

### Identifying If A Call Is An Emergency And How To Deal With It

Statistically, only 1 in 250 calls ARE emergencies. The likely types of call of this nature are:

- Breathing difficulties
- Very ill child or baby
- Choking
- Stroke
- Chest pain
- Severe allergic reaction
- Convulsions
- Loss of consciousness
- Palliative/end of life
- Suicide
- Psychotic/violent incident
- Bleeding
- Severe abdominal pain e.g. appendicitis, bowel obstruction
- Severe sudden onset headache.

**There are 4 possible actions as a result of a call on these areas:**

1. Advise the caller to dial 999\*
2. Immediately transfer the call to the GP, even if it means interrupting a call they're on
3. Indicate an immediate response from the GP using instant messaging (meaning they should end a call to take this)
4. Indicate an urgent response from the GP using instant messaging (meaning they should make this their next call back).

What's important with a call that you believe to be urgent is to:

- Draw on your experience
- Understand the context of the situation, for instance, does the caller sound very panicky?
- How well do you know the caller?
- Is this a familiar behaviour for them?

To help you to identify truly urgent calls, we've created a list of the main reasons for urgent calls and have indicated the response to take.

- **Breathing difficulties**
  - If breathing is so laboured that the patient isn't able to speak a sentence or breathing has stopped altogether, call 999.
- **Seriously ill child or baby**
  - If baby or child is floppy or unresponsive, call 999.
  - If the baby or child is unwell but responsive or the parent is calling for reassurance, indicate the problem and request an urgent response from the GP using instant messaging.
- **Choking**
  - Call 999.
- **Stroke – check out <http://www.nhs.uk/actfast/Pages/stroke.aspx>**
  - Symptoms of a stroke include one or more of these: facial droop, arm weakness, slurred speech (callers may describe the symptoms in terms of “not able to grip”, “not able to lift up arm”, “face looks odd” etc).
  - Even if only one of these symptoms are present, treat it as an emergency and immediately transfer the call to the GP even if it means them ending another call.
  - If all three are present and they are clearly new symptoms, ask the caller to dial 999 as the patient needs to be urgently assessed, especially if the onset of the symptoms is in the last few hours.
  - NOTE: If the patient says they think that they're having a stroke, take this seriously, as evidence indicates they are usually right!
- **Chest pain**
  - If it's central and crushing chest pain, call 999.
  - If not, indicate the problem and request an urgent response from the GP using instant messaging.
- **Severe allergic reaction**
  - If there is severe difficulty breathing and facial swelling, advise the caller to dial 999, then indicate the problem and using instant messaging to request an immediate response, so that the GP can ascertain the ambulance arrival time and if it's appropriate for them to immediately go to the patient (if they're nearby) with an injection of adrenalin.
- **Convulsions**
  - If the fits' duration is longer than 5-10 minutes and this is not usual for the patient, advise a 999 call.
  - If the patient has a history of epilepsy and is conscious, indicate the problem and request an urgent response from the GP using instant messaging.
- **Loss of consciousness**
  - Quickly ask details of the situation and transfer the call to the GP for the clinician to decide if this should be a 999 call (his/her decision will be based upon length of time patient is unconscious, patient history and if the patient is still unconscious).

- **Suicidal**
  - If the patient says they actively want to kill themselves, are going to do it and have the means to, transfer the call to the GP, even if it means the GP having to immediately end a non-urgent call.
  - If the patient says they are thinking of ending it all, but have no present intent to, outline the problem and request an urgent call back using instant messaging.
- **Psychotic/violent incident**
  - If there is an immediate risk of violence or threat to safety, advise a 999 call. If there doesn't appear to be immediate risk, outline the problem and request an urgent call back using instant messaging.
- **Bleeding**
  - If the caller believes the bleeding to be life-threatening (e.g. serious head injury), advise them to dial 999.
  - If the caller believes the bleed to be serious but not life-threatening immediately transfer the call to the GP.
- **Palliative/end of life call**
  - If there are new sudden-onset, distressing symptoms, enter the details and request an urgent call back using instant messaging.
- **Severe abdominal pain**
  - Immediately transfer the call to the GP.
- **Severe sudden onset headache**
  - Immediately transfer the call to the GP.

Note: If you have advised the patient to call 999, update their notes accordingly and send an urgent review message using instant messaging to the GP.

### 999 Calls And Who Should Make Them

Unless someone is bleeding to death and unable to do this for him or herself, the most recent advice from the emergency services is that it is better for the caller to dial 999 themselves as the ambulance service will seek further information from the caller direct.