



Activity Report



Week commencing: 16th August 2021

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



Solo Activity:	active responders:	SB 5854		
	number of taskings:	6		
	number of patient involvements:	4		
	number of governance procedures:	0		
Tasking Types:				
	<i>trauma</i>	4	<i>adult</i>	6
	<i>medical</i>	1	<i>paediatric</i>	0
	<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	SB5854	20/08		male	trauma	Unconscious male	yes	-	-	no	no	nil
	<i>Additional comments:</i>					Unconscious male with significant head injury Reports of ongoing haemorrhage from head wound. Mobilised. Stood down as resources arriving at scene suggest not as reported.						
2	SB5854	21/08		male	trauma	RTC	no	-	-	no	no	nil
	<i>Additional comments:</i>					Head on collision - 2 x casualties. patients in a Honda Civic travelling at 50 mph, Large 4 x 4 travelling at 50-60 mph on opposite carriageway crossed over lanes = Head on impact. similar injury pattern seen Male 1 = C spine cleared only concern was significant bruising in seatbelt distribution, tenderness over LEFT anterior ribs transferred to PCH for review and observation. Male 2 = C spine cleared transient difference in BP R<L arm (difference in systolic of 40 mm Hg R<L) this observation was with patient sat in seat. laid flat and rested , both arms = BP 125/85. Pulses synchronous and equal. transferred to PCH for observation and review.						

						<p>Both transferred to PCH for observation and review (? Radiology due to significant mechanism)</p> <p>Initial concern regarding differential BP suggesting possible Aortic Root issues.</p> <p>One hour post injury patient remained stable with synchronous BP (Delay at scene was due to lack of conveying resource)</p> <p>Transient difference in BP, patient otherwise well.</p> <p>Was transfer to PCH appropriate for observation?</p>						
3	SB5854	21/08	35	male	arrest	Cardiac Arrest	no	-	-	yes	no	nil
						<p><i>Additional comments:</i> Initial call was 09:39 = Coded as arrest. Request for assistance at 10:18.</p> <p>Patient had been awaiting an urgent endoscopy for altered bowel habit = Melena</p> <p>Witnessed arrest, with evidence of haemetemesis = Bright red blood , just prior to collapse.</p> <p>Initial rhythm was VF = Shocked x 2 converted to a persistent Asystole</p> <p>When I arrived, patient in established Asystole. Pallor +++ , I would estimate HB around 60g/dl or less. Asystole for 20 minutes.</p> <p>option for transfer to UHW for transfusion discussed with colleagues at scene , but the reality was that this patient had been in cardiac arrest for nearly an hour.</p> <p>Underlying pathology (Upper GI Bleed) could not be fixed until haemodynamically stable = ROLED</p>						
4	SB5854	22/08	73	male	medical	Chest Pain	no	-	-	yes	no	nil
						<p><i>Additional comments:</i> Complex cardiac history. Patient complained of Chest pain. RRV on arrival established patient was in VT.</p> <p>Request for assistance. I responded along with EMRTS, Chris Shaw in attendance.</p> <p>Patient GCS 15, BP 95 Systolic (Normal for patient) rate 150-160 broad complex VT, Sats acceptable</p> <p>Cyclizine 50 mg</p> <p>Minimal input from myself.</p> <p>Discussion with Chris Shaw regarding options available, plan was already in place to give Amiodarone 300 mg IV slowly over 20 minutes via driver.</p> <p>Cyclizine for nausea. transfer to UHW</p>						
5	SB5854	22/08			trauma	RTC	yes	-	-	no	no	nil
						<p><i>Additional comments:</i> Reports of Car into central reservation on the A4232. Car on fire, unsure if persons trapped.</p> <p>Multiple assists allocated (Police , Fire and rescue, Harts x 3 , Wast x 3, myself) Unable to locate any incident.</p> <p>I was asked by control to drive around Culverhouse Cross intersection to check source of smoke = Domestic bonfire.</p> <p>Then proceeded to Junction 36, where I was stood down</p> <p>? was this a car that had hit central reservation , activating air bags (giving impression of car being on fire) car subsequently left the carriageway by itself</p> <p>3 separate calls received apparently</p>						

6	SB5854	22/08	18	male	trauma	RTC	no	-	-	yes	no	nil
						<i>Additional comments:</i> Pedestrian RTC. Initial reports suggested significant head injury with patient unconscious. Reports of ongoing haemorrhage. On arrival , GCS 15, haemodynamically stable. Significant occipitoparietal scalp wound. Skull palpable ? fracture. Immobilised, no Collar but Pelvic binder applied (Mechanism + distracting injury) TXA 1000mg given. ATMIST to UHW						

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



Governance

Nil

