



Activity Report



Week commencing: 30th August 2021

Team Shift Activity:

number of shifts:	1
number of taskings:	5
number of patient involvements:	3
number of governance procedures:	0

Team Shift:			
Date:	04/09	Duration:	?
Personnel:	IB, TA, JM		
No. of taskings			
<i>trauma</i>	4	<i>adult</i>	4
<i>medical</i>	0	<i>paediatric</i>	1
<i>cardiac arrest</i>	1		
Pre-shift issues	nil	Post-shift issues	not submitted
Pre-comments	Radio now 1639	Post-comments	not submitted

Case	Age	gender	type	Job description	S/D	Scene time	Total time	General interventions	Governance interventions	Adverse events
1	3	male	trauma	fall through roof	no	-	-	yes	no	nil
				<i>Additional comments:</i> 3yom fell 9 feet through plastic roof. Head / facial injuries. Vomited x 2, once on EA had ?seizure episode, eyes lateral gaze and non responding. Lasted 1 min. Then more drowsy but responsive enough. Triaged to MTC, escorted to uhw						
2	50	male	trauma	Fall off garage roof	yes	-	-	no	no	nil
				<i>Additional comments:</i> Alloc 17:48, Stood down 18:03						

3				House fire persons reported	yes	-	-	no	no	nil
	<i>Additional comments:</i>			Alloc 20:28, Stood down 20:35						
4	65	male	arrest	Cardiac Arrest	no	-	-	yes	no	nil
	<i>Additional comments:</i>			Known CoPD RRV para on scene, known lung cancer, unresponsive in chair for 90 mins, temp 30, ROLE on our arrival Alloc 20:50, Scene 21:07, Clear 21:08						
5	36	male	trauma	Male fallen down cliffs Langland bay	no	-	-	no	no	nil
	<i>Additional comments:</i>			RV with coastguard and HART Waited til patient located and established no injuries. Hart left to deal. Alloc 23:26, Scene 23:41, Clear 00:51						

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



Solo Activity:	active responders:	SB 5854, CB 664, SB 5866	
	number of taskings:	9	
	number of patient involvements:	8	
	number of governance procedures:	2	
Tasking Types:			
	<i>trauma</i>	7	<i>adult</i> 8
	<i>medical</i>	1	<i>paediatric</i> 1
	<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	SB5854	30/08		male	trauma	Fall	no	-	-	yes	no	nil
	<i>Additional comments:</i> Initially coded as fall from over 10 m, recoded as traumatic arrest. Discussed with desk, confirm fall from 8-10 feet, laboured breathing. Arrived with EMRTS CCP crew from Tremorfa. GCS 15, haemodynamically stable, but slow pulse (Mid fifties) and BP 110/80 or thereabouts. patient on Doxazosin and Amlodipine for Hypertension. Pain in right shoulder, right side of chest, right hypochondrium. Immobilised Scoop, headblocks, pelvic binder (Mechanism, distracting injury) Analgesia, EA transfer by road to UHW.											
2	CB664	30/08	60	male	trauma	29D08 -RTC	no	00:46	01:07	yes	yes	nil
	<i>Additional comments:</i> the driver of a small hatchback had deviated off the carriageway had struck and electric service cabinet on the nearside verge, had turned onto its offside and collided then with a telegraph pole The vehicle had come to rest with the pole level with the dashboard. The driver was reported by an off-duty police officer to be trapped. DOM first on scene had placed 18ga IV cannula in R arm and had made it explicitly clear to all personnel that patient was peri-arrest...											

						<p>["IV access"]</p> <p>["Ultrasound (cardiac)"]</p> <p>The casualty was rapidly extricated in my presence and placed on my monitoring. EMRTS overhead.</p> <p>NP airways x2 (trismus) + supported ventilation via BVM. It then became possible to insert iGel + ETCO2 monitoring.</p> <p>Noted: trauma to R upper arm and reduced movement of R chest.</p> <p>Abdo/pelvis/other long bones NAD.</p> <p>Not determined whether medical arrest leading to collision or collision leading to TCA.</p> <p>Treatment included IO, 0.9% NaCl, TXA, Pelvic binder, adrenaline boluses. bilateral thoracostomies (RD on R).</p> <p>ROSC at one point (good LV function on U'sound).</p> <p>L subclavian line (RD). Blood x2 units via this.</p> <p>Agonal rhythm, ETCO2 decayed to <1kPa. ROLE</p> <p>Cannulation of L subclavian vein using equipment provided by EMRTS</p> <p>["Simple Thoracostomy"]</p> <p>RHD and EMRTS paramedic</p> <p>location: On trolley at scene</p> <p>indication: traumatic arrest</p> <p>procedure: Right sided</p> <p>findings: L lung up; R lung collapsed</p> <p>no complications</p>						
3	CB664	31/08	10	male	trauma	29D02M – pedestrian vs car	no	-	-	yes	no	nil
					<i>Additional comments:</i>	<p>casualty knocked down by small SUV travelling at "22mph" (nominal speed limit 30mph).</p> <p>Dent noted in front nearside bonnet of vehicle.</p> <p>He had appeared dazed initially but had not lost consciousness.</p> <p>Examination and observations</p> <p>The casualty had multiple abrasions and bruising to the R fronto-temporal region. He had no neurological symptoms/signs. GCS 15.</p> <p>He was moving his neck freely and observations were otherwise all satisfactory.</p> <p>He was conveyed to Morrision (after brief discussion with Trauma Desk) without my needing to escort him.</p>						
4	CB664	31/08	71	male	medical	31D04 - combative	no	-	-	no	no	nil
					<i>Additional comments:</i>	<p>crew request to assist with confused and combative patient who had likely suffered a neurological event</p>						

						Nil required - while I was en route the Clinical Support Desk had authorised IV midazolam. The crew was bringing the now much calmer patient downstairs as I arrived.						
5	CB664	03/09		male	trauma	29D02M – fall from bridge	no	-	-	no	no	nil
	<i>Additional comments:</i>					the casualty had fallen from a bridge over the M4 (~20m). Nil required from me - a Critical Care Transfer crew had encountered the scene and they, H57, an EA and a DOM were already in the process of trying to resuscitate the casualty. Casualty judged to have unsurvivable head injury. ROLE ~ 12MD.						
6	CB664	03/09	24	male	trauma	28D03 - RTC	no	-	-	yes	no	nil
	<i>Additional comments:</i>					the casualty had lost control of his small hatchback and had hit a tree on an uphill section of the drive out of Gower College campus. He had not been wearing a seatbelt and despite activation of the airbags he had hit his head on the windscreen. He had not been knocked out, had extricated himself from the vehicle and had walked down to the vehicle workshop at the college. Seen in the company of his father approx 90 mins after incident. Examination and observations. He was complaining of headache only + ringing in the ears (attributed to detonation of airbags) He was mildly tachycardic and had obvious bruising to upper anterior forehead and over his L eyebrow. Discharged in company of father with advice to seek medical help if he later developed symptoms of concern or if his regular analgesia was proving insufficient. I was tasked from scene of RTC on M4. Patient had PMH of Ewing's sarcoma of rib(s) 13 years previously and was on regular zapain following surgery. Also said to have impaired liver function post chemo and to be intolerant of NSAID because of asthma.						
7	multiple	05/09		male	other	Attack with unknown substance	no	-	-	yes	no	nil
	<i>Additional comments:</i>					SB 5866, SB 5854 - Mobile: 15:22, Scene: 15:29 SMS: "POSSIBLE ACID ATTACK IN CITY ROAD, MULTIPLE PTS ON SCENE. PLEASE CALL IF AVAILABLE" On calling in advised reports of TWENTY FIVE (25) patients. Requested FRS be confirmed running for water/showering, police on scene and consider dedicated incident Channel to share ETHANE. Suspected caustic substance attack in shop. Several casualties already informally evacuated to UHW. Police believe "ammonia like substance" 2 Casualties on scene - clothing removed and basic WET decon. Sx of caustic substance exposure (face/chest/eyes).						

						HART & SP on scene. WAST Tac arrived shortly after. Awaiting EA. Assumed Medical Advisor role. JESIP huddle, initial request to FRS for DIM to identify substance 15:42. After enquiry FRS advise DIM unlikely to identify beyond pH and happy to attend at 60min run if required. Decision DIM unlikely to impact care in any way - stood down 15:57. Leave scene 16:12 to UHW. On arrival UHW 2 adolescents being decontaminated. Push to decontaminate our casualties. Oral Paracetamol and topical Tetracaine administered while awaiting decon. Request to ED to consider Morgan lens' for ocular irrigation. MC coordinated response and treatment. RM attended as an additional available resource, but thankfully was not required. confirmed to be Ammonia/Bleach No obvious Toxidrome						
8	SB5854	31/08		trauma	Stabbing	yes	-	-	no	no	nil	
	<i>Additional comments:</i>				Reports that patient had been stabbed to chest multiple times. Updated en route to say patient had left scene and driven away. I advised that if serious injury then it would present at a local ED, or further request for EA would be made							
9	SB5854	05/09		male	trauma	Pedestrian v Car RTC	no	-	-	yes	yes -EMRTS	nil
	<i>Additional comments:</i>				Reported as Pedestrian v Car RTC with traumatic cardiac arrest and CPR ongoing. On arrival GCS 3/15, but breathing and palpable radial pulse. Confused story = Possible a pedestrian who had fallen by a car, possibly hit by car, possibly fell out of car. Only identifiable injury = a few contusions and haematoma to head and face. Miotic pupils? Opiates and alcohol involved. Partial resolution with Naloxone = GCS E 1 V 1 M 5 = 7 Pelvic binder, MILS EMRTS attended. Decision to PHEA, as respiratory rate variable , dropping to 4-6 a minute Assisted with Prep for PHEA							

		patient transferred to UHW trauma call ["IV access"] ["Immobilisation"] Assisted with immobilisation and PHEA
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Governance

Solo Case 2

Solo Case 9 - EMRTS

