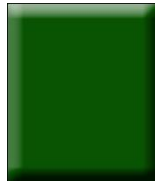


Independent Private Ambulance Service (IPAS)

Red Flags
&

Care Pathways



Red Flags

RED FLAG OBSERVATIONS

LEVELS OF RESPONSE AVPU - voice or below GCS 14 or below Abnormal Pupil Response	RESPIRATORY RATE (RR) Adult (12 and Over): below 10 or above 30 < 1 year: +40 or -30 1-2 years: +35 or -25 2-5 years: +30 or -25 5-11 years: +25 or -20
OXYGEN SATURATION (SpO₂) Adults: SpO ₂ below 94% in critical and serious illness or hypoxaemia SpO ₂ below 88% in COPD or similar Children: SpO ₂ below 95%	HEART RATE (HR) Adult: +100 or -60 < 1 year: +160 or -110 1-2 years: +150 or -100 2-5 years: +140 or -95 5-11 years: +120 or -80
BLOOD GLUCOSE BM below 5 BM above 15	BLOOD PRESSURE (BP) Adult (12 years): Above 180mmHg or below 90mmHg Systolic
CAPILLARY REFILL (CRT) Adults: Central Cap Refill 3 secs or above Child: Central Cap Refill 3 secs or above	TEMPERATURE Adult and child below 36°C (tympanic) or above 38°C (tympanic)

If RED Flag Observations Call HEOC for Backup

East of England Ambulance Service **RED FLAG CONDITIONS**

A	<ul style="list-style-type: none"> • Obstructed airway • Airway not being maintained by simple measures • Injury of incident where spinal injury should be considered
B	<ul style="list-style-type: none"> • Respiratory arrest • Sudden onset of shortness of breath • Respiratory distress (patient positions, speech, excessive muscle usage, muscle recession) • Respiratory depression • Asthma or respiratory condition not responding to patients medication • Respiratory rate or SpO₂ outside of baseline observations (see chart)
C	<ul style="list-style-type: none"> • Cardiac Arrest • Chest pain not relieved by patient own medication or atypical presentation in known patient with cardiac history • Pale, clammy or mottling of skin • Traumatic chest pain • Recognition features of shock • Bleeding is more superficial • Cyanosis • Capillary refill, heart rate, blood pressure outside of baseline observation (see chart) • Non-blanching rash • Post electric shock
D	<ul style="list-style-type: none"> • Decreased levels of consciousness not previously diagnosed such as dementia • Diabetic hypoglycaemia • FAS-Test Positive and onset within four and half hours • Status epilepticus or fit in non-epileptic • Reduced sensation, power or movement • Abnormal pupil response
O T H E R	<ul style="list-style-type: none"> • Paediatric patients • Obstetric patients • Patient in pain not relieved by simple measures including entonox • Any HCP urgent that appears to have changed form the time of the original referral • Patient who is found to be hyper or hypothermic with other symptoms affecting ABCD • Patient who's baseline observations are outside of normal limits • Patients suffering burns • Trauma patient suffering long bone, pelvic or thoracic trauma or other high mechanism of injury

If RED Flag Condition Call HEOC for Backup

Important

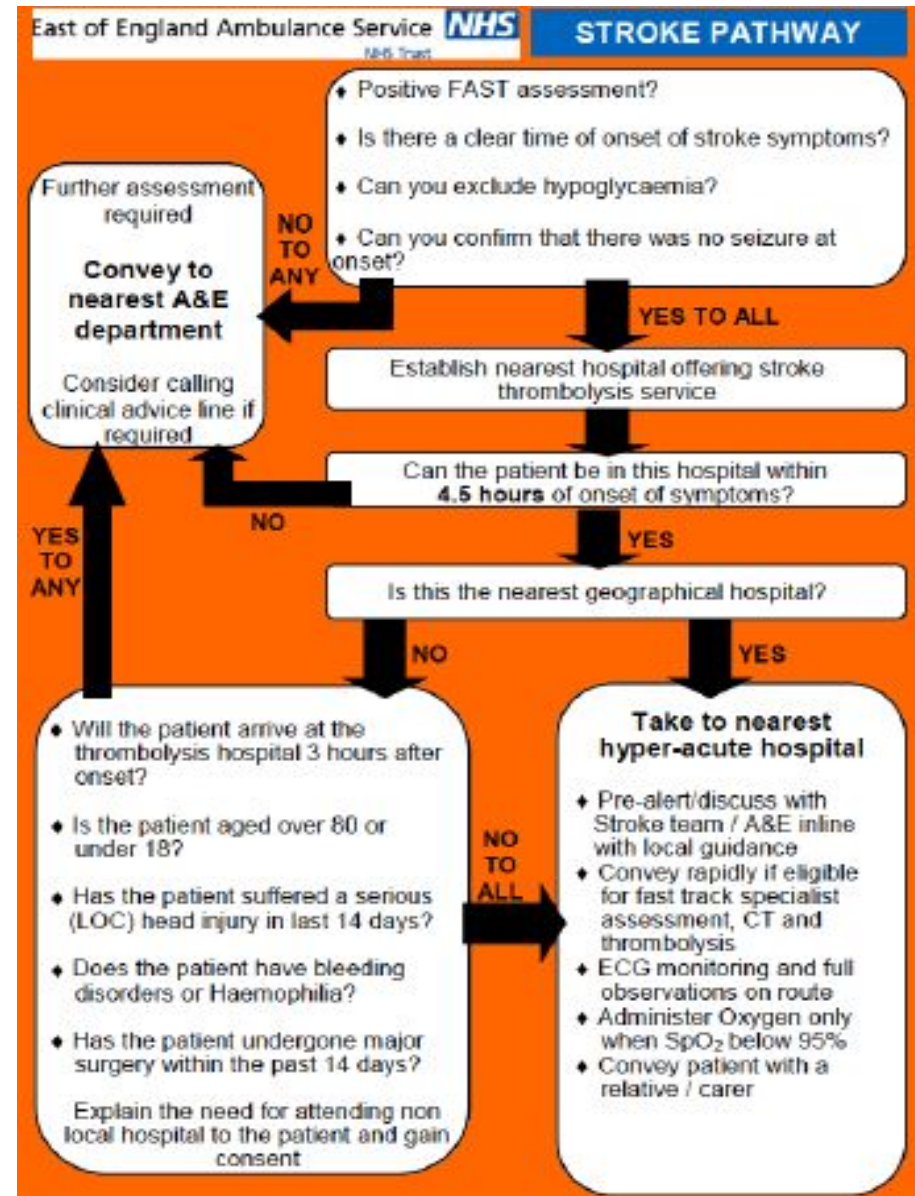
- ECA/IAP/AAP 1yr/SP1 cannot discharge on scene – any questions or Red flags then they **MUST** call Clinical Advice (0775395084) who will advise [note when busy they may be asked to attend and assess all calls]
- EMT/AAP – can discharge on scene but **MUST** call Clinical Advice prior to this to agree care plan
- Paramedic – able to operate independently

Clinical Pathways



Falls Register

Stroke Pathway



Low Risk TIA

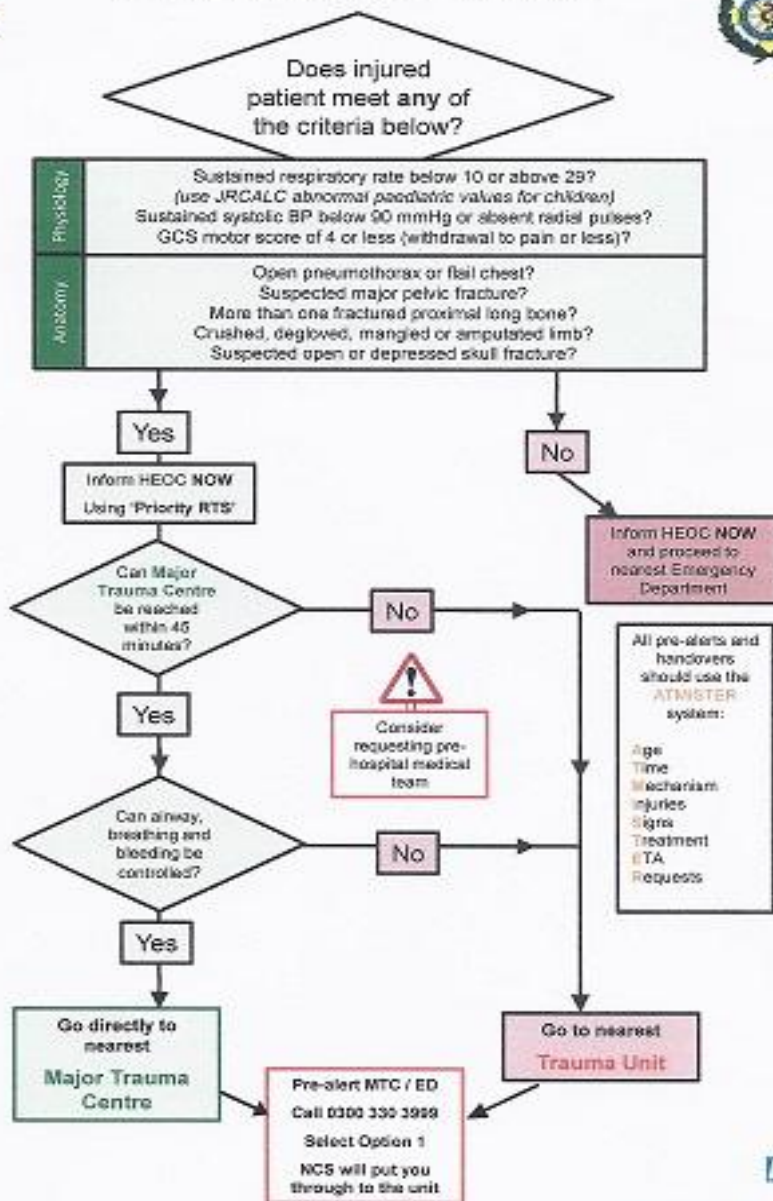


STEMI - PPCI

IS PPCI INDICATED?		
	Onset of chest pain/symptoms typical of Acute Myocardial Infarction in the last 12 hours and is there one of the following patterns on the 12 lead ECG	Y / N
(a)	ST elevation 2mm or greater in 2 or more adjacent chest leads	Y / N
OR	(b) ST elevation 1mm or greater in 2 or more adjacent limb leads (there will usually be reciprocal depression in either 1 or AVL)	Y / N
OR	(c) RBBB with ST elevation in either of the 2 patterns above	Y / N
OR	(d) LBBB or paced rhythm with 'classic' clinical picture of AMI (grey, clammy, central crushing chest pain with radiation to jaw/arms).	Y / N
OR	(e) depression V1-3 and dominant R wave in V1 suggesting a Posterior MI (they will often have suspicious inferior ECG changes)	
If the answer is <u>YES</u> then PPCI is indicated. Now assess for <u>absolute</u> contra indications to PPCI		
1	Is the patient unconscious?	Y / N
2	Is the patient actively bleeding e.g. haematemesis, malaena	Y / N
3	Have cardiac arrest resuscitation attempts failed?	Y / N
4	Has the patient been resuscitated from a cardiac arrest but the underlying diagnosis is uncertain?	Y / N
If the answer to any of the above questions is <u>YES</u> then the patient is not suitable for PPCI and should be transferred to the nearest DGH A/E dept. If the answers are all NO then go on to assess for <u>relative</u> contra - indications		
1	Does the history or ECG suggest pericarditis, e.g. ST elevation in all leads except AVR or pain worse on deep inspiration?	Y / N
2	Has the patient been involved in an incident causing traumatic bodily injury (not CPR)?	Y / N
3	Does the ECG show LBBB or paced rhythm without a clinical picture of AMI?	Y / N

Major Trauma

Suspected Major Trauma?



Suspected Major Trauma?

	AGE	RESPS	PULSE	SBP
Pediatric Physiology	<1	30-40	110-160	70-90
	1-2	25-35	100-150	90-95
	2-5	25-30	95-140	80-100
	5-12	20-25	80-120	90-110
	>12	15-20	60-100	100-120

Glasgow Coma Scale (GCS) – Motor Responses

Obeys commands	6
Localises pain	5
Withdraws from pain	4
Abnormal flexion	3
Extensor response	2
No response to pain	1

The GCS Motor Responses do not require modification for children

Suspect a Major Pelvic Fracture

Assess and consider the Mechanism of Injury; is there any pelvic pain; shocked condition; bruising; abrasions

The pelvis should not be 'sprung'

Open / Depressed Skull Fracture

Large scalp wound/haematoma with tenderness, exposed bone or suspicion of penetrating injury

Enhanced Care (Medical Support)

To request via CCD via airwave talk group 202 or 01245 444496 (out of CCD hours contact HEOC)

Enhanced Care is available within the region to provide support where the patients care needs exceed the clinical capabilities on scene or to offer support to clinicians at complex scenes

Level 2 – CCP's/BASICS

Sub-anaesthetic care including sedation, rescue airway techniques, major haemorrhage, difficult access,

Level 3 – HEMS/BASICS

Advanced airway management, anaesthesia (RSI), complex multi-system injuries, advanced analgesia

Key Terms

HEOC: Health and Emergency Operations Centre

Priority RTS: Priority request to Speak (# key)

MTC: Major Trauma Centre

NCS: Network Coordination Service (Trauma Network)

CCD: Critical Care Desk (EEAST)

Pre-Hospital Medical Team: Enhanced Care Team

NEWS

PHYSIOLOGICAL PARAMETERS	3	2	1	0	1	2	3
Respiration Rate	≤8		9 - 11	12 - 20		21 - 24	≥25
Oxygen Saturations	≤91	92 - 93	94 - 95	≥96			
Any Supplemental Oxygen		Yes		No			
Temperature	≤35.0		35.1 - 36.0	36.1 - 38.0	38.1 - 39.0	≥39.1	
Systolic BP	≤90	91 - 100	101 - 110	111 - 219			≥220
Heart Rate	≤40		41 - 50	51 - 90	91 - 110	111 - 130	≥131
Level of Consciousness				A			V, P, or U

Clinical Advice/Critical Care

Clinical Advice line :- 01603422893 / 0775395084

Critical Care :- Radio 202