



London Ambulance Service



NHS Trust

One size fits one!

Fionna Moore
Medical Director
London Ambulance Service NHS
Trust



Or
the introduction of
Patient Specific Protocols
(PSPs)



Why

- To provide a structured, uniform protocol to guide the management of a specific patient.
- To identify a patient's pertinent medical history to the attending crew.
- To reinforce conveying a patient to their known treatment centre
- To act as aide-memoire to crews



Example

2001

Child A - 5 year old male.

PMH: Epilepsy, multiple admissions in status, has required IPPV.

Severe sensitivity to benzodiazepines.

Seizures being managed by rectal paraldehyde.

School unable / unwilling to administer .

Parents reluctant to allow child to start school until there was safe rapid way to administer pre hospital.

London Ambulance Service approached for help



Approach

- A named individual protocol with specific instructions.
 - Indications
 - Cautions
 - Dosages
 - Route
- Produced on LAS headed note paper so crews instantly recognise it
- Signed jointly by the patient's treating clinician & the LAS Medical Director
- Flagged on the “high risk” database





London Ambulance Service NHS Trust

Patient Specific Protocol

PSP XX/XX

- **This protocol has been specifically prepared for the patient named below and details the treatment to be given in specified circumstances.**

- **Patient's Name** : XY **Date of Birth** : XX/XX/XXXX
- **Home Address** : 124 Somewhere Road, London, SE15 4AP
- **School Address** : The Nowhere School, Anywhere Road, Any town, London. SW33 6GG
- **Reason for protocol** :
- XY has cerebral palsy, cortical visual impairment and epilepsy. Her seizures do not resolve and are unresponsive to diazepam
- XY **requires rectal paraldehyde which must be administered as soon as the seizure begins.**
- **Specific Treatment / Instructions** :
- In the event of an ambulance being called for XY due to her suffering a seizure, the attending ambulance crew will be handed a box with XY's details written on it. The box will contain 2x10ml bottles of ready mixed paraldehyde. A syringe with adapter attached and the quills for rectal administration,
- **8mls of ready mixed paraldehyde must be given rectally using the syringe, adapter and quill provided, *please note paraldehyde rots plastic quickly, and therefore it must be administered immediately after it has been drawn up.***
- **At ten minutes from seizure onset if no response repeat the paraldehyde (dosage and administration as before)**
- XY **must be conveyed to the nearest Accident and Emergency department that accepts paediatrics with a pre-alert message. Please ensure XY medicine box accompanies her to hospital as it contains vital information regarding her continuing treatment.**
- **Remember to check that the bottles contain the correct drug and concentration outlined in this protocol before administration and that it is in date.**
- **All other aspects of clinical care remain unchanged.**

A handwritten signature in black ink, appearing to read 'Fionna Moore', with a horizontal line underneath.

- **Fionna Moore BSc, FRCS, FRCS (Ed), FCEM, FIMC (Ed)**
- **Medical Director**
- **London Ambulance Service NHS Trust**
- **Date of Issue : 30th October 2007**
- **Date for Review : 30th October 2009**

High Risk Database

- Integrated into CAD system
- Can flag any address giving information up to 240 characters
- Notifies Operations Centre of possible problem
- Can flag multiple address



High Risk Database

- Audible alarm on mobile data terminal in vehicle.
- Crew safety
- Access information.
- Public defibrillator locations.
- **☠ Patient specific information.**



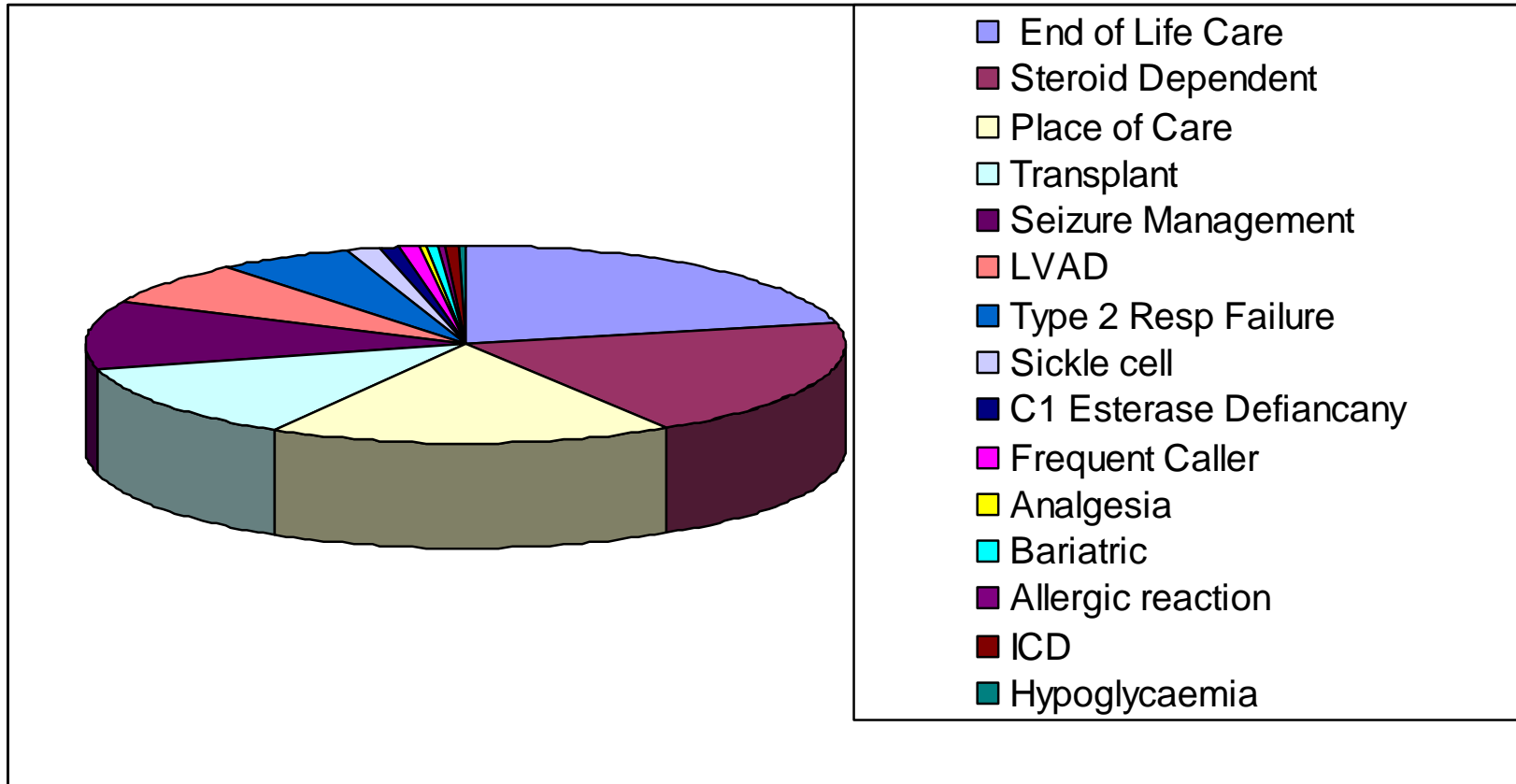
Dissemination of PSP

- Each patient / carer is sent copies of the protocol & a letter explaining data protection.
- The patient / carer is requested to keep a copy with them at all times.
- A copy is provided to a named clinician.
- A copy is sent to the local ambulance station(s) of the flagged address.
- A copy is provided to the Clinical Support Desk who hold all the protocols for reference if needed.

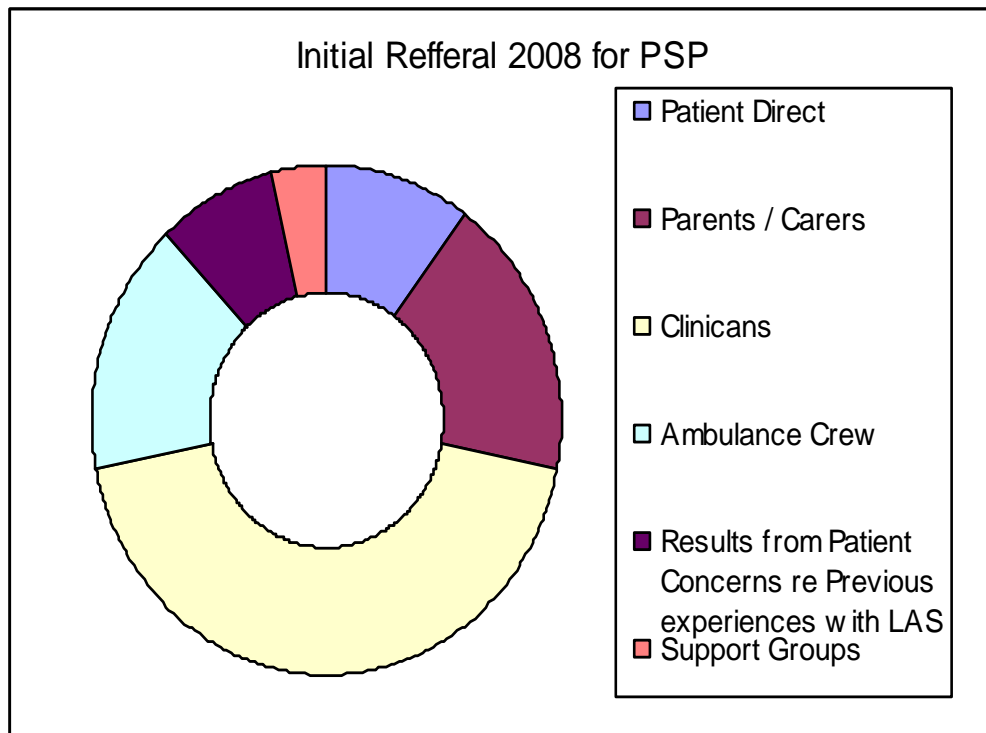


Currently

Currently 252 PSP have been written 186 active – since 2007



Who Refers

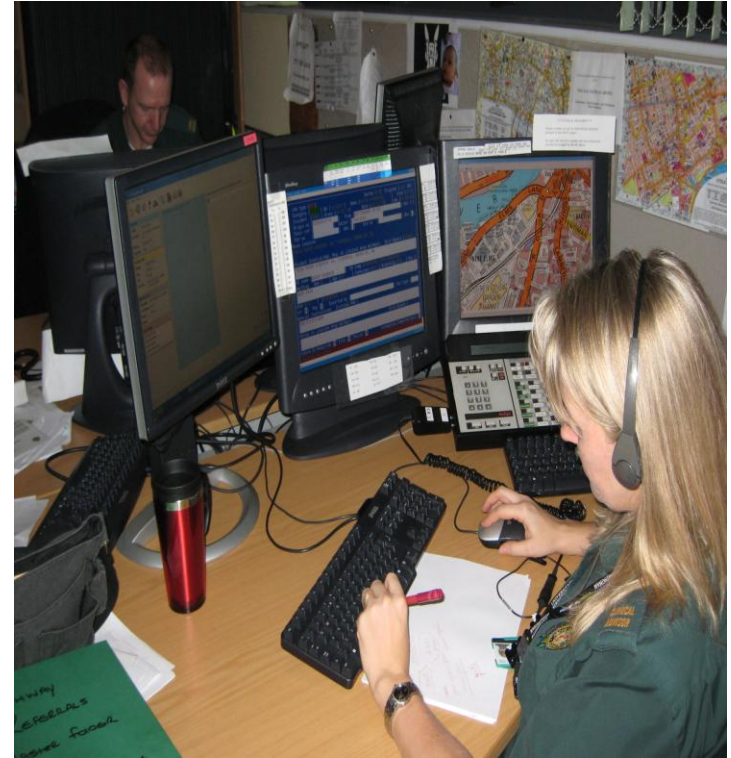


- First point of contact is the Clinical Support Desk who prepare first draft.
- Passed to the Medical Directorate for approval.
- Increasing number of referrals from crews who have attended patients with challenging conditions
- Patients & clinician always informed & involved in process



Clinical Support Desk

- 24 hr desk in Control Centre manned by experienced Paramedics who provide clinical advice to crews & control staff .
- Have access to all PSPs & background information.
- Can access additional information & may often arrange direct admission.
- Have 24/7 access to senior clinicians



PSPs - the challenges

- Considerable workload – even a simple protocol can take 2 - 4 hrs.
 - Liaison with hospital clinicians.
 - Constant reviews & updates required.
 - Some challenging patients
- (You may live to regret some protocols)*



Changes in Practice

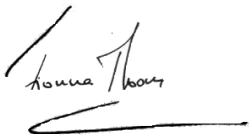
- Request for protocols can be monitored
- Repeated use may require change in medication / liaison with clinicians
- Large number of requests for PSPs for steroid dependent patients. LAS successfully lobbied for changes to national guidelines for administration of hydrocortisone by ambulance staff





London Ambulance Service NHS Trust Patient Specific Protocol PSP XX1X

- This protocol has been specifically prepared for the patient named below and details the treatment to be given in specified circumstances.
- Patient's Name: _____ Date of Birth : _____
- Address : _____
- Reason for protocol :
- Severe COPD
- Susceptible to developing type II respiratory failure and severe respiratory acidosis Due to oxygen toxicity
- Specific Treatment / Instructions :
- Please ensure that Peter has used his own air driven nebuliser before transporting to hospital. In the event of ambulance transfer:
- Patient should receive low flow oxygen ie.start at 1 litre/minute via nasal cannulae, aiming to achieve saturation of 85-90%.
- Do not nebulise on oxygen under any circumstances
- If SaO₂ <85% on 1 litre/minute of oxygen via nasal cannulae, increase to 2 litres/minute via nasal cannulae. If necessary, i.e. saturation less than 85% after 5 minutes increase to 3 litres/minute, pre-alert hospital and blue light to A&E with close observation
- for decreasing level of consciousness.
- All other aspects of clinical care remain unchanged.


Fiona Moore

- Fionna Moore FRCS, FCEM, FIMC RCS Ed
- Medical Director



London Ambulance Service NHS Trust

Patient Specific Protocol PSP XX/XX

This protocol has been specifically prepared for the patient named below and details the treatment to be given in specified circumstances.

- **Patient's Name :** **Date of Birth :**
- **Address :**

- **Reason for protocol: XX has a glioblastoma which has not responded treatment & XX s now in terminal phase of illness**
-
- **Specific Treatment / Instructions :**

- XX is not to receive bag & mask ventilation / intubation, chest compressions or cardiac drugs

- XX should still receive suction of upper airway, face mask oxygen & airway positioning

- If XX requires hospital admission this can be discussed with the Symptom Care Team at Great Ormond St
 - Symptom Care Team 020 7829 8678 (Mon –Fri 9am -5pm)
 - Out of Hours 020 7405 9200 air call Symptom Care Team.

- XX parents do not wish for her to be transported to an A & E department
- **This Protocol has been agreed with XX parents & her treating clinician Dr XX**

- **All other aspects of clinical care remain unchanged.**

- **If required contact EOC and ask for the Clinical Support Desk who hold a copy of XX full care plan**

A handwritten signature in black ink, appearing to read 'Fiona Moore', with a long horizontal flourish underneath.

- **Fionna Moore FRCS, FCEM, FIMC RCS Ed**
- **Medical Director**
- **London Ambulance Service NHS Trust**
- **Date of Issue: 10/09/2008**
- **Date for Review: 10/09/2010**

The Future

- Ever increasing number of requests.
- Working with our 'frequent caller' team to develop specific protocols for this group of patients
- Working with clinicians to develop generic protocols for their patient groups that they pre populate.
 - GOSH, Addison's disease & palliative care



Thank you

