Training Handbook in the Management of Immediate Life Threatening Conditions and handling Comfort Calls

For Shift Managers, Team Leaders, Dispatchers and Referral Coordinators

Quality Requirement 9 – Time to Telephone Assessment

(1) Life Threatening Emergencies

Identification of Immediate Life Threatening Conditions (ILTCs):

Providers must have a robust system for identifying all ILTCs and, once identified, those calls must be passed to the ambulance service within 3 minutes.

(Department Of Health – National Quality Requirements 2004)

This booklet has been compiled to assist Urgent Care 24 operational staff in identifying and managing ILTCs. This booklet is a comprehensive guide or tool, providing each member of staff with the necessary knowledge to hand when call handling.

Operational ILTCs at Urgent Care 24

Subject-Identifying and managing an ILTC

- **Unconscious**
- **Allergy**
- **Blood Loss**
- **Burns / Scald**
- **Chest Pain**
- **Injury**
- **Pregnancy**
- **Stroke / TIA**
- **Suicidal**
- **Fitting**
- **Breathless**

The governance committee at Urgent Care 24 have identified 11 ILTCs

All Urgent Care 24 operational staff are strongly encouraged to actively listen to what the Health Care Professional is saying and act as appropriate.

Unconscious

- Suddenly becomes unresponsive
- Does not respond to loud sounds
- Makes no purposeful movements
- Does not respond to questions or to touch
- May or may not be breathing or have a pulse

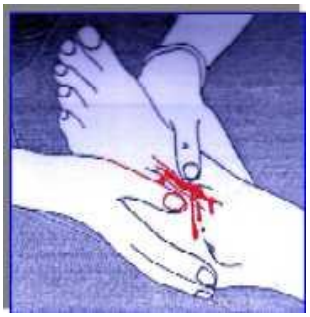
Child under 2 years

- Does the child seem floppy or lifeless

Allergy

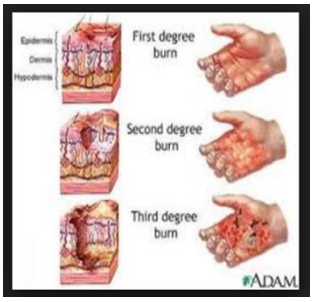
- Are there any increasing breathing difficulties
- Are there any swallowing difficulties
- Unable to swallow saliva
- Increasing Wheezing, any chest discomfort or tightness
- Drooling to the mouth
- Swelling of the mouth or tongue

Blood Loss



- Is the patient losing a large amount of blood
- Lost more than a cupful of blood
- Soaked more than two pads in the last hour
- Is the blood actively spurting out from the patient

Burns / Scald



- Is this a new burn or scald or in the last 1-2 hours?
- Does the burn cover an area larger than the size of the hand

Chest Pain

- Does the pain radiate anywhere down left arm, neck, shoulder
- History of heart problems – previous heart attack, pacemaker
- Is the patient breathless, pale, sweating, nauseous, vomiting.
- Tightness in the chest
- Crushing in the chest
- Stabbing in the chest

Injury

- Has the injury just happened
- Is the injury to the head
- Is there any clear fluid running from the ears or nose
- Does the patient have a black eye with no associated damage
- Bleeding from one or both ears bruising behind one or both ears

Pregnancy

- Does the patient have severe or heavy bleeding from vagina
- Complaining of severe pain or cramping to the abdomen
- Is the patient in labour

Stroke / TIA

- Sudden onset of symptoms affecting one side of the body.
- Weakness, numbness or tingling of the muscles
- Funny sensation
- Slurred or No speech
- Sudden onset of confusion
- Severe headache/Blurred vision

Suicidal

Is the patient severely distressed?

- Taken an overdose or seriously injured themselves?
- Are they actively trying to kill themselves or harm others

Breathless

- Is the breathlessness severe
- Is the Patient unable to complete sentences
- Is the Patient blue
- Is the Patient “Out of Breath”
- Is the Patient “Conscious and Responsive”

Child under 2 years

- Any sudden or new breathing problems
- Struggling for breath
- Making grunting noises
- Head bobbing
- Is the child going blue

Fitting

- Has the Fit stopped?
- Having uncontrollable muscle spasms.
- Drooling or frothing at the mouth.

Child under 2 years

- Jerking movements of limbs?

It is appreciated that the handling of an ILTC can be worrying to any individual irrespective of clinical knowledge. In view of this, care pathways supporting the identification and management of the eleven ILTCs which can be found within this booklet, as well as a copy being housed in each Personal and Development file. Each member of the operational out of hour's team will be supplied with their own personal copy. These can be referred to as a tool of support, to enhance decision making concerning ILTCs.

Protocol in Managing an identified Immediate ILTC

If a Health Care Professional contacts the service from Walton HMP, District Nurse, Community Nurse, Midwife, Health Visitor, Own GP, Knowsley IV Team or Airedale Hub state that the patient is presenting with an ILTC .e.g. Chest Pain, the operational team staff must not ask any further questions once the "ILTC" symptom has been identified. The operational staff should abandon the symptoms box and begin "ACPP". The process is different for ILTCs identified during Comfort Calls, where you will not use ACPP

The operational staff should then select the option on ACPP which is most suited to the patient's condition. Once all ACPP questions have been answered and ACPP suggests the call is passed to the ambulance service – The operational staff should inform the caller that the symptoms they have described have indicated that they require immediate health care management and with their permission you will phone for an immediate ambulance via 999.

If the Caller agrees to the call being passed to the ambulance, the operational staff should select "Yes" on ACPP and follow the steps in the ACPP training document. The operational staff should advise the caller they are calling 999 and if any further deterioration in the patient's condition the patient or caller should call 999 for further instructions.

The operational staff should then disconnect from the Caller, press "Out Going" then 999 on the phone and ask for the "Ambulance Service". Once connected to the Ambulance Service, the operational staff should give their name and organisation name. They should offer all requested information to the operator.

As ACPP does not document the answers to the ACPP questions which have been answered, the operational staff should not guess the answers to the questions and answer the operator "Don't Know" if you have not got the answers to the questions on the screen.

Once all the details have been passed to the Ambulance Service the reference number provided from the Ambulance Service to be documented within the symptoms box and complete the call as per the ACPP training document.

If the Caller refuses the ambulance suggested via ACPP the call to be completed as per ACPP training document using the following closing statement:

"Advise the caller or patient to keep the phone line clear, have a list of medication to hand when the Doctor calls back. To call NHS111 if any changes to the patient's condition. Advise the patient that the Doctor will call back within 20 minutes as per the priority of the call".

The operational staff should only offer an alternative of a GP calling back within 20 minutes once the Health Care Professional has refused the ambulance. The operational staff should never give the option of an ambulance or GP call back.

Note 1.

Urgent Care 24 is not an emergency service; however, there may be times when a situation develops requiring a more timely response. If this arises then the call can be passed to the Ambulance service with just the patient's location and contact telephone number. Further details can be given if requested from ambulance control.

Note 2

Assistance from the Shift Manager and any clinician can be gained at any point.

Summary

Potentially some symptoms indicating an ILTC may escape the safety netting process. This is expected to a degree as the operational staff can only respond to what is said to them. This therefore highlights the importance of this being able to use the ILTC tool to select the correct option on ACPP and ask the right questions.

In respect of an ILTC being identified at the start or even further into the call, providing that the operational has adhered to the ILTC pathways and protocols, they can remain confident in the system. By doing this, the risk of missing a potential ILTC is greatly reduced.

1. You have identified an ILTC - Your response

"The symptoms that you have described have indicated that you require immediate health care management. With your permission I am going to end this call and arrange an immediate ambulance. If whilst waiting for the ambulance the patient's condition worsens please call 999 for further advice".

2. Health Care Professional Refusing an Ambulance - Your response

"I have advised you that the patient is presenting with symptoms of an immediate life threatening condition, however you have stated that you do not wish us to call an ambulance on the patient's behalf. Therefore I will arrange for a GP to call you back within **20 minutes,** please keep the phone line clear in that time. If the patient develops new symptoms or your condition changes, worsens or any other concerns, please call 111".

3. When the caller is not the patient.

The operational staff must advise the caller that the patient must be the person refusing the ambulance, however if the caller states the patient is not competent to accept or refuse an ambulance then the standard sentence documented in part two must be used.

4. To the Emergency Operator:

Once connected ask for ambulance. When answered by the ambulance service clearly state that this is Urgent Care 24 requesting an ambulance.

The emergency operator will then direct the call and the Urgent Care 24 operational staff must offer ALL requested information. In the event of this information being unknown the Urgent Care 24 operational staff must state "*unknown"*

Comfort Call

At times of escalation or increased activity regarding call back to patients or home visits which have fallen beyond the expected National Quality requirements.

The Shift Manager or Team Leader will be responsible for making a timely decision to instruct a referral coordinator to inform patients or patient representatives that call back times will be within 1, 2 or 3-6 hours, as appropriate. Actual time will be dependent upon live calls at the time of the decision making.

The comfort call will be carried out in an empathic and caring manner and will inform the patient or carer of the renewed anticipated time scale for the call back, identify of any new or worsening symptoms and to identify if any ILTC symptoms.

Log if ILTC symptoms have developed, follow the ILTC protocols listed below, including calling an ambulance for the patient if required. Log the details and inform the Shift Manager or Team Leader. If an ambulance is identified and the caller or patient refuses 999, the referral coordinator must inform the Shift Manager, Team Leader or a member of the Senior Operational Team immediately who must instruct a clinician to action the call as a priority.

Log if any symptoms have worsened or deterioration, inform the Shift Manager or Team Leader immediately and close the call advising if any change or deterioration in condition to call 111

For every comfort call completed, a note on the Adastra record must be recorded within “Case Edit” as follows:

“Comfort call – no change in symptoms – advised to call 111 if any change or deterioration - recorded by (name) Date and time”

“Comfort call – patient worsened – informed (name) recorded by (name) Date and time”

“Comfort call – patient worsened ILTC ambulance called – informed (name) recorded by (name) Date and time”

REMEMBER TO ALWAYS LOG AND INFORM

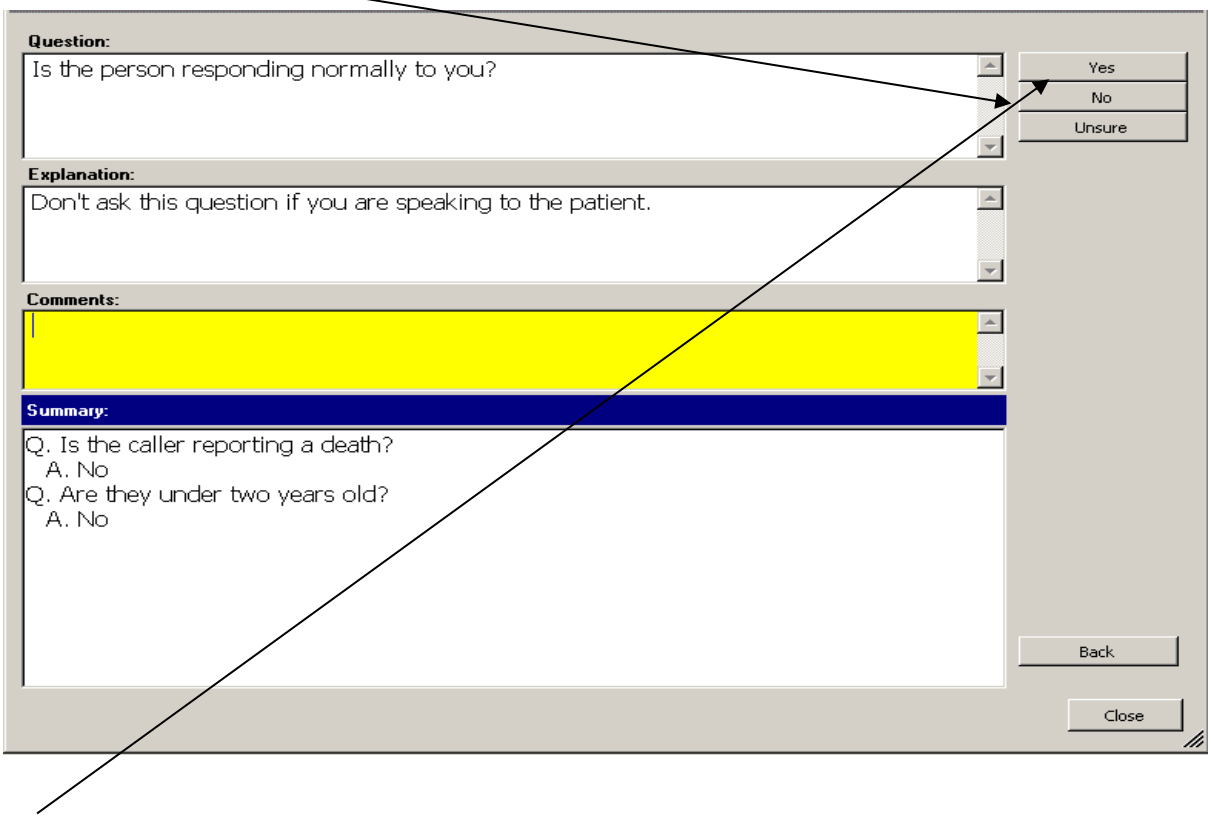
Failure of Adastra / Paper Copies

Adult (over 2 years)

In the event of failure of Adastra, calls received from Health Care professionals with patients presented presenting with Immediate Life Threatening Conditions to continue to follow the above ILTC conditions listed on Page 11 & 12

Calls received from Health Care Professionals with patient whom symptoms don't fall within the ILTC criteria to continue to use the following ACPP algorithm

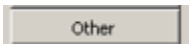
If answered "No" continue with the ILTC process listed on Page 11 & 12



If answered "Yes" continue with ACPP

	Indicator	Response
Allergy	Are there any increasing breathing or swallowing difficulties? Answer "Yes" for increasing wheezing , drooling, unable to swallow saliva, any chest discomfort or tightness, swelling of the mouth or tongue	Answer “Yes” referral coordinator to dial 999
Blood Loss	Are they actively bleeding with blood spurting out - Blood is pumping out and it is difficult to slow the flow This includes bleeding from back passage - blood with stools and vomiting blood (fresh or coffee-ground). DO NOT INCLUDE BLEEDING FROM JUST ONE FINGER OR TOE, NOSE OR PERIOD OR BLOOD IN URINE.	Answer “Yes” referral coordinator to dial 999
Burn / Scald	Is this a new burn or scald in the last 1-2 hours DO NOT INCLUDE SUNBURN Does the burn cover an area larger than the size of the person’s hand - use the whole hand of the patient.	2 or more referral coordinator to dial 999
Chest Pain	Is the pain across the centre of the chest and / or other areas (for example, the arms, back or jaw) lasting longer than 15 minutes? Is the pain crushing, heavy or tight? Is the person becoming clammy or cold to touch?	2 or more referral coordinator to dial 999
Injury	Has the injury just happened - Injury has occurred within the past 2 hours? Have they fallen from a height of over 1 metre or have they been hit by a vehicle - 1m is approx 5 or more stairs	2 or more referral coordinator to dial 999

Pregnancy	Does the patient have severe or heavy bleeding from the vagina? Have they lost more than a cupful of blood? Are they soaking more than two pads in an hour?	Answer “Yes” referral coordinator to dial 999
Stroke / TIA	Is there a loss of movement in any part of the body or limbs? Does the person have any weakness, numbness or paralysis on one side of the body - is there weakness in the face, Is there weakness of the arm? Have the symptoms come on suddenly - has it started within the last 6 hours?	2 or more referral coordinator to dial 999
Unconsciousness	Unconscious, recent onset of unconsciousness. Unable to get any response from the patient Recent onset of semi-conscious Able to get some response but not normal	Any reported unconsciousness referral coordinator to dial 999
Suicidal	Are they actively trying to kill themselves or harm others? Have they already taken an overdose or seriously injured themselves?	2 or more referral coordinator to dial 999
Fitting	Has the fit stopped?	Answer “No” referral coordinator to dial 999
Breathlessness	Are they going blue or are they unable to speak because of breathlessness - only answer “Yes” if they are unable to complete a sentence **Child under 2 years** Any sudden or new breathing problems? Struggling for breath or wheezy Child going blue Head bobbing Grunting Noises	Answer “Yes” referral coordinator to dial 999



When receiving a call for patient who symptoms don't fall within the ILTC criteria, Document the demographics and presenting symptoms. Close the call advising of the call back time as listed below, depending on the time frame the patient has had the symptoms for. Ensure appropriate worsening advice provided before ending the call.

Had symptoms for more than 24hours – Less Urgent DCA 60minutes call back

Had symptoms for less than 24hours –

Patient severely ill "No" – Less Urgent DCA 60minutes call back

Patient severely ill "Yes"
Less than 2hours – Urgent DCA 20minutes call back
More than 2hours – Less Urgent DCA 60minutes call back

When receiving a call for patients who are Terminal ill, End of Life, Palliative Care, has an Advanced Care plan, under Willowbrook Hospice or a Case Managed Patient. Document the demographics and presenting symptoms. Advised the Caller will receive a call back within 20 minutes. Ensure appropriate worsening advice provided before ending the call. Pease note if the patient is presenting with an ILTC condition or symptom this should over rule the Special Patient Note option and the correct ILTC call flow to be followed on Page 10 & 11.

When receiving a call with a request for repeat medication, for example the patient has forgot to collect there prescription, lost repeat medication or doesn't have enough to last until the next working day. Document the demographics and presenting symptoms. If the patient is presenting with ILTC condition or symptom follow the correct ILTC call flow on page 10 & 11. If the medication requested is for controlled or palliative care drugs, advise the caller they will receive a call back within 20 minutes. All other requests for medication, advise the caller they will receive a call back within 60 minutes. Ensure appropriate worsening advice provided before ending the call.

Failure of Adastra / Paper Copies

Children (under 2 years old)

	Indicator	Response
Unconscious	Is the child crying and responding normally to you? Is responding to your voice and displaying normal behaviour? Does the child seem floppy or lifeless? Is it impossible to wake the child up? Can you not get any response at all?	2 or more referral coordinator to dial 999
Fitting	Has the child had a fit or are they fitting now? (Only answer yes if there has been jerking movements of limbs while the child seems unresponsive?)	Answer "Yes" referral coordinator to dial 999
Breathless	Is there any sudden or new breathing problem? Are they struggling for breath? Are they very wheezy? Is the child going blue?	2 or more referral coordinator to dial 999
Rash	Does the child have a rash?	Answered "Yes" Urgent DCA call
Temperature	Has their temperature been taken and is it over 39 Centigrade (102F)?	Answered "Yes" Urgent DCA call
Injury	Has the child received a significant injury in the last 30 minutes?	Answered "Yes" Urgent DCA call
Illness or Chronic Problems	Does the patient suffer with chronic illness or major problems?	Answered "Yes" Urgent DCA call
"Other" Symptoms	Symptoms which don't fall within the above criteria	Less Urgent DCA call

Notes