



Week commencing: 15th February 2021

Team Shift Activity: number of shifts: 2

number of taskings:

number of patient involvements: 4

number of governance procedures: 0

Team Shift: Date: 15/02/2021 RD, TA **Duration:** 09:56 Personnel: No. of taskings 2 trauma 2 adult 2 medical 0 paediatric 0 cardiac arrest Nil commented, damage check? **Pre-shift issues** Post-shift issues nil CD's back to RD **Pre-comments** Robs drugs **Post-comments**

Case	Age	gender	type	Job description	S/D	Scene time	Total time	General interventions	Governance interventions	Adverse events		
1	55	male	trauma	Fall		no		no	no	nil		
	Additional comments:			15ft fall into river, head injury, intoxicated. Assessment prior to extrication on request of fire officer, PFD worn, GCS14 (E4V4M6) decision to extricate in rescue basket with inflatable pontoon Minor lack to right side of head, no boggy masses. Warming pads, wet cloths removed, blizzard. Crew conveying to local ED, MTTT negative. Wet boots, Dr Davies supervised from the car park.								
2	44 female trauma		trauma	Ankle Injury no no nil								
		Additional	comments:	A1 ankle injury ?neurovascular compromise. Assessed and advised own transport to local ED. No apparent neurovascular compromise noted.								

Team Shift: Date: 18/02/2021 CW, WH **Duration:** 07:23 Personnel: No. of taskings 3 trauma 0 adult 3 medical 3 paediatric 0 cardiac arrest 0 Pre-shift issues nil Post-shift issues nil Pre-comments TC = JD Post-comments Forgot to check accurate mileage - apologies

Case	Age	gender	type	Job description	S/D	Scene time	Total time	General interventions	Governance interventions	Adverse events			
1	40 male medical		medical	Unconscious	no	-	-	no	no	nil			
		Additional	comments:	Unconscious , snoring, lone CTL , went to give moral support .									
				Stood down on arrival									
				Toc 1653 mob 1656 as 1707 stood down on arrival									
2	41	male	medical	Seizures	no	-	-	yes	no	nil			
	Additional comments:			On arrival awake GCS 15									
				Neck pain and headache - recent history of coiling of cerebral aneurism.									
				["IV access"]									
				Crew decision support to go UHW									
3			medical		yes	-	-	no	no	nil			
		Additional	comments:	Diabetic pt - ? DKA									
				Stood down									

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

Solo Activity: active responders: SB 5857, SB 5854, SB 5867, CB 664 number of taskings: 9 number of patient involvements: 6 number of governance procedures: 0 Tasking Types: trauma 9 adult 9 medical paediatric 1 1 cardiac arrest 2 other 0

Case	Res	Date	Age	gender	type	Job description	S/D	Scene time	Total time	General	Governance	Adverse events	
										interventions	interventions		
1	SB5857	16/02	37	male	arrest	Arrest - ?OD	no	-	-	yes	no	nil	
		•		Additional	comments:	Witnessed cardiac arrest. Likely overdos	se					•	
						ALS in progress. Good fitting iGel. IO acc	cess. 2x 8	800 Naloxone. P	atient at foot o	f stairs near Large bottle	of diazepam. No sx trauma.p	olice present.	
						["IO access","Advanced life support"]							
						["Drugs outside JRCALC guidelines (non-governance)"] - Sodium bicarbonate 100ml							
						Given age and likely OD sodium bicarbonate given. Increase in etCO2 asystole> Brady PEA with adrenaline. Deterioration post adrenaline. No ROSC							
						ROLE 15.17							
2	SB5854	16/02	72	male	arrest	RTC	no	-	-	yes	no	nil	
			,	Additional	comments:	RTC, one driver in cardiac arrest. Appea	rs to be i	nedical arrest a	t the wheel wi	th low speed collision.			
						["IV access","Advanced life support","LU	JCAS"]						
						["Assisted Transfer"]							
						Sodium Bicarbonate 100 ml 8.4%							
						ALS, Lucas. Decent ETC02, sos transfer to GUH Llanfrechfa, rhythm Asystole converted to VF.							
3	SB5867	16/02	40	male	trauma	29D03 motorbike vs bus	no	-	-	no	no	nil	

				Additional	comments:	Deliveroo driver trying to beat a bus								
						Ulna fracture and liver laceration Moved him off the wet cold road into the nice warm bus								
4	CB664	18/02	25	male	medical	12C04 - Seizure	no	-	-	no	no	nil		
				Additional	comments:	the patient was seen by his colleagues to have an aversive seizure which progressed to grand mal tonic/clonic spasms for about a minute. He had recovered spontaneously but had injured his R shoulder and R thumb. All observations satisfactory. He was already known to neurology at Morriston but had stopped taking anticonvulsant treatment 3 months previously. He was conveyed to Morriston for X-rays and for review by neurology								
5	SB5854	18/02			trauma	RTC	yes	-	-	no	no	nil		
				Additional	comments:	RTC - Coded as Traumatic Cardiac Arrest Patient was in fact walking around at scene								
6	SB5854	18/02		multiple	trauma	RTC	no	-	-	no	no	nil		
						Walking wounded, and uninjured 3 patients seen by myself - Adult and child discharged One adult referred to A&E, Fractures to right fingers x 2								
7	SB5854	18/02	20	male	trauma	Stabbing	no	-	-	yes	no	nil		
				Additional	comments:	stabbed to chest x 2, shoulder x 1, hea Friends had taken him to the old A&E a Chest wounds of concern = LEFT paras chest wounds dressed with Russel che Patient not clammy or sweaty, Pulse 8 EMRTS attended, good teamwork. pat	at RGH, no ternal 6 IO st seals x 8, BP 150,	CS, Left posterion 2. Saline infusion 790. Haemodyr	or at tip of scap on stopped. Pac	ked RBC transfusion stopp		dy given		
8	SB5857	20/02			trauma		yes	-	-	no	no	nil		
			•	Additional	comments:	Fall downstairs – Blackwood Em04 ccp also allocated and s/d en route								
9	SB5854	20/02			trauma		yes	-	-	no	no	nil		
					1				1					

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No governance to review