



## Guidance on completion of Patient Specific Protocols (PSPs)

### Introduction

This document provides guidance to clinicians on completing a London Ambulance Service (LAS) Patient Specific Protocol (PSP).

PSPs are documents held electronically by the LAS which advise on the following:

- Treatment that is outside standard pre hospital clinical practice guidelines.
- Specific treatment of patients with high risk medical conditions
- Paediatric patients with complicated life limiting conditions where resuscitation should be/should not be withheld

### The Patient Specific Protocol

There are two components to a PSP; an address 'flag' and the PSP document itself. Whenever a 999 call is made from the address detailed on the PSP, a flag will appear on the call taker's screen notifying them that clinical information regarding that patient is held. This same message will also be sent to the computer screen of the ambulance dispatched to the call.

The second part of the PSP is the document itself. We currently advise that patients carry a copy with them and make it available to the ambulance crew immediately upon their arrival. When our staff are with or en route to a patient they can also contact the ambulance control room to enquire about information held on the PSP.

Please ensure that you advise the patient (or the patient's relative/carer) that they must show the PSP document to the ambulance crew immediately upon their arrival.

The PSP should briefly explain the reason for the protocol and the treatment to be delivered. The 'ambulance specific instructions' should be written very clearly and concisely so as to avoid any ambiguity/confusion. Where possible, please keep the PSP to one page.

We hold templates for specific conditions such as childhood adrenal insufficiency crisis, LVAD patients, transplant patients, patients at risk of neutropenic sepsis, COPD and paediatric end of life care.

### Renewal of PSPs

PSPs **must** have a review date of up to one, two or three years. It is crucial that we are contacted prior to the review date and provided with an updated version of the patient's PSP, even if the only change is an update to the review date. If we do not receive an updated PSP the 'flag' will automatically be removed from the patient's address. We will not contact you to inform you that the review date is approaching.

The referring clinician should inform the patient that their PSP details and address will be held electronically by the LAS and ensure that consent is sought.

The PSP should be written in a standard font, the templates are set in Times New Roman (font size 12). The **BOLD** sections are the title sections, normal font should be used for text areas. Spelling, punctuation and grammar should be accurate and consistent throughout, this reduces error in interpretation by clinicians in potentially time critical situations.

Once a PSP has been completed, please email it to our administrative team on [psp.las@nhs.net](mailto:psp.las@nhs.net). This will then be forwarded to the Medical Directorate for approval and returned so you may issue a copy to the patient. Please note, we no longer accept faxed documents. Please see below for an example of a well completed PSP.



**London Ambulance Service NHS Trust**  
**Patient Specific Protocol**

This document must be shown to the ambulance crew immediately upon their arrival

**This protocol has been specifically prepared for the patient named below  
and details the treatment to be given in specified circumstances.**

**Patient's Name:**

**Date of Birth:**

**Address:**

**NHS Number:**

**Reason for protocol: Oxygen Sensitivity**

The above patient is known to be at risk of hypercapnic respiratory failure should they receive high flow oxygen.

In an emergency please give controlled oxygen therapy to maintain oxygen saturations not higher than 88%-92% even in sepsis and trauma.

**The lowest flow rate possible to maintain target saturations should be used, including lowering rate once in range.**

**Specific Treatment / Instructions:**

Please ensure the patient has used their own air driven nebuliser before transporting to hospital if held.

Do not nebulise with oxygen under any circumstance.

**If required please transport to the nearest A&E Department.**

**All other aspects of clinical care remain unchanged.**

**If required contact EOC and ask for the Clinical Support Desk**

Referring Clinicians: XXXXXXXX

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Review Date: