



## Activity Report



Week commencing: 5<sup>th</sup> July 2021

**Team Shift Activity:**

number of shifts:	1
number of taskings:	9
number of patient involvements:	5
number of governance procedures:	0

<b>Team Shift:</b>			
<b>Date:</b>	10/07/2021	<b>Duration:</b>	11:10
<b>Personnel:</b>	IB, CJM, CM		
<b>No. of taskings</b>			
<i>trauma</i>	6	<i>adult</i>	8
<i>medical</i>	1	<i>paediatric</i>	1
<i>cardiac arrest</i>	2		
<b>Pre-shift issues</b>	nil	<b>Post-shift issues</b>	
<b>Pre-comments</b>	nil	<b>Post-comments</b>	CJM first shift. Dinner at McDonald's :)

Case	Age	gender	type	Job description	S/D	Scene time	Total time	General interventions	Governance interventions	Adverse events
1	13	male	trauma	Riding electric scooter, hit by car	no	-	-	no	no	nil
	<i>Additional comments:</i>			Ambulatory before arrival, minor abrasions, otherwise well. Observations normal. Discharged, mum on scene.						
2	62	male	arrest	Cardiac Arrest	yes	-	-	no	no	nil
	<i>Additional comments:</i>			ROLEd before arrival						

3	31	female	trauma	RTC	no	-	-	yes	no	nil
	<i>Additional comments:</i>			shunted into another car Driver 26/40 pregnant, 4 previous miscarriages. Reduced movements last 2 days Aching around seat belt distribution (under bump) Otherwise well, concerned about baby Nil required but needs to go to DCH for obstetric check Alloc 18:40, Scene 19:05						
4	61	female	trauma	ankle injury	no	-	-	yes	no	nil
	<i>Additional comments:</i>			Massive wooden structure fell onto leg, open wound and ? # ankle Analgesia, splinting, Morrison ["IV access"]["Limb splinting"] ["Drugs outside JRCALC guidelines (non-governance)"] – fentanyl 100mcg, ondansetron 4mg, paracetamol 1g Alloc 19:57, Scene 20:05 Allergic to penicillin so no ABs given						
5	63	female	trauma	Fall down stairs	yes	-	-	no	no	nil
	<i>Additional comments:</i>			Fall down stairs, severe pain left arm Crew now on scene, not required Alloc 21:02, Stood down 21:47						
6	88	male	arrest	Cardiac Arrest	no	-	-	yes	no	nil
	<i>Additional comments:</i>			88YOM found collapsed by family. WAST called. On arrival DOM and EA on scene with ALS in progress - Pt asystolic - SGA in situ (minimal EtCO2 trace but equal chest rise and fall with ventilation). IV access secured. ["Basic life support", "Advanced life support"] Continued ALS with Adrenaline 1:10,000 and discussion with family to obtain history. ROLE called shortly after as no response to 20 min ALS. Allocated: 22:03, Mobile: 22:04, At Scene: 22:24						
7	30	male	trauma		yes	-	-	no	no	nil
	<i>Additional comments:</i>			Allocated: 23:04, Mobile: 23:04, Stand Down: 23:06						

8	35	male	trauma		yes	-	-	no	no	nil
	<i>Additional comments:</i>			Allocated: 23:39, Mobile: 23:39, Stand Down: 23:58						
9	56	female	medical	?Seizure	no	-	-	yes	no	nil
	<i>Additional comments:</i>			56 YOF ?Unresponsive/?fitting. On arrival pt sat on sofa - ?active convulsive activity (?focal/psychoactive). Pt obeying commands. ["IV access"] Initial high flow oxygen, monitoring and iv access. Convulsive activity ceased soon after. Handover to crew. Allocated: 00:00, Mobile: 00:01, At Scene: 00:13						

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



<b>Solo Activity:</b>	active responders:	SB 5866, CB 664		
	number of taskings:	8		
	number of patient involvements:	6		
	number of governance procedures:	1		
Tasking Types:				
	<i>trauma</i>	6	<i>adult</i>	7
	<i>medical</i>	1	<i>paediatric</i>	1
	<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	SB5866	06/07	24	female	trauma	Van vs Moped.	no	-	-	yes	no	nil
	<i>Additional comments:</i>					Running call (on way home) Full assessment. Minor injuries. WAST resources stood down. PCR completed and pt advised to attend MIU for XR of left hand (Pain over Thumb MCPJ), advice on analgesia provided.						
2	CB664	07/07	86	female	medical	31A01 - Collapse	no	-	-	yes	no	nil
	<i>Additional comments:</i>					the patient had suddenly collapsed while standing. History, examination and observations. No obvious injury or clear diagnosis but in view of ongoing generalised headache and LBBB on ECG she was conveyed to Morriston. Green 3 call but CG in attendance. Team leader called me direct to see if I was available. Control asked to allocate me. It transpired that the patient was the mother of a former colleague of mine.						
3	CB664	07/07	35	male	medical	31D02 - Unconscious	no	-	-	no	no	nil
	<i>Additional comments:</i>					the casualty had been reported to be unconscious in the street. RRV already on scene and the patient up and about by the time I arrived. He was clearly intoxicated but cooperative.						

						<p>He had lost his mobile 'phone and money and needed to get home to comply with conditions of tagging.</p> <p>RRV tasked to another incident.</p> <p>I gave him a lift home and left him in the care of his father.</p>						
4	CB664	08/07	7	female	trauma	29D02R - RTC	no	-	-	yes	no	nil
		<i>Additional comments:</i>				<p>A flat bed lorry carrying steel girders had collided front offside to front offside with a small tipper truck on a single track road with double white lines.</p> <p>The daughter of the lorry driver had been restrained by a seatbelt; she had been helped out of the vehicle via the nearside door and had been escorted to the vehicle of a witness where she was found sat in the front passenger seat.</p> <p>The tipper truck driver was found deceased by DOM first on scene.</p> <p>The lorry driver arrested after extrication and died despite best efforts of EMRTS teams.</p> <p>The child had been thoroughly checked by WAST personnel and had sustained only a minor injury to her L knee.</p> <p>She was taken by air to UHW in the company of her mother.</p> <p>Incident outside my usual area of operation but tasked after being alerted by Chris Shaw and after checking with Control.</p> <p>Traffic was already building up around Llandeilo as I was approaching the incident.</p> <p>Joint debrief with EMRTS, WAST personnel and F&amp;R.</p>						
5	CB664	10/07	43	male	trauma	27D04S - Stabbing	yes	-	-	no	no	nil
		<i>Additional comments:</i>				<p>single casualty stabbed in chest</p> <p>Nil - stood down en route</p>						
6	CB664	10/07	27	female	trauma	23C01L – overdose/fall	no	02:40	02:57	yes	yes	nil
		<i>Additional comments:</i>				<p>the casualty had taken an overdose of 7-10 pregabalin but had fallen down four stairs.</p> <p>She had been found wedged against the wall at the bottom of the stairs with a grossly deformed R lower leg.</p> <p>["Limb splinting"]</p> <p>Entonox form WAST personnel first on scene.</p> <p>IV access was eventually obtained and morphine given but the casualty remained in great pain with any attempt to move her.</p> <p><b>["Pre-hospital Sedation"]</b></p> <p>decision time: 18:47, start time: 19:00, complete time: 19:22</p> <p>location: at foot of stairs on first floor</p> <p>indication: extrication</p> <p>O2, etCO2</p> <p>drugs: ketamine, 30mg (initial dose), 100mg (total dose)</p>						

						stable throughout Grossly overweight casualty; 110-115Kg						
7	CB664	11/07	27	female	trauma	27D04S - Stabbing	yes	-	-	no	no	nil
	<i>Additional comments:</i>					a female casualty was found to have been stabbed Nil - stood down en route SJA team and WAST personnel first on scene conveyed the casualty urgently to hospital						
8	SB5854	11/07	42	female	trauma	Stabbing	no	-	-	yes	no	nil
	<i>Additional comments:</i>					Self inflicted stab wound to chest. Carving knife. On arrival patient was sat on bottom of stairs, very distressed. Carving knife still in situ, significant haemorrhage from wound. Knife protruding at probably 60 degree angle. . patient stated she felt sick, and started to cough and vomit. knife became dislodged. Patient laid on floor, pressure to wound reduced amount of haemorrhage, but still active bleeding ++ EMRTS in attendance Rapid transfer to ambulance. wound packed with Celox, and pressure applied. Cannulated 14G (RM) Blood PRC x 2 given at scene TXA, ATMIST, Transfer ["IV access"] ["Assisted Transfer"] Stabilised in Resus given 10 x units of PRC, with additional blood products Stable Taken to CT whilst awaiting theatre and Cardiothoracic consultant. CT showed large haematoma over sternum and under breasts ?? Was the chest actually penetrated ? Taken then to Theatre						

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



## Governance

Solo Case 6

