

**Title CSOP - Medical Advice**

Version No: V 4.3

Effective date:

17/06/2020

APPROVALS

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CGG Chairman Approval:	Justin Squires – Deputy Clinical Lead		
Next Review Date:	June 2022		

HISTORY

Effective Date	Version No.	Summary of Amendment
July 2011	1.0	Initial distribution of CSOP 003 - Hospital Selection & Bypass
Sept 2012	2.0	Review and update of communication for medical advice.
Nov 2013	3.0	Review and addition of CCP/PGD details section 2, 3, 4
Nov 2014	4.0	Added CS audit form and review
Apr 2017	4.1	Last but one paragraph modified
Feb 2018	4.2	Reference to using Airwave radios removed. SBAR example removed JRCALC/ PGD permissions removed.
May 2020	4.3	Changes to inclusion and exclusion criteria, changes to process

1. REFERENCES

Nil applicable



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2. Purpose

This CSOP provides guidance on seeking medical advice at scene and provides a format for communicating information to facilitate remote decision-making.

3. Scope

It is recognised that at times, operational staff at scene may need to seek remote medical advice from an experienced on-call HEMS Clinical Supervisor. This may be when the operational team are staffed as Critical Care Paramedics, signed-off PHEM trainees, or for the experienced HEMS doctor wishing to liaise with another colleague for support, or in complex clinical/operational situations.

4. Definitions/Acronyms:

Abbreviation	Description
JRCALC	Joint Royal Colleges Ambulance Liaison Committee
CS	Clinical Supervisor
PGD	Patient Group Directions
SBAR	Situation Background Assessment Recommendation
PRF	Patient Report Form
CCP	Critical Care Paramedic

5. Medical Advice

All staff should feel able to seek urgent senior medical advice for any immediate concern. Reasons for seeking advice may vary, but it is vital that a standardised procedure is in place. Some examples are given below:

1. To discuss urgent clinical matters and treatment dilemmas.
2. For support and advice re: use of CCP PGD's.
3. To seek support in situations where staff (especially doctors) not from the organisation are attempting to access / administer our drugs or equipment.
4. To seek help / advice regarding appropriate treatment centre options.



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- To discuss a highly emotive case, or where there has been an adverse event – consider if this would be best during the shift day or night, at the end of the shift, or facilitated through the clinical lead / deputy clinical lead.

EXCLUSIONS

- Permission to use any drugs not within current JRCALC guidelines / TAAS SOPs.
- Non-urgent advice / information that can be sought after the current mission including discussions about completed missions. These situations should be facilitated with the base manager, clinical lead or deputy clinical lead on the following day.

FORMAT

When seeking advice it is important that the CS is given as much relevant information in a structured manner in order to be able to make rapid, effective, safe decisions. Use the SBAR format below:

S – SITUATION	For example
Identify yourself and where you are calling from	This is _____, PHEM Trainee on Helimed 53, I am on scene at an RTC on the M1 near Rugby
State the reason for your call and describe your concern	
B – BACKGROUND	
Give a brief description of the situation	
Give any known medical history, medication and allergies	
A – ASSESSMENT	
Give all relevant vital signs, clinical findings & any changes	Pulse, BP, RR, SPO2, ETCO2, GCS and BM, peripheral pulses etc.
State your clinical impression & concerns	
R - RECOMMENDATION	
Explain what you need, be specific	



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6. PROCESS

At the start of every shift, as part of the daily briefing the HEMS crew will check the CS rota, making a note of who is 1st and 2nd on call for that particular day and ensuring they have the correct phone numbers. A reminder text will be sent to each CS after the daily brief by the HM53 crew.

Always use an official TAAS mobile phone so that it will be recognised on the clinical supervisors phone.

7. AUDIT

Any HEMS clinician acting under the guidance of the on-call CS will ensure that any advice and/or intervention is documented on the PRF and database.

The CS will complete an audit form for every consultation and return this to the |Head of Operations, the deputy clinical lead leading the CS conference calls and the Operations Support Officer. . Collated information will be peer reviewed within the Clinical Supervisor group, and any learning issues communicated through the normal channels.

End of Document

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