed not breathing (No conditions unequivocally associated with death) Call time 2215, Allocated 2219, At scene 2239 ALS igel > ETT LUCAS ["IO access","Advanced life support","LUCAS"] ["Drugs outside JRCALC guidelines (non-governance)"] Naloxone 1.6mg						

				ROLE at 2302hrs						
3	15	female	medical	Intoxicated, laceration to arm	no	-	-	no	no	nil
	<i>Additional comments:</i>			Crew to transport						
4	52	male	medical	Fall, head injury, ?seizure	yes	-	-	no	no	nil
	<i>Additional comments:</i>			Stood down en route by CCC, Call downgraded						

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<b>Solo Activity:</b>	active responders:	CB 664, SB 5854	
	number of taskings:	9	
	number of patient involvements:	8	
	number of governance procedures:	0	
	Tasking Types:		
	<i>trauma</i>	5	<i>adult</i> 9
	<i>medical</i>	3	<i>paediatric</i> 0
	<i>cardiac arrest</i>	0	
	<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	30/12	19	male	trauma	17D04	yes	-	-	no	no	nil
	<i>Additional comments:</i>						on steps to beach at Rotherslade Nil - patient went to hospital in company of mother. I was stood down at scene.					
2	CB664	30/12	62	male	trauma	30D04 at private address	no	-	-	no	no	nil
	<i>Additional comments:</i>						The casualty had COPD and had fallen a week previously He had declined medical help but had been progressively less able to mobilise and had also developed an acute exacerbation of his chronic chest problem. Noted also that his intake of alcohol amounted to 16-20 units of beer per day and also, during the preceding week, a bottle of vodka before bedtime. Examination and observations. EA then arrived and assistance given with transfer to ambulance.					
3	CB664	30/12	41	female	medical	02C01 at private address	no	-	-	no	no	nil
	<i>Additional comments:</i>						The patient was a known asthmatic on Fostair and Ventolin She had eaten some almonds and had quickly developed difficulty in breathing, a sensation that her throat was swollen and difficulty swallowing saliva. History, examination and observations.					

						the patient was already feeling better by the time I saw her. After a period of observation with no untoward ongoing symptoms or signs she was left at home in company of a competent daughter and with advice to call 999 if she had recurrent symptoms. no previous similar reactions/allergies Noted that 10 days previously she had had 1st dose of Astra-Zeneca vaccine against COVID-19. GP contacted by 'phone and written report also sent.						
4	CB664	31/12	78	male	trauma	29D03 - RTC	no	-	-	no	no	nil
	<i>Additional comments:</i>					The casualty had lost control of his SUV on a downhill stretch of road (speed limit 30mph) and had hit a tree. He had been wearing a seatbelt and curtain airbags had deployed He had self-extricated. He appeared to have only suffered a blow to the head without LOC. However, he was on an anticoagulant and aspirin following a previous CVA and had multiple other medical problems It was deemed appropriate to convey him to morriston for further investigation/observation						
5	CB664	31/12	29	male	trauma	17D04G outside private address	no	-	-	yes	no	nil
	<i>Additional comments:</i>					The casualty had slipped on icy decking and had felt his R knee "pop" with immediate onset of severe pain The knee was not dislocated as initially reported but displayed a large effusion/haemarthrosis possibly as a consequence of cruciate ligament injury. The casualty was given analgesia and was able to move indoors with assistance. Penthrox 3.0ml He was conveyed to Morrision						
6	CB664	31/12	23	female	other	24D05	no	-	-	yes	no	nil
	<i>Additional comments:</i>					a 23 year old female 29/40 pregnant was experiencing irregular contractions not associated with blood loss PV. History of 2 previous deliveries via caesarean for failure to progress and one neonatal death secondary to prematurity Established that there was no PV bleeding and that uterus was soft in between contractions. Handover to midwife and crew of EA for transfer to Singleton.						
7	CB664	02/01	75	male	medical	Unwell	no	-	-	yes	no	nil
	<i>Additional comments:</i>					Male patient with known PAF had woken with tachycardia, dizziness & SOB. Had felt worse with L sided chest pain after walking out in cold weather. History examination and observations. Serial ECGs. Referred to Med Reg at Singleton for further investigation/treatment.						

						Initially no other resource in Swansea Bay area.						
8	SB5854	30/12	30	male	trauma	Hanging	no	-	-	no	no	nil
						<p>Patient found Hanging.</p> <p>Described as a viable arrest with ongoing CPR</p> <p>Patient had hung himself from bannister, using electric cable</p> <p>dead. asystole. rigor and stasis evident</p> <p>Family arrived on scene</p> <p>Known mental health issues, ex-military living in supported accommodation.</p>						
9	multiple	03/01	74	male	medical	Unwell	no	-	-	yes	no	nil
						<p>multiple resources – SB5854, SB5855</p> <p>Patient recently diagnosed with aggressive inoperable carcinoma of right kidney</p> <p>around 13.00 developed pain in RIGHT leg, with pallor and discolouration</p> <p>Telephone GP = advised needed to attend Grange Hospital (presumed Femoral Embolus)</p> <p>Paramedics requested assistance due to haemodynamic instability. Every time patient sat up = periarrest</p> <p>Dr Bowler attended too. Venous access very difficult.</p> <p>["IO access"]</p> <p>LEFT tibial Intra osseous. Metaraminol, Fentanyl, Paracetamol.</p> <p>Metaraminol given in 500MCG doses to good effect (Initial dose 250mcg)</p> <p>Fentanyl 100 mcg</p> <p>Stable</p> <p>Transferred to GUH</p> <p>on arrival stated he needed to open his bowels</p> <p>Cardiac arrest</p> <p>dead</p> <p>Breakdown in communication led to no medical staff been available for handover. Patient sent to distant part of A&amp;E.</p> <p>Arrest call delayed, response less than ideal. Data completed by paramedic</p>						

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**Governance**  
*nil governance to review*

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