



Activity Report



Week commencing: 2nd 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:	2	
	number of patient involvements:	2	
	number of governance procedures:	1 (x1 by EMRTS)	
Tasking Types:			
	<i>trauma</i>	2	<i>adult</i> 2
	<i>medical</i>	0	<i>paediatric</i> 0
	<i>cardiac arrest</i>	0	
	<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	06/08	54	male	trauma	RTC : Cyclist v car.	no	-	-	yes	no	nil
						<i>Additional comments:</i> cyclist traveling at 15 mph, car pulled out at roundabout. T bone impact, cyclist thrown from bike, landing on LEFT side. Not wearing helmet. Some confusion as to whether knocked out. Possible transient loss of consciousness. Abrasion to LEFT elbow, LEFT ribs, LEFT ASIS and Hip. Complains of severe pain in LEFT ribs GCS 15. Haemodynamically stable Pulse 53, BP 105/73, resps initially 28, settled to 16 with analgesia. (Fentanyl 70 mcg) Pelvic binder applied (Distracting injury and Mechanism) Immobilised. on scoop. Head blocks, no collar. Transfer to UHW ["IV access"] ["Limb splinting", "Immobilisation"]						
2	SB5854	06/08		male	trauma	Car v cyclist	no	-	-	no	yes - EMRTS	nil
						<i>Additional comments:</i> cyclist travelling at 30-35 mph . Car did a U turn out of a lay-by. Significant impact, with intrusion into rear passenger compartment.						

		<p>Multiple injuries with large scalp wound and LEFT Orbital/Zygomatic ?#</p> <p>Initially coded Amber 2 as patient was GCS 15.</p> <p>Re-coded Red as patient had clearly sustained multiple significant injuries</p> <p>["IV access"]["Limb splinting","Immobilisation"]</p> <p>On Arrival, Patent conscious. GCS 15. Bleeding ++ form scalp laceration.</p> <p>? Compound skull #</p> <p>?LEFT zygomatic/orbital #</p> <p>?left Humerus/clavicle #</p> <p>? multiple rib fractures on Right side with decreased air entry.</p> <p>Surgical emphysema across chest and extending into neck</p> <p>? Mid shaft RIGHT femur</p> <p>EMRTS in attendance</p> <p>Decision to PHEA based on chest injuries and the failed needle decompression x 2 (Paramedics first on scene).</p> <p>Assisted with PHEA (14 g Cannula)</p> <p>Kendrick Splint applied OVER the pelvic splint on RIGHT side.</p> <p>PHEA complete ATMIST UHW.</p> <p>CT showed SAH ? DAI, Multiple bilateral rib fractures, Bilateral haemopneumothoraces, Pneumomediastinum., Pelvic #, Proximal Tibial, wrist & ankle #</p> <p>Remained remarkably stable despite injuries</p> <p>First on scene was the Chief Constable of South Wales Police. Not on duty, on way to shops !!</p> <p>He has expressed concern that this was coded Amber 2 despite information he gave from scene. He had to contact a Police Medic to ask them to discuss with WAST. call subsequently upgraded to RED (Appropriately) .</p> <p>Much discussion at scene. Call handlers are bound by algorithms, and the fact patient was GCS 15 confounded the clear need for at least Amber One</p> <p>The Algorithms perhaps need to be reviewed to allow calls to be upgraded when appropriate . I appreciate that this facility already exists, but it didn't initially work in this situation.</p>
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key – Res = responder, S/D = stood down?, time = hour:mins



Governance

Solo Case 2 – EMRTS

