

Title	GUIDANCE ON 999 ADVICE AND THE USE OF ACCIDENT AND EMERGENCY DEPARTMENT (A&E)			Number	CL40
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Other Ref:					
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Version Control

(Only last 3 versions, earlier versions can be found in the appropriate Archive directory for the document)

DATE	CHANGE	CHANGED BY
22.05.19	Reviewed, no change	SMcD
23.10.20	Reviewed, PCT amended to CCG	SBr / SMcD
13.10.21	Reviewed. Minor changes.	SMcD/FW

Introduction

Concerns persist about advice given by OOH clinicians to patients to dial 999 or attend A&E. There are a number of factors:

- Concern by GPs that patients are subjected to inappropriate interventions
- Concern by CCGs that NHS resources are being used inappropriately
- Concern by practices that their indicative PBC budgets are being used inappropriately
- Allegations that OOH GPs are behaving unprofessionally

Clinicians are advised to consider and follow this guidance where appropriate and to clearly document the rationale for making a recommendation to dial 999 or attend A&E.

Note: Special arrangements apply to patients in certain prisons and secure units. Please see the appropriate guidance.

999 ADVICE

999 ambulance calls are indicated for conditions such as:

- patients who should attend the A&E department without delay but are unable to use other transport, for example due to immobility, lower limb injury, conditions where driving is inadvisable
- immediate life-threatening conditions such as:
 - Severe chest pain
 - Severe shortage of breath (unable to speak a sentence) or choking
 - Severe or uncontrollable bleeding
 - loss of or rapidly falling consciousness including ongoing fit, seizure or collapse
 - collapse with paralysis or extreme weakness
 - clinical picture suggests a rapidly progressing potentially life-threatening condition such as meningococcal septicaemia, meningitis, subarachnoid haemorrhage, dissecting aneurysm, etc

- Other situations
 - Imminent childbirth
 - Intolerable pain where the patient is unable to await a face-to-face GP consultation within an hour

A&E ADVICE

Patients should be advised to attend A&E for conditions such as:

- Injury requiring intervention or specialist assessment
 - Head injury
 - Possible fracture
 - Possible joint dislocation
 - Inability to weight bear
 - Skin or tissue injury requiring surgical management
 - Self-inflicted injury
 - Burn other than extremely minor requiring no treatment
- Overdose
- Possible stroke
- Clinically probable joint dislocation
- Inhalation or accidental poisoning with toxic substances
- Assault
- Road traffic accidents
- Clinically probable cauda equina syndrome where neurosurgical referral not available
- Sudden loss of vision in either eye where specialist ophthalmology service not available
- Urinary retention where community services / specialist urology service unavailable
- Foreign body in bodily orifice or under skin

RECORD KEEPING

In all telephone consultations the clinician should record the rationale for their decision and clearly record a diagnostic formulation and treatment / management plan in the relevant sections of AdastrA.

In case streaming the clinician should record in the free text section on AdastrA the rationale for 999 or A&E advice.

Hospital Referrals

When referring a patient to secondary care, please phone the RMO on call for the specialty concerned to arrange the admission. Either send separately or give the patient a referral letter unless agreed otherwise with the RMO. Sending the patient without to A&E, even with a letter, is inappropriate, poor practice and results in long waits and duplication. It is sometimes appropriate to arrange referral after a telephone consultation. In this case ask the RMO whether you can fax a referral letter (and check the number).

Some conditions should be referred for management in A&E by speaking to the A&E doctor or lead nurse. Suspected DVT, inevitable miscarriage or retention of urine are examples.