Nurses should prevent patients from using the overstretched ambulance service for trivial reasons, argues Derek Louttit.

Like the rest of the NHS, the ambulance service has limited resources with which to meet widely varying demands on its local services.

It cannot refuse the demands placed upon it, be they emergencies or appropriate transport requests from GPs and hospital staff. Add to this list after-hours requests to transport patients home from A&E departments — whether they have had treatment or not — and you have an emergency service that, in an ideal world, would be doing well to meet the demands made upon it.

Unfortunately, ambulance control-room staff also receive calls from the public that sound serious but turn out to be minor, if anything at all, and calls for assistance that do not even require the intervention of health care professionals, let alone the attendance of an A&E ambulance complete with a highly trained crew and specialised equipment.

Ambulances dash through congested traffic to reach an emergency, where the ‘unconscious collapse’ often turns out to have a bruised toe or a rash.

This misinformation emanates from a few members of the public who exaggerate their or the patient’s condition to ensure that the ambulance arrives promptly. Either that, or they misinform through ignorance and panic.

On a recent night shift in the A&E department, I monitored the patients brought in by ambulance. Of 20, five were admitted and 15 were discharged. Of the 15 sent home, staff considered that 11 had used the ambulances inappropriately.

These cases included a laceration on the small finger, a small laceration on the nose and an elbow rash. Of the other four, three could have easily contacted their personal doctor first. The one appropriate case had suffered sudden central chest pain.

Preventing abuse

At a time when ambulance services are struggling to respond to calls within response time targets dictated by the government, let alone the few minutes within which a patient may die or suffer irreversible brain damage, surely nurses should help to prevent the abuse of emergency staff and vehicles.

The inherent problem is that by discouraging the public from calling a 999 ambulance, nurses may put off the very people who do require the services of a trained crew with all its specialised equipment.

As health promoters, nurses are in an ideal position to educate the public on when to call an ambulance, when to call their doctor, or when to attend the A&E department under their own steam.

Members of the public of all ages should also be encouraged to attend recognised first-aid courses that may enable them to carry out minor interventions, such as pressure and elevation of a minor hand laceration, that are sufficient until patients get to their GP or local hospital.

Using their skills, nurses could assist the ambulance service in ensuring that when a member of the public needs an ambulance, and fast, he or she gets one.

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