



## Activity Report



Week commencing: 31<sup>st</sup> May 2021

**Team Shift Activity:**

number of shifts:	2
number of taskings:	9
number of patient involvements:	8
number of governance procedures:	3

<b>Team Shift:</b>			
<b>Date:</b>	03/06	<b>Duration:</b>	12:25
<b>No. of taskings</b>	4	<b>Personnel:</b>	GR, TA, HB
<i>trauma</i>	4	<i>adult</i>	4
<i>medical</i>	0	<i>paediatric</i>	0
<i>cardiac arrest</i>	0		
<b>Pre-shift issues</b>	nil	<b>Post-shift issues</b>	nil
<b>Pre-comments</b>	nil	<b>Post-comments</b>	Great shift. Tim to sort kit change over to XC2 tomorrow.

Case	Age	gender	type	Job description	S/D	Scene time	Total time	General interventions	Governance interventions	Adverse events
1	34	male	trauma	Found in street – head injury/fitting	no	00:27	01:38	yes	yes	nil
				<i>Additional comments:</i> 34 year old ?IVDU found in street with head injury ?for how long. Fitting for approx 30min. Seizure terminated with diazepam from WAST. GCS 6. No other injuries. ?medical collapse ?primary head injury ?drugs related. Tolerating NPx2, agitated. PHEA. Neuro-protective measures. UHW. Large subdural on CT. Theatre for decompressive craniectomy. ["Immobilisation", "Assisted Transfer"]						

				<p>["PHEA"]</p> <p>decision – 15:45, start – 16:00, complete – 16:05</p> <p>indication – Airway compromise - low GCS</p> <p>location – Road</p> <p>pre-procedure – Diazepam, full checklist, simple adjuncts with facemask, Map-C for Pre-O2</p> <p>procedure – GR team-lead/drugs, TA intubator, HB runner/monitoring, VL-4, grade 1, 1<sup>st</sup> attempt, bougie, ["misting", "chest movement", "auscultation", "etCO2"]</p> <p>drugs – fentanyl 150 mcg, propofol 50mg, rocuronium 100mg</p> <p>post-procedure – ventilator within 2 mins, Hamilton, PCV, no complications</p> <p>Post-RSI – observations stable</p> <p>Stable transfer. Subdural on CT. Theatre for Cat 1 decompressive craniotomy.</p>						
2	40	male	trauma	Car vs Pedestrian	no	00:39	00:58	yes	yes	nil
	<i>Additional comments:</i>			<p>Male hit by car. Agitated.</p> <p>["Immobilisation", "Assisted Transfer"]</p> <p>Pelvic sling. PHEA. Neuroprotection. UHW.</p> <p>["PHEA"]</p> <p>decision – 19:42, start – 20:00, complete – 20:02</p> <p>indication – Airway compromise - low GCS</p> <p>location – Road</p> <p>pre-procedure – Ketamine 20mg x2, TXA 1g, full checklist, BVM, Map-C for Pre-O2</p> <p>procedure – GR team lead/drugs, TA intubator, HB runner, SM monitoring, VL-4, grade 1, 1<sup>st</sup> attempt, bougie, ["misting", "chest movement", "auscultation", "etCO2"]</p> <p>drugs – fentanyl 150 mcg, ketamine 100mg, rocuronium 100mg</p> <p>post-procedure – ventilator within 2 mins, Hamilton, PCV, no complications</p> <p>Post-RSI – observations stable</p> <p>Co-resp with EMRTS (S.M&amp;TA). Stable transfer.</p> <p>CT- head skull and facial fractures. Nil bleed. Scapula and hip fracture.</p>						
3	30	female	trauma	RTC – Car vs Tree	no	-	-	no	no	nil
	<i>Additional comments:</i>			<p>Blow out on motorway. No airbags. Mobilised. No injuries.</p> <p>Discharge at scene with recall advice.</p> <p>PCR via control data entry.</p>						

4	30	male	trauma	Motorbike vs car. TCA.	no	-	-	no	no	nil
			<i>Additional comments:</i>	Backed up MC. Made scene. ROLE by MC. Observation / Moral support only.						

<b>Team Shift:</b>					
<b>Date:</b>	04/06	<b>Duration:</b>	13:00	<b>Personnel:</b>	IB, TA, NA
<b>No. of taskings</b>	5				
<i>trauma</i>	4	<i>adult</i>	4		
<i>medical</i>	0	<i>paediatric</i>	1		
<i>cardiac arrest</i>	1				
<b>Pre-shift issues</b>	nil			<b>Post-shift issues</b>	nil
<b>Pre-comments</b>	nil			<b>Post-comments</b>	1x sedation case for governance

Case	Age	gender	type	Job description	S/D	Scene time	Total time	General interventions	Governance interventions	Adverse events
1	35	male	trauma	Fell off bicycle	no	-	-	no	no	nil
			<i>Additional comments:</i>	Not wearing helmet Injury to face and right arm Aided crew to assist to ambulance. Mobile 20:15, Scene 20:28						
2			trauma	RTC - multiple shunt due to low sun	no	-	-	yes	no	nil
			<i>Additional comments:</i>	3 vehicles, 2 patients: Female driver 20 yrs of rear vehicle: ? # right clavicle ? # sternum Chest Abdo NAD 10/52 pregnant Male 18 driver of middle vehicle, shunted into other vehicle. No injuries visible, tender midline neck. Therefore, immobilise once on trolley Mobile 20:57, Scene 21:15						

3	22	female	trauma	Motorbike vs stationary car	no	02:04	02:23	yes	yes	nil
				<i>Additional comments:</i>	Isolated distal tibia fracture. ["IV access"] ["Limb splinting", "Assisted Transfer"] Ketamine 40mg, Fentanyl 150 micro grams Prolonged scene time due to no available truck to backup.  ["Pre-hospital Sedation"] location – road indication – facilitate procedure sedative – ketamine, initial dose 20mg, total dose 40mg other meds – fentanyl 150 mcg oxygen, monitoring observations stable no complications Further 10mg of ketamine for analgesia more than sedation					
4	14	male	trauma	Fall downstairs	yes	-	-	no	no	nil
				<i>Additional comments:</i>	Stand down Mobile 17:11, Stand down 17:18					
5	65	male	arrest	Cardiac Arrest	no	-	-	yes	no	nil
				<i>Additional comments:</i>	ALS LUCAS, Intubation, Cardiac ultrasound ROLE Mobile 18:44, At scene: 18:51, Clear 20:06					

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



<b>Solo Activity:</b>	active responders:	SB 5846, SB 5854, CB 664, SB5866
	number of taskings:	11
	number of patient involvements:	10
	number of governance procedures:	2
	 Tasking Types:	
	<i>trauma</i>	10
	<i>adult</i>	10
	<i>medical</i>	0
	<i>paediatric</i>	1
	<i>cardiac arrest</i>	1
	<i>other</i>	0

Case	Res	Date	Age	gender	type	Job description	S/D	Scene time	Total time	General interventions	Governance interventions	Adverse events
1	SB5846	31/05	45	male	arrest	Collapse	no	-	-	yes	no	nil
						<i>Additional comments:</i> Witnessed drop whilst running. Bystander CPR. WAST arrival just before me. CPR ongoing. First rhythm VF. Shock. Igel plus ventilation. LUCAS. Adrenaline, fluid, bicarb, calcium. EM01 assisted for USS. Asystolic >40min. No cardiac activity. ROLE 18:45. RIP. Family informed. ["IV access", "Advanced life support", "LUCAS"] ["Ultrasound (cardiac)"] ["Drugs outside JRCALC guidelines (non-governance)"] – Bicarb 100ml, Calcium 10ml						
2	SB5854	31/05		male	trauma	Stabbing	no	-	-	yes	no	nil
						<i>Additional comments:</i> Reports of male stabbed to chest On arrival. male in EA, stabbed x 4 to chest and x 1 to abdomen. tachycardia , normotensive. Heavily intoxicated +/- Other drugs involved.						

						Cannulated x 2 (14 G RIGHT ACF and 14G dorsum of LEFT hand) Transferred to UHW with EMRTS in attendance. Stable at handover, subsequent exploratory laparotomy ["IV access"]						
3	SB5854	31/05	19	female	trauma	Stabbing	no	-	-	yes	no	nil
						<i>Additional comments:</i> Self-inflicted stab wounds x 5 to lower abdomen. 4 = superficial, one deep. haemodynamically stable, emotionally labile. counselled. reassured. transferred to UHW. Subsequently underwent exploratory laparotomy ["IV access"]						
4	SB5854	01/06		male	trauma	Impaled on railing	no	00:38	01:26	yes	yes	nil
						<i>Additional comments:</i> Patient heavily intoxicated. Climbing over railings had slipped and become impaled through LEFT leg. Concern that injury close to major vessels Patient suspended by belt of his own trousers. Cutting through clothing allowed full inspection. Railing had penetrated from medial to lateral upper thigh anteriorly. 10 cm inferior to palpable Femoral pulse. Distal pulses intact. no vital structures identified in skin and fat bridge Lidocaine 1% infiltrated. Fire and Rescue ensured patient was fully supported. Skin bridge divided and cut through fat and fascia to railing, patient removed and placed supine on stretcher. No active bleeding. Dressed. Co-Amoxiclav given. ATMIST to UHW  ["Amputation"] governance form not completed						
5	CB664	03/06	11	male	trauma	17B01P – cyclist fall	no	-	-	yes	no	nil
						<i>Additional comments:</i> BMX cyclist fallen on unofficial dirt track in Clyne Woods. Head injury - "Dazed"/GCS 14 for ~30mins post incident. Fractured L radius and ulna. ? fractured L ankle ["IV access"] ["Limb splinting", "Assisted Transfer"] Fentanyl 150mcg total						

						Primary survey, observations, IV cannula, analgesia. Liaison with Trauma Desk EMRTS committed. HART unavailable. Casualty carried out from relatively remote location with assistance of F&R						
6	SB586	03/06	37	male	trauma	RTC	no	-	-	yes	no	nil
						<i>Additional comments:</i> Rollover RTC. Right (dominant) hand out of window during rollover, significant tissue disruption. <C>ABDC fine. E: Lumbar Back Pain. Right Hand: Thumb & RN sensation intact. Index/Middle finger amputated/disrupted but some MN sensation. Ring finger closed #/dislocated (reduced), Little finger intact. UN sensation intact. Large amount of palmar tissue disruption and doubtless underlying MC #s. Wrist & elbow movement ok.  ["IV access"] - by WAST. ["Limb splinting", "Immobilisation"] Meds - Co-Amoxiclav, Fentanyl – titrated, TXA EMRTS team arrived: Collaboratively. Hand photographed then dressed with wet gauze+++ , then blast bandage plastic, then blast bandage then SAM splint and crepe + sling & body strap. Co-Amoxiclav by WAST using PGD. Scooped onto Vac mat/pelvic binder By road to Morriston with EMRTS (major hand plastic surgical injury predominates, needs 24/7 plastics and theatre tonight). Good team working on scene. Neither HM nor SB told the other was going - a common theme! Long drive from UHW- cameras +++						
7	SB586	03/06	24	male	trauma	MC vs Car. Massive impact. TCA.	no	00:54	01:16	yes	yes	nil
						<i>Additional comments:</i> ["Ultrasound (cardiac)"] WAST had: ETT (Co2 attached but not reading - reported dropped <0.2kPa), Bilateral PnuemoFix, Pelvic Binder, IO, CPR, ADX, TXA. Added: Scooped onto stretcher as on floor, poor access. Double check ETCO2 (low on LP15 too <0.2kPa), Bilateral finger thoracostomies (PTX Right, Tension PTX Left)						

						<p>Cardiac Ultrasound as in broad but regular rhythm -&gt; ADX driven but true PEA.</p> <p>Ceased 21:25, CoD 21:35.</p> <p>Bilateral Thoracostomies as above. Sharps managed. No concerns reported at scene debrief. PCRs completed.</p> <p>Driver of vehicle that was hit (Adult female) also reviewed after at request of WAST paramedic.</p> <p>Obs ok (&gt;HR of about 95) and gender chest wall. ASNT. Mobile. No C/T/L spine pain and C-Spine clear by CCSR.</p> <p>Advised ED (PCH) as Triage Tool Stage 3/4 with significant intrusion into cab by huge force of bike and rider + potential for chest wall injury.</p> <p>["Simple Thoracostomy"]</p> <p>location - Scoop, Stretcher, Road</p> <p>indication – traumatic arrest</p> <p>side – bilateral</p> <p>findings - Left TPTC, Right PTX. No blood.</p> <p>complications – nil</p> <p>comments - Confirmed tube position!</p>						
8	CB664	04/06	52	male	trauma	29D02L - RTC	no	-	-	yes	no	nil
	<i>Additional comments:</i>					<p>on local unclassified road: motorcyclist and pillion vs delivery van at "15-20mph"</p> <p>Both casualties found supine on ground and complaining of back, chest and limb pains</p> <p>["IV access"]</p> <p>Assessment, monitoring and analgesia.</p> <p>Assistance with packaging for transfer to Morriston</p>						
9	SB5854	05/06		male	trauma	Stabbing	yes	-	-	no	no	nil
	<i>Additional comments:</i>					<p>Reports of stabbing. Abdominal wound with evisceration</p> <p>Stood down &gt; advise EA at scene will convey ("Scoop and Run")</p> <p>EA on scene time = 20 minutes</p>						
10	SB5854	05/06	85	male	trauma	Collapse – head injury	no	-	-	no	no	nil
	<i>Additional comments:</i>					<p>I came across this patient as I drove through Caerphilly.</p> <p>Initially it looked like he had been hit by a bus, but driver reports that patient had fallen in from of his bus, hitting head on road.</p> <p>? initially unconscious but had improved to GCS 14 ( E3 V5 M6)</p>						



						<p>No major haemorrhage, airway clear, c-spine cleared , breathing satisfactory</p> <p>resps 18 sats 97% C= pulse 40-60 , BP 145/90</p> <p>facial lacerations and abrasions. Pelvis N. Long bones N.</p> <p>Main concern was possible reason for fall. ECG = Nil obvious, but intermittent bradycardia persisted.</p> <p>Marked Parkinsonian tremor noted = relevant.</p> <p>Transferred to UHW by EA</p>						
11	SBS866	06/06	28	male	trauma	RTC	no	-	-	yes	no	nil
						<p><i>Additional comments:</i> Ejection RTC M4 Westbound</p> <p>Motorway fully shut both directions.</p> <p>Single vehicle RTC.</p> <p>1. Adult Male ?driver had self extricated, arrested by police and had been removed from scene.</p> <p>2. Adult Female. Self extricated minor lacerations.</p> <p>3. Adult Male: Ejected. Devolving of scalp, right shoulder injury, abrasions.</p> <p>EMRTS double CCP on scene, joined by Physician team 10mins after my arrival.</p> <p>["IV access"]</p> <p>["Immobilisation"]</p> <p>Fentanyl 250mcg</p> <p>Pt 3: IV access x 2. TXA, Fent. Scoop/Blocks. Pelvic binder. Blizzard/ready heat. Conveyed UHW by EMRTS.</p> <p>Pt 1: DOM aware has been removed from scene without medical review &amp; significant mechanism.</p> <p>Pt 3: DOM/RRV dealing, Mobile &amp; pain free having self-extricated. UHW for suturing of lacerations.</p>						

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## **Governance**

Team Shift 03/06 - Case 1 and Case 2

Team Shift 04/06 - Case 3

Solo case 4

Solo case 7

