**Ambulance Control Centre**

**A Guide to Booking an Ambulance**

Approved by: BMA, National GP OOHs Committee, Scottish Ambulance Service.

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**Does your patient require an ambulance?**

- **Yes**
  - **Is their condition Immediately Life Threatening (ILT)?**
    - *e.g. Cardiac / Respiratory arrest, Peri-arrest or Immediately Life Threatening condition*

  - **Yes**
    - Call 999
    - When asked “Okay, tell me exactly what happened?” Identify as Clinician and ILT Call
    - (8 min response – blue lights/siren)

  - **No**
    - **Are they acutely unwell?**
      - Please specify the condition requiring an emergency ambulance including to definitive care, eg.?MI? Stroke.

      - **Yes**
        - Call 03333 990 111
        - When asked ‘What’s the Problem?’ Identify as Clinician and Yellow Call Stroke or emergency PCI? If so please specify
        - (19 min response – blue lights/siren)

      - **No**
        - **Do they need medical assistance but are currently stable?**
          - *e.g. exacerbation of COPD requiring secondary care*

          - **Yes**
            - INFORMATION WE WILL ASK FOR:
              - Name, pickup address, age, weight, CHI number, mobility issues, O₂ needs, infection risks?
              - Working Diagnosis
              - Patient Transport Service (PTS) suitable? (See PTS suitability guide*)
              - Single or double crewed ambulance
              - ADDITIONAL INFORMATION THAT SHOULD BE PROVIDED IF AVAILABLE:
                - Observations, Drugs / Treatment given & relevant Co-morbidities?
                - Time patient seen by HCP? Is HCP with patient?
                - Direct and / or by-pass number and name of clinician requesting call?
                - ECS consent?
                - Any escorts – medical or family?
                - DNACPR details if appropriate
                - Can the patient answer the door/phone?
                - Any access issues (steps, key safe etc)?

            - Call 03333 990 102
            - REQUEST URGENT RESPONSE
              + GIVE DIAGNOSIS
              + STATE THIS IS A GP CALL
              (1, 2, 3 OR 4 HRS will be agreed)

        - **No**
          - Explore other means of transport.

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**Does your patient require Patient Transport Service?**

(Direct Dial for PTS 0300 123 1236)

- ACAs with basic first aid training
- Equipped with defibrillator
- Can take patients established on up to 8L O₂ without an escort & 10L O₂ with a medical escort. Cannot monitor O₂
- Some have stretchers, some all seated & all accommodate wheelchairs
- Some areas have dedicated palliative PTS vehicles
- Mix of double and single crews
### Patient Transport Service (PTS) suitability guide

Not all patients require A/E ambulance transport and/or the skills of a Paramedic or Technician. To ensure that we can target our resources appropriately, please consider whether your patient is suitable to travel with our Patient Transport Service.

Examples of patients who may require PTS assistance include:

- A suspect uncomplicated lower limb fracture needing x-rayed.
- A frail person with an uncomplicated UTI, unable to be managed in the community.
- A person receiving palliative care needing a stretcher / oxygen to transport them to hospice.
- An immobile person with a limb cellulitis who has no systemic upset but requires secondary care input.
- A person detained under the Mental Health Act who only needs transport with their medical escorts.

(Direct Dial for Patient Transport Service 0300 123 1236)

### What's in an A&E/Emergency Ambulance:

<table>
<thead>
<tr>
<th>Staffed usually by</th>
<th>Ambulance Technicians, Student Paramedics (for skills see above) and Ambulance Care Assistants.</th>
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<td>Urgent ambulances</td>
<td>Fully equipped, as above, but without trauma equipment.</td>
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#### Paramedic skills / drug management:


#### Technician skills / drug management:

| ECG Monitoring, BP, SpO₂ (Capillary O₂ saturation), Blood Sugar monitoring, 12 Lead ECG. | Drug Administration (PO, IV, IM or S/C) of: Aspirin, GTN, Entonox, O₂, Salbutamol, Atrovent, Epinephrine 1:1000, Glucagon, Hypostop, Naloxone and Paracetamol. |

### What’s in an Urgent Ambulance:

- Staffed usually by Ambulance Technicians, Student Paramedics (for skills see above) and Ambulance Care Assistants.
- Urgent ambulances are fully equipped, as above, but without trauma equipment.

### Useful information:

- If you advise us that your patient is in **CARDIAC / RESPIRATORY ARREST** this will be our highest priority category and, when available, we will be sending 2 responses to you and your patient.
- Note **all red calls** will take priority and other calls may be diverted to these.
- Please note Call Handlers are non-clinicians therefore please provide as much information regarding diagnosis as possible.
- It is the decision of the crew, on arrival, about how many patients / escorts they can carry.
- The ambulance may arrive within 10mins even if booked as within 4hrs for example.
- As a guide we class patients as bariatric if they weigh more than 150kg, although BMIs are a factor as well. This is required so that the appropriate equipment / vehicle are sent to the patient.
- For your and staff safety, telephone calls in and out of the Ambulance Control Centre are recorded.
- Please note if you are a rural GP and needing to access our air or retrieval services, please advise the call handler of this and ask them to re-direct you to the Specialist Services Desk.