

Title	CALL PRIORITIES			Number	R07
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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
01.04.16	Removed South Staffs	SJB/CY
14.12.18	Reviewed, no change	SB
05.04.22	Reviewed, no change	SB/SBr

Introduction

It is vital that guidelines which have been put into place by the Medical Director are adhered to; they are in place to meet the Department of Health Quality Requirements. More importantly it is imperative that patients receive the most appropriate treatment, in emergencies every second counts.

The Process

Please see below for a guide on relevant priorities:

EMERGENCY

Patient advised **999**

- Severe chest pain
- Severe breathlessness
- Severe or uncontrollable bleeding
- Loss or reduction of consciousness including ongoing fit/seizure
- Collapse with paralysis or extreme weakness
- 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
- Imminent childbirth
- Intolerable pain where the patient is unable to wait for a face-to-face consultation within an hour.

URGENT

Call back within 20 minutes

- Child with any 2 of the following
 - Fever/ Rash/ Drowsiness
- Patient who is breathless or wheezy
- Severe pain
- Fit or seizure - now stopped
- Sudden loss of vision, hearing, speech or ability to move a limb
- Others where a receptionist considers an urgent response is required (the reason for prioritising a call as urgent **must** be stated in the comments box.)

ROUTINE

Call back within 60 minutes

All other calls

A&E

Advise patients with any of the following to attend A&E

- Overdose
- Any form of trauma:
 - head injury;
 - possible fracture;
 - dislocated joints;
 - inability to weight bear;
 - self inflicted injury;
 - skin or tissue injury;
 - burn other than extremely minor requiring no treatment.
- Falls
- Possible strokes
- Assault
- Urinary retention where community services are not available
- Road traffic accident
- Foreign body in any orifice or under the skin
- Inhalation or accidental poisoning with toxic substances
- Sudden loss of vision in either eye

FOR PRISON CALLS, **NEVER** ADVISE 999 OR A&E, always follow the varying guidelines set for Birmingham prison calls.

In some cases patients may not want to call 999, or attend A&E; if this is the case ensure in the comments box you record 'pt declined ____.' Where this is the case prioritise the call as urgent and store the call in the usual manner, the call will now go into case streaming.

Never inform the patient the priority you have given the case, as the clinician will reassess the case once it goes into streaming, in some cases you may feel that the case is urgent but a clinician may decide that it is a routine call and downgrade the original priority set or vice versa. Furthermore the script for finishing a call **always** remains the same.

As BADGER provides an out of hours GP service, clinicians are unable to aide any patients that present with dental problems; this includes problems with the teeth and dental abscesses. If you are unsure whether a problem is dental in origin the call should be passed for assessment by a clinician. NHS dentists have no obligation to provide out of hours dental services for their service users. Individual ?CCG have commissioned out of hours dental services for patients.

Birmingham and Solihull Patients should be advised they need to contact NHS111 on 111. They will be able to provide details of out of hours dental services in the patient's area. If a dental call has been taken, it needs to be completed as 'Reception Advice' then select 'Advised to contact Dentist.' At this point you can record any other details you feel necessary in the additional comments box.