EMERGENCY CONDITIONS

DR RUSSELL HEARN (KINGS COLLEGE LONDON)

INTRODUCTION

General Practitioners and practices have a duty to respond to emergencies in both routine and extraordinary circumstances (good-Samaritan acts). Recognition of emergencies is a key skill and assessment and treatment follows the same protocols as in secondary care. For a GP to respond to an emergency they frequently have to not only manage a medical problem but also get appropriate support and help in the community, be that a home visit or on the street. Additionally, they must manage the team of medical and non-medical staff to work together under time pressure. Whilst all GPs maintain their annual Basic Life Support training (1), the majority of emergency patients are managed using peri-arrest treatment. The classic chest pain and shortness of breath jump swiftly to mind. However, GPs use a broader definition of emergency to include any problem requiring swift action to preserve health or prevent harm. These may include emergency contraception, the red eye, delivery of a baby, a suicidal patient, or referral of a child to social services.

NEED TO KNOW

RECONGNITION OF EMERGENCIES

Life-threatening conditions in primary care are of low frequency during the routine day. However, emergencies of a wider type are a frequent in primary care. These are embedded within the common presentations of chronic and minor illness which makes recognition of any emergency of particular importance.

Frequently, patients are recognised as acutely unwell by reception staff or during a phone call to the duty doctor. Acutely unwell patients are also more frequent in the out of hours setting and can be particularly challenging when the patient is less well known to the GP (2).

Whilst extreme emergencies often declare themselves quite obviously, it is worth making an active inspection of all patients to assess them. In addition to basic observations, rapid respiratory rate, sweating, confusion and reduced level of interaction are common indicators which may indicate the patient is in need of emergency treatment (3).

It is important to be able to shift your clinical decision making and diagnostic approach from the conventional paradigm of history, examination, investigation, diagnosis and treatment to the use of a comprehensive rapid assessment for these patients.
TRIAGE

Triage is the process of rapidly assessing patients in order to maximise the use of medical resources to achieve the greatest impact on a population scale. Triage is needed when demand overwhelms resources. Within the current NHS resources, this demand-to-resource mismatch is a daily issue and as such triage of some type occurs in most settings. This is commonly through a telephone-based duty system or patient self-triage or sometimes though reception-led protocols. Primary care clinicians are adept at triaging patients to appropriate resources with a high degree of accuracy and safety. Many practices have a system to book urgent or emergent patients as ‘extras’ when there are no remaining appointments. Often these patients may be very unwell and as such emergency considerations should be at the forefront of your mind during these ‘extra’ consultations.

MANAGEMENT OF EMERGENCIES

The Resuscitation Council for the UK offers multiple courses for management of acutely unwell patients and initial assessment for patients (4). These range from Basic Life Support (BLS) for initial treatment of an unresponsive patient; to Immediate Life Support (ILS) which adds the use of an ABCDE assessment; to Advanced Life Support (5) which includes all the above and the use of advanced interventions and medications for patients with a wide range of conditions including cardiac arrest.

These algorithms align with international standards and enable healthcare practitioners including paramedics, nurses and doctors to work in newly formed teams with a shared understanding of the protocol for patient management. Again, these protocols require an adaptation of the generalist model of contemplative and reflective clinical decision-making to algorithmic sequential treatment in which an issue is recognised and treatment is initiated promptly.

PATIENT ASSESSMENT

Assuming it is safe to approach and begin treatment of an unwell patient, one should begin by checking for responsiveness. If a patient does not respond then there is rapid progress to open the airway and establish if the patient is in cardiac or pulmonary arrest, at which point BLS is initiated whilst additional help is summoned. If the patient is alive but unwell then a rapid ABCDE assessment is undertaken in which airway is treated first of all and treatment instigated, prior to moving onto breathing, circulation, disability and exposure in turn. In the primary care setting help should be sought as soon as possible as this can take time to arrive.
OTHER EMERGENCIES

In addition to classic emergencies such as anaphylaxis, arrhythmias and sepsis, we see many diverse emergencies. These may include road traffic collisions or trauma, stabbings, or even acts of terrorism. In addition, there are less classic presenting issues requiring urgent management including: loss of vision; confirmation and certification of death; urinary obstruction; and emergencies in palliative care such as pain or symptomatic relief.

SKILLS IN MANAGEMENT OF EMERGENCIES

Common to the effective management of all emergencies is the ability to act fast and communicate effectively with patients, families and colleagues. Of particular importance in primary care is the skill to summon help and then lead a multidisciplinary team to effectively treat the patient. As such, GPs need a wide range of skills in treating the diverse array of clinical presentations.

Whilst emergency response from ambulances may take only a few minutes in some locations, in much of the UK responses may be significantly longer. In some areas GPs have additional skills and equipment to provide a comprehensive first response and several local and national initiatives offer training, equipment and opportunities to best serve their communities.

For example, many GPs volunteer their time as advanced first responders for the British Association for Immediate Care (BASICS) who provide training and response networks (6). In rural areas of Scotland, the Sandpiper Trust (7) provides support and equipment to improve response times for emergencies in a primary care setting.

PRACTICAL LEARNING

✓ Identify where key emergency equipment is in the practice on your first day. Where is the defibrillator? Where is the emergency drug bag and what does it contain? (8,9)

✓ Familiarise yourself with the emergency protocols of your practice. How do you get help? Who will respond? How can you help with an emergency?

✓ Attend a BLS training session if they are happening whilst you are in practice.

✓ If you have an acutely unwell patient alert your supervisor and if you are appropriately skilled ask if they can support you in assessing the patient rather than taking over.
✓ Offer to help your practice to maintain their skills in responding to emergencies by organising a moulage or emergency patient simulation in the practice. You could play a patient with acute anaphylaxis to allow the team to practice a cohesive response. In situ simulation is a useful tool for improving emergency management (10), however you will need to work with your tutor to ensure this is done without impact on the routine business of the practice.

✓ Conduct an audit related to emergencies: are all the emergency drugs in date, do they follow the recommended list of medications or have local variations that are appropriate.

✓ Explore possibilities to shadow a GP providing emergency cover for events such as football matches, motorsports or air shows.

✓ Primary care includes pre-hospital care: see if it is possible to spend time with the local ambulance service, or a pre-hospital care team.

FURTHER LEARNING

KEY REFERENCES

Resus UK Advanced Life Support Guidelines (5)
Whilst the BLS algorithm is sufficient for most primary care clinicians and medical students, the ALS guidelines cover this and provide interesting information about advanced management of unwell patients of relevance to pre-hospital, primary and secondary care.

Royal College of General Practitioners resources on Emergencies in Primary Care (11)
The RCGP provides useful resources that address the delivery and set up of primary care for emergencies. These outline the postgraduate training needed to effectively manage acutely unwell patients.

REFERENCES

The following resources have been developed in conjunction with SAPC Heads of GP Teaching. If you have any queries or questions regarding the resources on offer, please contact Prof. Joe Rosenthal or Prof. Alex Harding, Co-Chairs of SAPC’s Heads of GP Teaching Group.