Getting the Right Ambulance Transport for your Patients

There are several items of information which are required when booking Ambulance Transport, which will make the difference between your patient being dealt with in the right order of priority as well as in the most comfortable manner.

1) Urgent Calls

a) Time Frames
These can be defined as calls which are time sensitive due to the condition of the patient, but which do not require a full emergency response. Typically these are requested to be in hospital within two hours although how this figure is arrived at at times does raise some questions. Particularly in Cornwall there can be difficulties due to the travelling time alone from home to the nearest hospital and it is helpful if you can give this some consideration before making your call. It will be necessary to add 20 minutes to this figure to allow for the loading of a patient. We will endeavour to send the nearest available ambulance to the scene to minimise pick up travelling time.

b) Method of Telephone Call
These calls should be made using the dedicated Doctors Urgent line into Ambulance Control. These are sorted geographically on our telephone system so by using the correct number we are able to deal correctly with your call, particularly in terms of priority. The correct telephone number to use is 0345 262626. When the control unit is particularly busy it may be a short while before your call can be answered. However, your calls are secondary only to 999 calls and it is helpful to us if you do not resort to the 999 line because you cannot get an immediate answer. Obviously if your patients condition is such that an emergency response is required then the 999 line is the correct method of contact in any case.

c) Doctors Details
You will all be well used by now to Ambulance Control staff asking for your name when your call is first answered. This is because by matching your name alone on the computerised system all other details of your main surgery and contact number are entered against the call, a great time saver and also essential in case of difficulty when we may need to contact you back.

d) Patients Details
The completion of the details of your patient are quite straight forward and should consist of information you are already likely to have available as they will have been required for your consultation. The age of the patient is one item that seems to catch many out, but can be useful both in terms of prioritising calls when resources are in short supply and for the Ambulance crew on the way to
the scene who will prepare in slightly different ways depending on the age of the patient they will be transporting.

e) Urgency Time
You will then be asked how quickly you would like the patient to be in hospital. Just a reminder here - this is not the pick up time. At this point Ambulance Control staff are not aware of the patients condition so if their request for urgency information seems inappropriate this is most likely why. It is something we are considering changing so that a diagnosis is given first, although the final decision on urgency will always be down to the Doctor.

f) Patient Mobility
You will then be asked how you would like your patient to travel. This is where we are seeking the mobility of the patient and there are three main categories that the Ambulance Service use.

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<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Car 1</td>
<td>Sitting Case</td>
<td>A patient who is able to make their way into the ambulance and who will be able to sit in a seat on the way to hospital. These patients should not normally be in night clothes.</td>
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<tr>
<td>Car 2</td>
<td>Wheelchair Case</td>
<td>A patient who may need assistance making their way to the ambulance and may be carried in a chair. Once in the ambulance they are normally able to sit up on the way in to hospital and do not necessarily need a stretcher. These patients are very often in night clothes and will be wrapped in blankets ambulance staff.</td>
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<tr>
<td>Stretcher</td>
<td>Stretcher Case</td>
<td>These patients will normally need to be carried into the ambulance and will need to lie down on their way into hospital. They may be carried to the ambulance in a chair and then transferred to a stretcher once on board. These patients are not normally fully clothed and will be wrapped in blankets for their journey.</td>
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g) Diagnosis
In order to be able to transport the patient in the most appropriate way taking account of their medical condition, ambulance control staff will ask you for a diagnosis, or what you feel is wrong with your patient. This information is passed directly to the paramedics when details of the call are passed to them so that they can prepare adequately. Only a general description is required which will allow you to respect patient confidentiality as you feel appropriate. However, staff
are instructed to press for some form of diagnosis before accepting a booking so that the ambulance service is able to deliver the best possible service for all patients.

An item which is often overlooked is whether a patient may be infectious or not. Some diagnoses such as headache, stiff neck and PUO may prompt staff to ask, but it would be helpful if you volunteer the information if you have any suspicion that a patient may be infectious. Fortunately things have developed from the days where we used to arrive on the doorstep looking like something from outer space. Precautions are now very much more straight forward, but none the less need to be taken. Flavour of the year at the moment is MRSA. We have been left in some embarrassing situations where we have been left parked outside medical establishments with a patient on board whom we are not allowed to off load because they turn out to be MRSA positive.

2) Emergency Calls

a) Where the condition of your patient is such that it may be considered as immediately life threatening then it is appropriate to use the 999 system to register your call with Ambulance Control. If you still wish to use the Doctors Urgent number 0345 262626 then if would be helpful if you would start your call by saying that this is an emergency call. This will mean you will be asked three basic questions to begin with and the ambulance will be mobilised once it is known where we are required and a broad idea of what is wrong. Further questions may then be asked to assist the crew with the treatment of your patient.

b) Using a 999 Ambulance elicits the fastest response with a vehicle being mobilised towards your patient a maximum of three minutes from the time at which you register the call. This is ideal in cases where time really is of essence, however we would appeal to your clinical judgement in making judicious use of this facility for a number of reasons. These include the risks involved in ambulances travelling at high speed under emergency conditions and the detrimental reprioritisation of other Doctors calls.