

# Public ignorance over non-emergency calls, UK research reveals

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Fewer than one in three people fully understand when not to call the emergency services, according to a new study from the University of Birmingham.

The research, undertaken by PhD student Helen Kirkby and supervised by Dr. Lesley Roberts in Primary Care Clinical Sciences, also showed that one in four people surveyed were unaware that an [ambulance](#) was required for someone suffering from suspected stroke.

The results, which are published online in [Emergency Medicine Journal](#), analyse the responses of 150 people to 12 common medical scenarios, in which seven did not need an ambulance to be called.

These were: a pregnant woman going into labor; a man with chronic back pain but no painkillers; someone who is drunk and vomiting; a three year-old with a small plastic toy brick lodged in his nose; blood seen once in the urine; a toddler with a bruise on his head; and a knife cut on the palm of a hand that is not bleeding heavily.

The respondents - of whom just under 75 per cent were aged 18-44 - were asked whether or not they would ring 999 and ask for an ambulance; and if not, what other options they would take, such as seeking alternative medical help, self medicating, or taking no action.

There were only two out of the seven scenarios where the public really seemed to understand that an ambulance should not be called, and

between five per cent and 48 per cent would have dialled 999 for non-emergency situations like chronic back pain or labor.

“These seven scenarios were chosen to reflect a range of appropriate responses from first aid at home, through to an urgent emergency department visit, but did not require an ambulance. A range of alternatives are available and people need to better understand what should be referred to their GP, NHS direct or taken to the nearest hospital,” says Dr. Roberts.

“It is worrying that despite public campaigns we still see so much confusion over how to access medical care,” she adds.

Most of the participants knew when an ambulance was needed in three out of five scenarios; a middle aged man with sudden severe chest and arm pain (suggesting heart attack), overdose with the painkiller paracetamol, and a road accident victim. However there was a concerning lack of understanding of the need for an ambulance for two scenarios; an older person slurring but not having drunk alcohol (stroke); and a four year-old with a high temperature and a stiff neck (meningitis).

The researchers suggest that broader first aid training on identifying when to seek emergency care could help to reduce the cost of needless ambulance call-outs and provide prompter care in genuine emergencies.

Provided by University of Birmingham

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