

conditions. If the patient is then reported to be 'cyanosed', a DELTA-level code would be applied. DELTA-level codes are assigned a category 2 response by the ECPAG.

Based on the information we have, Theo would have received a category 1 response if the call had been triaged using MPDS.

NHS Pathways

Call handlers using NHS Pathways are trained to identify immediate threats to life, including impaired consciousness and ineffective breathing, at the start of the call and throughout the assessment.

NHS Pathways first establishes whether the patient is conscious. Where a patient is recorded as not conscious, the assessment immediately focuses on breathing. In this situation, the caller is asked whether the patient is breathing in and out normally. Where the unconscious patient is recorded as not breathing in and out normally, or where the caller is not sure, NHS Pathways reaches an emergency ambulance response for potential cardiac arrest (category 1).

Where an unconscious toddler (NHS Pathways defines a toddler as a child from 1 to under 5) is recorded as breathing in and out normally, NHS Pathways proceeds to confirm whether they are breathing at least two breaths every 10 seconds. If the response to this question is no or not sure, the system again reaches an emergency ambulance response for potential cardiac arrest. If "yes" is selected, there is a question asking about noisy breathing. If noisy breathing is described or the caller is not sure an emergency ambulance response for pre-arrest (category 1) is generated.

Where the patient is conscious, there is an early question asking if the toddler is fighting desperately for every breath. This question is accompanied by supporting information reminding the call handler that this includes being too breathless to speak more than a word or two, or cry properly. Call handlers are also reminded to ask whether the toddler may make grunting noises with every breath or if the chest and/or upper tummy look like they are being sucked in with every breath. The supporting information also states that their head may bob up and down with the effort if they are fighting for breath. If fighting for breath is described using any of these indicators, a small number of further questions are asked for example, whether the breathing difficulty came on quickly or if the toddler might be choking. These additional questions, as well as potentially generating emergency first aid instructions, determine whether an emergency ambulance response for potential cardiac arrest (category 1) or an emergency ambulance response for respiratory distress (category 2) is generated.

Summary

When a caller reports fluctuating or unclear levels of consciousness, the call taker (clinical or non-clinical) should probe further to clarify the patient's current state as far as possible. Where a non-clinical call handler is unable to establish clarity after appropriate probing, they must seek immediate clinical support.

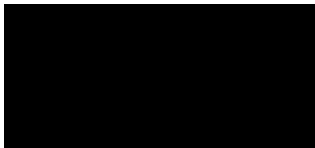

Where a clinician is undertaking the assessment and uncertainty remains, the clinician would be expected to apply clinical judgement and err on the side of caution in determining the most appropriate and safest response. Patients under 5 years old who are going in and out of consciousness should be triaged as unconscious.

NHS England will provide advice to 111 and 999 services by the end of June to advise that if they are unclear on the level of consciousness of a child under 5 years old, after they have used all the available information (e.g. noise in background), immediate support needs to be in place for the call handler. This support may be a call handling supervisor or clinician. In the advice provided to 111 and 999 services, NHS England will emphasise the importance of cautious and thorough assessment in situations where consciousness is unclear and that a child under 5 years old who is going in and out of consciousness should be triaged as unconscious.

The information above confirms that another child presenting as Theo did would result in a category 1 response being reached, when triaged appropriately using either MPDS or NHS Pathways.

I hope this provides clarity to the query you raised.

Yours sincerely,

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National Medical Director
NHS England