
Dealing with Patients

Whenever an ambulance crew deals with a patient, they take that patient into their care.

The patient, and their family and friends, have an inherent right to expect that any care given is to the highest possible standard.

Patient care takes many forms, including emergency medical intervention, but often no more is required than basic psychological protection and support - the long established concept of "promote recovery".

The level of care needed will vary from patient to patient, and can only be judged at the time.

Patients will often be frightened about what is happening - some may show this by 'over reacting', some may remain calm and strong (outwardly, at least), others might 'break down'. Whatever the patient's mood or style of reaction, their care will be enhanced by the ambulance crew acting in a competent, calm, and sympathetic manner, and by them maintaining control over whatever situation prevails at the time.

Basic Ideals for Patient Care

1. Always remember that the patient is a person, with human rights, hopes, fears, beliefs, and wishes.
2. Maintain the patient's dignity as much as is possible.
3. Do not be afraid of the patient.
4. Do not allow a patient to take over or run a situation. Whilst being caring, be firm, and set parameters and limitations for what is, or is not, to be done. Also, be prepared to reinforce limitations as to what care is on offer at the time.
5. Help the patient to do as much as possible for him/herself.
6. Do not feel guilty or ineffective for not doing more than you have, are able, or are permitted to do.
7. Keep the patient informed of what is happening.
Try to answer truthfully any questions the patient may ask, but be careful to minimise fright or distress. If you do not know the answer to a question, say so - do not guess.
8. Try to understand what it means to need help, perhaps having lost independence and the ability to do even the simplest everyday tasks.
9. If it is necessary for a patient to do something they wish not to do, use persuasion - not threats. Every patient has the right to refuse your assistance - however ill-advised that may appear to be.
10. Keep a (reasonable and appropriate) sense of humour and try to encourage the patient to feel positive about him/herself.
11. When the time for giving the care is over, accept this and move on. Do not allow yourself to be sucked into an ongoing and uncontrolled situation.
12. Take care of yourself - both physically and mentally.

Communicating with Patients

There are sometimes practical problems in communicating with patients because of degenerative or other medical conditions. It is very important to use tact and patience, and to speak clearly and in a manner which is easily understood.

Problems in communicating with a patient do not justify ignoring that patient, or treating them as some form of lesser person.

General Rules

- Approach the patient from the front.
- Stand, kneel, or sit directly in front of the patient and look at him/her when speaking.
- Match the level of your face to that of the patient whenever possible. Avoid talking down to the patient.
- Remain visible to the patient, and keep your mouth uncovered.
- Avoid patronising comments, and dismissive or uncaring remarks or gestures.
- Take care with 'body language'. Ensure that verbal and non-verbal communications are consistent. Communicate respect and understanding through eye to eye contact, touch and facial expression.
- Use short sentences and avoid words or terminology which the patient may not understand.
- Give the patient time to respond to questions and to contribute to the conversation. Stop talking and listen.

- It may sometimes help to re-word a message that has not been fully understood, but there is also a risk that this may cause confusion. It may be best, initially, simply to repeat the original message.
- Avoid talking about the patient in a manner which suggests they are not there, or are not important.
- Try to judge when conversation is appropriate, or when silence is better, but do not ignore a patient.

Patients with Hearing Impairments

- Say the patient's name to gain their attention, gently touching them if necessary.
- Speak slowly and clearly. Do not shout.
- Make sure the patient can see your lips, and move them in a 'normal' manner when speaking.
- As appropriate, use non-verbal communication such as pointing or gesturing. Write things down, especially important information, if necessary.
- If possible, minimise background noise - especially if the patient uses a hearing aid.
- If relevant, identify the 'good' ear and aim your speech more towards this side.
- Encourage the patient to use a hearing aid if they have one.

Patients with Sight Impairments

- Avoid startling the patient. Approach them from the front and speak before getting too close.
- Introduce yourself unless you are instantly recognised by the patient.
- If patient uses glasses, encourage them to use these.
- Do not stand between the light and the patient so as to put yourself into shadow.

Patients with Speech Impairments

Such persons will probably understand you without difficulty, but may become frustrated if they then fail to communicate back to you.

- Listen very carefully and look at the patient to give yourself the best possible chance of understanding them.
- If necessary, pause after the patient has spoken to think about what they have said.
- If you truly did not understand them, say so - do not guess.
- It may help to allow the patient to write their responses and contributions.

Patients with Learning Difficulties or Similar Barriers to Communication

- Keep your speech simple, but without being patronising.
- Allow the patient time to interpret what you have said.
- Listen very carefully and look at the patient to give yourself the best possible chance of understanding them.
- If necessary, pause after the patient has spoken to think about what they have said.
- Be prepared to repeat what you have said, or to explain something in more detail than you might otherwise have done.
- Be prepared for the patient to repeat (perhaps several times) what they have already told you.

Communicating across 'Language Barriers'

- If possible, use an interpreter. If speaking through an interpreter, speak to the patient, not about them, and then pause to allow the interpreter to translate.
- Keep your speech simple, avoiding complex words, but do not use 'pidgin' English.
- Take care not to mimic the patient's accent if it is different from yours.
- As appropriate, use non-verbal communication such as pointing or gesturing. It may be possible to draw pictures or diagrams to ease some explanations.

The Effects of Ageing

Many people who need care are in this situation because of changes which have occurred to their bodies as they aged. The effects of ageing are predictable, but the extent to which they will affect someone are not.

When dealing with patients of advanced age, particular care may be required to overcome some of the problems which the effects of ageing can cause.

- The bones lose calcium, giving a higher risk of fractures. The spine may shorten and curve, making standing and movement difficult.
- Muscles may shrink and joints stiffen, removing strength and the ability to move other than slowly.
- Degenerative or weakening disease is more likely, and the risk of infection is higher.
- Cardiac and respiratory functions may become less effective, limiting stamina.
- Control over bodily functions may lessen or fail.
- The skin may become thin and fragile.
- Peripheral nerves may become less effective, reducing the ability to sense touch and pain - with a heightened risk of injury.
- The special senses, particularly sight and hearing, may become much less sensitive.
- Some short-term memory may be lost. Long term memories may also fade, alternatively these may come to the forefront.
- Thought processes may slow, reducing the ability to adapt to changes, and perhaps mimicking the effects of psychiatric disorders.

Safety in the Patient's Home

Ambulance crews often need to enter a patient's home. It is paramount that safety is maintained, not only for the patient, but also for the crew and for anyone else involved.

There may be many potential dangers in a home - some examples are:

- Unsecured or damaged floor coverings (rugs, carpets, linoleum, tiles)
- Items obstructing access, especially to exits.
- Items on stairs or the floor which could cause someone to trip.
- Electric or phone cables trailing across a floor.
- Electric cables which are damaged.
- Damaged or faulty electrical appliances.
- Damaged, faulty, or badly positioned heating appliances.
- Inadequate lighting.
- Liquid or other slippery substances spilled onto floors.
- Flammable objects or substances in close proximity to heating appliances.
- Old or discarded food remnants not properly disposed of.

It may be possible for an ambulance crew to clear or deal with some safety hazards, but apart from taking precautions to avoid injury, remedial action to remove hazards is outside the remit of an ambulance crew. It may be necessary or appropriate to request assistance from, or pass information to, other agencies.