



Week commencing: 29th March 2021

Team Shift Activity: number of shifts: 1

number of taskings:

number of patient involvements: 2

number of governance procedures: 0

Team Shift:

Date: 31/03 Duration: 08:19 Personnel: CW, TA, NA (Obs)

No. of taskings 6

trauma 2 adult 5 medical 3 paediatric 1

cardiac arrest 1

Cardiac arrest							
Pre-shift issues	noted: damage	Post-shift issues	yes				
Pre-comments	Front top whites	Post-comments	Both bags checked and restocked.				
	Top cover: JD		Telephone broken - chris will phone Ian				

Case	Age	gender	type	Job description	S/D	Scene time	Total time	General interventions	Governance interventions	Adverse events		
1	35	male	trauma	Fall off motorbike		-	-	no	no	nil		
		Additional	comments:	Stood down Mobile: 15:54, Stand down: 16:13								
2	28	28 female medical Seizure		no	-	-	no	no	nil			
		Additional	comments:	Prolonged fit. No epileptic attack disorder								
				Mobile 16:29, At scene: 16:39								
3	<1		trauma	Fall	yes	-	-	no	no	nil		

	Additional comments:			Fall from quarry - over 100ft									
				Stood down									
4	35	male	medical	Seizure	no	-	-	no	no	nil			
		Additional	comments:	Obs, clinical assessment, discharge with safety net.									
				Mobile: 21:02, At scene: 21:18									
5	58	male	medical		yes	-	-	no	no	nil			
	Additional comments:			Stand down									
				Mobile: 23:05, Stand down: 23:05									
6	58	female	arrest	Cardiac arrest	yes	-	-	no	no	nil			
		Additional	comments:	Mobile: 23:16, Stand down: 23:18	Mobile: 23:16, Stand down: 23:18								

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

Solo Activity: active responders: SB 5855, SB 5867, SB 5854, CB 664 number of taskings: 11 number of patient involvements: 10 number of governance procedures: 0 Tasking Types: 10 trauma 8 adult medical 2 paediatric 1 cardiac arrest 0 other 1

Case	Res	Date	Age	gender	type	Job description	S/D	Scene time	Total time	General interventions	Governance interventions	Adverse events	
1	SB5855	31/03			trauma	Person v Train	yes	-	-	no	no	nil	
				Additional	comments:	Stood down as injuries incompatible wit	h life						
						Alloc 12:23, Stood down 12:40							
2	SB5867	01/04	80	female	trauma	4 car RTC	no	-	-	no	no	nil	
				Additional	comments:	Taken to UHW possible sternal and wrist fracture							
						Read an ECG							
3	SB5854	01/04			trauma	Multi vehicle RTC.	no	-	-	no	no	nil	
				Additional	comments:	"All unknown"							
						Minor injuries							
						No advanced care needed							
4	SB5854	01/04	23	male	trauma	Male expressing suicidal ideation.	no	-	-	no	no	nil	
				Additional	comments:	Ultimately, leaned forward and placed h	nead in fr	ont of train wh	ich was slowing	g to stop			
						Laceration to forehead, RIGHT wrist inju	ıry						
						aggressive and non-compliant initially.							

					No other injuries								
					counselled, and eventually agreed to tra	vel to GL	JH						
CB664	03/04	30	male	trauma	29D02L – motorcycle vs car	no	-	1	no	no	nil		
			Additional	comments:	a motorcyclist had collided with the rear	of a sma	all hatchback ar	nd had slid for	ward to the nearside of the	e vehicle and striking the wing	mirror.		
					Nil required - police would have stood m	ne down	if they'd knowr	n I was coming	!				
					Motorcyclist and car driver both mobile	around t	he scene with	no injuries of c	oncern.				
					Both advised to seek medical help if con	cerned la	ater about sym	ptoms which n	night be a consequence of	the incident.			
SB5855	03/04	21	male	trauma	Jump from footbridge	no	-	-	no	no	nil		
			Additional	comments:	GCS 15, Chest clear, Abdo - LUQ tender,	Legs NAI)						
					BP 135/80, HR 105, Sats 99 on air								
					D/W trauma desk, for local admission								
					Alloc 20:04, Scene 20:30								
CB664	03/04	65	male	medical	31D04 – Chest pain, collapse	no	-	-	no	no	nil		
			Additional	comments:	the patient had taken GTNx2 for chest pain which had come on at rest.								
					He had lost consciousness and seemed "grey".								
					He had recovered spontaneously by the time I arrived but was still light-headed when he tried to sit up.								
					ECGs - no acute or evolving changes.								
					He had a history of MI and previous PTC	S+stents,	also of multip	le PEs and had	recently been diagnosed v	with NIDDM.			
					He was conveyed to Morriston without i	ny needi	ng to escort hi	m.					
CB664	03/04	17	male	other	04D02A - seizure	no	-	-	yes	no	nil		
			Additional	comments:	17 year old male possibly assaulted and	fitting or	having taken a	combination	of recreational drugs or wi	th a history of epilepsy or all o	of the foregoing.		
					Not recovering between seizures.								
					["IV access"]								
					["Immobilisation","Assisted Transfer"]								
					Seen in back of EA. GCS 4. Intolerant of OP/NP airways. Small pupils.								
					No ongoing seizure activity except ? L carpal spasm. No response to naloxone.								
					Plan was to convey with me escorting to	Morristo	on but 67 deplo	yed to recreat	ion ground nearby so I on	ly had to take him a short dist	ance by which		
					time he was GCS 8. EMRTS took over in o	case he d	eteriorated.						
SB5854	04/04			medical	Unwell – Drug use	no	-	-	yes	no	nil		
5	CB664	SB5855 03/04 CB664 03/04 CB664 03/04	SB5855 03/04 21 CB664 03/04 65 CB664 03/04 17	Additional Additional	Additional comments: Additional comments: Additional comments: CB664 03/04 65 male medical Additional comments: CB664 03/04 17 male other Additional comments:	CB664 03/04 30 male trauma 29D02L – motorcycle vs car Additional comments: a motorcyclist had collided with the rear Nil required - police would have stood m Motorcyclist and car driver both mobile Both advised to seek medical help if con GCS 15, Chest clear, Abdo - LUQ tender, BP 135/80, HR 105, Sats 99 on air D/W trauma desk, for local admission Alloc 20:04, Scene 20:30 Additional comments: Additional comments: Additional comments: the patient had taken GTNx2 for chest p He had lost consciousness and seemed He had recovered spontaneously by the ECGs - no acute or evolving changes. He had a history of MI and previous PTC He was conveyed to Morriston without makes and the patient had be a motor of the was conveyed to Morriston without makes and the patient had be possibly assaulted and Not recovering between seizures. ["IV access"] ["Immobilisation", "Assisted Transfer"] Seen in back of EA. GCS 4. Intolerant of C No ongoing seizure activity except? L ca Plan was to convey with me escorting to time he was GCS 8. EMRTS took over in the converted to the patient had be was GCS 8. EMRTS took over in the converted convey with me escorting to time he was GCS 8. EMRTS took over in the converted convey with me escorting to the converted convey with me escorting to the converted converted converted converted to the converted converted converted to the c	counselled, and eventually agreed to travel to GL CB664 03/04 30 male trauma 29D02L – motorcycle vs car no Additional comments: a motorcyclist had collided with the rear of a sma Nil required - police would have stood me down Motorcyclist and car driver both mobile around t Both advised to seek medical help if concerned let Both advised to seek medical help if concerned let Both advised to seek medical help if concerned let Both advised to seek medical help if concerned let Both advised to seek medical help if concerned let Both advised to seek medical help if concerned let Both advised to seek medical help if concerned let Both advised to seek medical help if concerned let Both advised to seek medical help if concerned let Both advised to seek medical help if concerned let Both advised to seek medical help if concerned let Both advised to seek medical help if concerned let Both advised to seek medical help if concerned let Both advised to seek medical help if concerned let Both advised to seek medical help if concerned let Both advised to seek medical help if concerned let Both advised to seek medical help if concerned let Both advised to seek medical help if concerned let Both advised to seek medical help if concerned let Both advised to seek medical help if concerned let Both advised to seek medical help if concerned let Both advised to seek medical help if concerned let Both advised to seek medical help if concerned let Both advised to seek medical help if concerned let Both advised to seek medical help if concerned let Both advised to seek medical help if concerned let Both advised to seek medical help if concerned let Both advised to seek medical help if concerned let Both advised to seek medical help if concerned let Both advised to seek medical help if concerned let Both advised to seek medical help if concerned let Both advised to seek medical help if concerned let Both advised to seek medical help if concerned let Both advised to seek medical help if concerned let Both advised to seek medical help if	counselled, and eventually agreed to travel to GUH 29D02L – motorcycle vs car no - Additional comments: a motorcyclist had collided with the rear of a small hatchback at Nil required - police would have stood me down if they'd known Motorcyclist and car driver both mobile around the scene with Both advised to seek medical help if concerned later about sym additional comments: Additional comments: GCS 15, Chest clear, Abdo - LUQ tender, Legs NAD BP 135/80, HR 105, Sats 99 on air D/W trauma desk, for local admission Alloc 20:04, Scene 20:30 Additional comments: the patient had taken GTNx2 for chest pain which had come on He had lost consciousness and seemed "grey". He had recovered spontaneously by the time I arrived but was second a history of MI and previous PTCS+stents, also of multip He was conveyed to Morriston without my needing to escort his Not recovering between seizures. ["I'N access"] ["I'mmobilisation", "Assisted Transfer"] Seen in back of EA. GCS 4. Intolerant of OP/NP airways. Small pu No ongoing seizure activity except ? L carpal spasm. No respons Plan was to convey with me escorting to Morriston but 67 deplet time he was GCS 8. EMRTS took over in case he deteriorated.	counselled, and eventually agreed to travel to GUH CB664 03/04 30 male trauma 29D02L - motorcycle vs car no - -	counselled, and eventually agreed to travel to GUH CBG64	counselled, and eventually agreed to travel to GUH CB664		

Additional comments: Complex scenario. Initially thought that patient had stabbed himself in abdomen. at scene patient looked grey and comments wound. patient stated that he had been feeling ill all day, and that the laceration to abdomen was accidental. Transplant form opiates, and had taken 30 mg DHC x 8 the night before (17 hours before) had awoken this morning with naus Counselled at length	pires he was 12 years abstinent
form opiates, and had taken 30 mg DHC x 8 the night before (17 hours before) had awoken this morning with naus Counselled at length	•
Counselled at length	sea and vomiting .
No suicidal ideation	
Full capacity.	
advised we would like him to travel to UHW, refused adamantly.	
Haemodynamically stable (Pulse 60 BP 108 systolic)	
abdomen soft, would not allow auscultation to determine bowel sounds, but assured me he had passed flatus.	
Worsening advice given to patient and friend. open access review with 999.	
This was a very difficult scenario. Ultimately the patient had full capacity and we had to respect his wishes.	
10 SB5854 04/04 trauma House fire no - no	no nil
Additional comments, I reports of 4 children transport well established house fire	
Additional comments: reports of 4 children trapped well established house fire	
Thankfully all children had exited the property before explosion caused by open 25 litre petrol container next to fire	t de la companya de
No injury , no smoke inhalation. No concerns. children x 4 discharged at scene	

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

Nil governance to review