Pre-hospital Medicine in West London

Objective 1 *	Experience and appreciate the variety of presentations seen in Pre-Hospital Medicine
Objective 2 *	Appreciate the similarities and differences between work in hospital and pre-hospital
Objective 3: Global/Public Health related objective *	Look at how pre-hospital advice and advertising e.g. to go to a walk in centre instead of calling an ambulance has affected LAS workload and public awareness
Objective 4: Personal/professional development objective *	Develop confidence in an ABCD assessment of a patient and developing a better ability to develop differential diagnoses

During my elective doing shifts with the LAS I saw a variety of patient presentations. This ranged from patients who had serious conditions, such as a hypoglycaemic seizure, to patients that had mild injuries that, in my opinion, they would have been able to visit a walk-in centre about. This reflects both the disparity of cases that are out there, as well as the differences in patient perception of what ailment needs an ambulance to be called. Along with the variety of presentations there comes a variety of patient attitudes. For the case of a patient having a hypoglycaemic seizure, himself and his friend were adamant that he did not need to go to hospital. The patient had many comorbidities and seemed quite unwell, however the challenge here was with communication. I found it very difficult to not only talk to the patient but also his friend who seemed even more adamant that his friend would not go to hospital. This shows the difficulty of not only medicine but also communicating with patients to give them the care they need.

The same A to E approach is applied both in hospital and pre-hospital. However, in hospital I believe this is more use of the primary survey in A&E or in emergencies. However, for many of my jobs next year I will be needing this in emergency situation, but it is difficult to see how this will be applicable on day to day ward rounds. I feel if there are times that I am unsure what to do in a certain medical case where this framework will come in useful. A key difference between in hospital and pre-hospital care that I have noticed is the environment the work is done in. The human factors such as mess and clutter around the room, noises from neighbours or the person's TV, and lack of space do impact the ability to work efficiently. This is something I do not think about in hospital as everything is laid out for you, however I believe it is a skill to be able to work in any environment while remaining calm. This is one thing I want to take from doing ambulance shifts, as well as never taking for granted the difficulty of the job paramedics do.

I found it difficult to assess the overall impact campaigns to reduce A and E admissions. However, one patient we saw had called NHS 111 prior to the LAS being called to ask what the best course of action was. This shows the patient was aware of alternatives to directly calling an ambulance. Despite this however, NHS 111 had recommended that the patient call an ambulance. I found this odd as it was a patient with a mild allergic reaction who would have been very able to make her own way to hospital without the aid of an ambulance. Other patients seemed to have called an ambulance before considering calling NHS 111 or anything similar. An example would be a patient

who had hit there elbow and was worried it was broken. I found it difficult to understand why she felt an ambulance was needed to deal with this. I feel this shows that although public awareness is increasing, there is still a way to go.

I feel I have increased confidence in using the A to E approach. I found it useful to practice this approach as it is very structured and ensures nothing is missed. For example, in one patient, although not necessary at the time, the patient had an allergic reaction and first it was important to assess that her airway was still patent. This was the case as she was talking to us and we were able to move further on with assessing her condition. In a patient with chronic obstructive pulmonary disorder although the airway was patent it was very important we focused on breathing before moving on to other problems. Although the patient was talking normally the saturations were very low and it was imperative we sort that out first as lack of oxygen is something that can be deadly.

I very much enjoyed doing my shifts with the LAS, on top of this being a valuable learning experience, I feel I am in a much better place to take hand overs from paramedics while having an appreciation of the struggles that have faced while taking the patient in.