Ringing 999 for an ambulance, a guide for education

It is always better if someone who is with the patient can ring 999, so you will need to get a telephone to the patient or get the patient to a telephone.

This is important for a variety of reasons, if the call is about an illness the call handler may want to know if there is a rash, what their breathing sounds like, any rapid swelling of the lips, face throat or tongue, does their skin feel a normal temperature etc.. If the call is about an injury the call handler may ask questions like, is the limb cold, pale or blue, can the patient weigh-bear, are there pins and needles in the limb, any bleeding etc.

When you first ring 999 you will go through to an emergency operator who will ask you what service you require (Police, Fire, Ambulance or Coastguard)

The South Western Ambulance Service uses a triage tool called NHS Pathways. NHS Pathways is a Department of Health approved computer based operating system that provides a suite of clinical assessments for triaging 999 calls based on the symptoms reported when calling. Calls are prioritised so that patients with life threatening conditions receive the fastest response. The ambulances are only sent on lights and sirens to the most serious conditions, thus minimizing the risk to other road users and the public.

When you are connected to the ambulance service you will initially be asked if the patient is conscious (awake), you will then be asked if the patient is breathing. If the answer is yes to both of these questions you will be asked what the problem is, at this point we only want to know a brief summary of what is happening, i.e. “they have injured their ankle”, “they have breathing difficulties” etc.

You will then be asked to confirm the address of the emergency.

The call will then be triaged; in order to do this effectively we need to speak to either the patient or someone with the patient and we will also want to know the age of the child.

The call handler will carry out a safe effective assessment of the symptoms reported, as the clinical assessment progresses; each answer determines the next question to be asked.

Obviously these questions will vary depending on the symptoms and condition of the patient so it really requires the patient or someone with the patient to answer these questions.

By answering these questions it enables us to prioritise the call response. We also might ask you if the school or the parents are able to transport the patient to hospital, Doctors surgery or Minor injuries unit following the assessment.

Instructions on how to manage the patient will be given to manage the symptoms presented.
If, when asked is the patient conscious and breathing, you answer no to either then this could potentially be life threatening, and an ambulance will be dispatched immediately or diverted from a lower priority call.

If someone is not breathing the call handler will talk you through what you can do to help, this will include instructions on how to commence Cardio Pulmonary Resuscitation (CPR), and will require you and the phone to be next to the patient. You will be asked to put the phone on loudspeaker and will be asked to shout out the chest compressions as you give them, so the call handler knows what is happening.

Do not stop CPR as soon as the Paramedics arrive as they will require a few seconds to assemble any equipment required.