Activity Report

Week commencing: 7th June 2021

Team Shift Activity:

number of shifts:	2
number of taskings:	8
number of patient involvements:	5
number of governance procedures:	1

Team Shift:

Date:	10/06	**Duration:**	?	**Personnel:**	GR, FT, JM
No. of taskings	4				
trauma	1	*adult*	4		
medical	1	*paediatric*	0		
cardiac arrest	2				

Pre-shift issues		**Post-shift issues**	not completed
Pre-comments	nil	**Post-comments**	not completed

Case	Age	gender	type	Job description	S/D	Scene time	Total time	General interventions	Governance interventions	Adverse events
1		male	arrest	Body found in hedge.	yes	-	-	no	no	nil
	Additional comments:			Stood down - ROLE by first resources on scene TOC – 1714, Alloc – 1718, Mob – 1719, Stood down - 1725						
2	26	male	medical	Overdose	no	-	-	yes	no	nil
	Additional comments:			Overdose 500mg diazepam. Crew request. GCS 6. ["IV access"] Prep for PHEA whilst FRS extricated patient from house. Patient recovered to GCS 13. PHEA abandoned. Escort patient into UHW. GCS 15 on arrival., Drugs wasted.						

Case	Age	gender	type	Job description	S/D	Scene time	Total time	General interventions	Governance interventions	Adverse events
3			arrest	Cardiac Arrest	yes	-	-	no	no	nil
	Additional comments:			stood down						
4	26	male	trauma	Stabbing – Cardiac Arrest	no	-	-	no	no	nil
	Additional comments:			FT only - tasked en route back to base following shift end. fatal stabbing. back up Ray. ROLE.						

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

Team Shift:

Date:	12/06	**Duration:**	10:00	**Personnel:**	IB, RL, AE
No. of taskings	4				
trauma	3	*adult*	4		
medical	0	*paediatric*	0		
cardiac arrest	1				

Pre-shift issues	nil	**Post-shift issues**	nil
Pre-comments	Fuel half full	**Post-comments**	Lucas and iviz batteries need charge

Case	Age	gender	type	Job description	S/D	Scene time	Total time	General interventions	Governance interventions	Adverse events
1	27	male	trauma	Stabbing	no	-	-	yes	no	nil
	Additional comments:			Male stabbed in left chest Bilateral decompression, Blood from left needle Await EMRTS for blood, EMRTS to transport ["IV access"] ["Limb splinting"] Alloc 20:36, Scene 21:00						
2	37	male	trauma	Head injury	no	-	-	yes	no	nil
	Additional comments:			Fell back and banged head on wall 3cm lac occipital, Glued Recall advice given Alloc 18:02, Scene 18:40						
3			trauma	RTC	yes	-	-	no	no	nil

	Additional comments:			Stood down to attend stabbing Alloc 2031, Stood down 2035						
4	77	female	arrest	Cardiac arrest	no	-	-	yes	no	nil
	Additional comments:			Lucas ROSC Transferred UHW Role ["Advanced life support","LUCAS"] ["Ultrasound (cardiac)"] Midazolam 1mg, Rocuronium 50mg, Bicarbonate 100mls Alloc 22:36, Scene 23:00						

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Solo Activity:

active responders:	CB 5851, SB 5866, CB 664, SB 5854	
number of taskings:	6	
number of patient involvements:	6	
number of governance procedures:	2	

Tasking Types:

trauma	5	*adult*	5
medical	1	*paediatric*	1
cardiac arrest	0		
other	0		

Case	Res	Date	Age	gender	type	Job description	S/D	Scene time	Total time	General interventions	Governance interventions	Adverse events
1	CB5851	07/06	37	male	trauma	RTC	no	02:08	02:16	yes	yes - EMRTS	nil
					Additional comments:	Head on RTC, rural A-road, car towing another car head on into a mobile crane. Single driver, self extricated, found on all fours / crawling by FRS. Looks shocked - pale, tiny pupils, RR40. GCS 14, confused. Confirmed HM67 en route, backup coming from Llanelli EA + DOM, ETA 40 minutes. Two other walking wounded - second car driver with wrist injury, crane driver apparently uninjured. FRS medics assisting both. Reviewed both P3 patients once P1 patient en route to aircraft. Debrief with FRS - Llandysul and Lampeter retained crews. A - self maintained B - RR 40, SpO2 85, no air entry chest right. NRB 15lpm, needle decompression 2ISMCL - no effect. C - HR 140, no radials, BP unrecordable. IV access right ACF, 500ml NaCl, 1g TXA. D - GCS 14, confused, became slightly more orientated and recognised some member of FRS crew as old school friends. Pupils pinpoint. E - no external injuries found. ["IV access"] HM 67 Lockey / Jenkins / Frowen. Blood + lyoplas 2+2.						

						RSI for worsening respiratory failure and anticipated clinical course. Thorocostomy right (EMRTS) - Haemopneumothorax. Air transfer UHWC. EMRTS PHEA - Flagged for governance for transparency of Medserve record keeping.						
2	SB5866	08/06		female	trauma	Request for assistance with Wrist #.	no	-	-	no	no	nil
					Additional comments:	["Limb splinting"] Called desk, then P2P with RRV paramedic. Was worried about degree of displacement but closed, doesn't describe skin as threatened and distal circulation not compromised. Is going to Analgese, Vac splint & take to ED. Desk asked to note on CAD that remote advice provided. Remote clinical support.						
3	CB664	10/06	<1	female	medical	11D02U/11D01F - choking after food?	no	-	-	no	no	nil
					Additional comments:	The child had been unwell/teething/hot in the afternoon and had become "tense" and then displayed generalised shaking after which she was coughing - this prompted parents to think she had been choking. Patient found conscious and breathing, SpO2 97%, T=38.6degC and CBG 4.1mmol/l. Chest clear. Undressed and put to breast. Paracetamol PO. EMRTS stood down given that myself, APP and then EA all on scene. Recommended that the child go to hospital for review.						
4	SB5854	10/06	26	male	trauma	Stabbing	no	01:18	01:34	yes	yes	nil
					Additional comments:	Reports that male had been stabbed to chest. Initial call to police was 21:05 . Call to WAST 21:10. witnesses advise patient had staggered across road from scene of attack and had collapsed. Whilst en route I was advised that the patient was in confirmed cardiac arrest, and CPR was ongoing. This information was passed to me at 21:21 (clock in my vehicle). CPR Initially commenced by bystanders and police, continued by Paramedic who confirmed Asystole after attaching Defibrillation Pads and monitor. On arrival at scene patient supine, CPR ongoing, Pneumofix needle decompression LEFT MCL 2ICS. . I noted blood coming from the pneumofix, and significant haemorrhage from a large left sided chest wound This haemorrhage occurred with each compression. I noted extreme pallor of patient, and a significant amount of pooled blood around him, and soaked into clothing. iGel in situ, ventilation via Ambu bag. Monitor shows Asystole.						

						Asystole was persistent throughout. I was advised that patient had been stabbed to the RIGHT side of the chest posteriorly, and the the left anteriorly, The left wound had been packed with Celox, but was still bleeding profusely with each chest compression. I undertook a RIGHT sided Thoracostomy (5ICS AAL) simple procedure due to thin habitus, completed in under one minute, Right lung inflated, On removing the dressing/packing on the LEFT side of chest, a 4 cm wound was identified, in the Mid axillary line, 5/6 ICS. This wound was bleeding profusely with each compression. Exploration of wound revealed blood ++ in LEFT hemithorax, LEFT lung palpable. intercostal muscles had been divided and the upper surface of the inferior rib was noted to be roughened and irregular. deeper wound to intercostals was also 4cm. At this point the patient had been collapsed for 30 minutes, and in confrmed asystolic cardiac arrest for 19-20 minutes. catastrophic haemorrhage with massive blood loss (2000-3000 ml) No Intravenous access or intra-osseous access had been established. option to perform a thoracotomy considered and dismissed as what was needed was blood and blood products to replace the empty circulation, even if a thoracotomy had revealed a hole in the Heart/Circulation which could have been sealed. Resuscitation ceased at 21:39 = 34 minutes after first call to police, and over 30 minutes from initial witnessed collapse. ["Simple Thoracostomy"] location - Lying supine on pavement indication – traumatic arrest identified and performed at primary survey finding - Right sided, Lung inflated complications – nil Thin male, Right sided thoracostomy took one minute. Left sided thoracostomy not performed as large open wound already present due to deep penetrating trauma						
5	SB 5854	11/06	18	male	trauma	RTC	no	-	-	no	no	nil
					Additional comments:	reports that motorcycle had left carriageway at roundabout. Rider supposedly ejected into trees, with bike landing on top of him. On arrival, patient up and walking, minor grazes, Paramedics at scene dealing with this. Plan to discharge at scene						
6	SB 5854	12/06	23	male	trauma	Stabbing	no	-	-	yes	no	nil
					Additional comments:	Initial reports suggested 2 persons had been stabbed by assailant with a machete. On arrival only one patient required advanced care. 23 year old male with single stab wound to LEFT side of chest ["Advanced life support"]						

						On arrival male lying supine on road. Significant issues with scene safety, as members of public (many intoxicated and agitated) were surrounding patient. Police Medic applying pressure to a chest seal over single wound to LEFT side of chest (Approximately 6/7 ICS AAL -> MCL) chest seal + dressing = still significant haemorrhage. No Other wounds identified Tachycardic 112 rests shallow 10-12 Clinically intoxicated GCS = E3 V4 M6 =13. Auscultation revealed diminished entry LEFT side, Surgical Emphysema RIGHT side (With good air entry) Dr Bowler and team arrived. After review, roles allocated, I undertook RIGHT sided Needle Decompression of Chest, Richard Lee undertook LEFT sided . Nil from Right needles. Blood ++ from LEFT . Patient respiration dropped to 6, GCS dropped to E1 V1 M1 No Palpable pulse painful stimulus = GCS E3 V3 M5 =11. respiratory effort poor Assisted Ventilation BVM (RM + RL) Positive Pressure Ventilation resulted in Blood ++ form LEFT sided Needle decompression. Radial pulse palpable EMRTS now on scene. Blood products prepared and given (Packed Cells and Lyoplas) transfer to UHW Excellent teamwork. Scene safety an issue as hordes of intoxicated onlookers were surrounding clinical scene. One person became very aggressive and angry, punching a dent into drivers door of Taxi parked at scene. This punch could easily have been directed at medical staff.						
7	CB5851	13/06			trauma	RTC, 2 cars, 4 patients.	no	-	-	yes	yes - EMRTS	nil
	Additional comments:					Approx 45 minute run time to scene. Arrived to ops officer (Dai), EA x 2. Car 1 - (A) driver extricated, BP 124/75, HR 80, GCS 5, vomited several times, being managed in lateral position in EA. (B) pax - deceased.						

		Car 2 - One patient (C) extricated into second EA, vital signs ok, no obvious major injuries. Second patient (D) still lying in road, being cared for by FRS medics & a passing community nurse, reported leg injury. Third EA en route. Confirmed all crews currently dealing with patients were happy with their management plans. Confirmed EMRTS en-route for patient A. Triaged C&D to local facilities / decisions in conjunction with crews. CS assisted EMRTS with PHEA (Paddy Morgan/Tom Archer), NB assisted transfer of patient (D) into third EA, IV access, analgesia, antiemetic. Part way through incident, CS became aware duty fire service tactical commander on scene had personal involvement in case insofar as his daughter was patient (B). I confirmed senior FRS personnel aware (they were already on scene) and updated WAST DCM via control.

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Governance

Solo Case 1 – EMRTS

Solo Case 4

Solo Case 7 – EMRTS