

Legevaktleger og rød respons

Hvem er pasientene, hvem varsles og hvem rykker ut?

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Nasjonalt kompetansesenter for legevaktmedisin

Stiftelsen norsk luftambulanse



Rød respons;

**potensiell eller manifest livstruende
situasjon**



Bakgrunn

- **Kommunehelsetjenesteloven**
 - Enhver har rett til nødvendig helsehjelp i den kommune der han eller hun bor eller midlertidig oppholder seg
- **Forskrift om krav til akuttmedisinske tjenester utenfor sykehus**
 - Med kommunal legevaktordning menes en organisert virksomhet som gjennom hele døgnet skal vurdere henvendelser om øyeblikkelig hjelp, herunder foreta den oppfølging som anses nødvendig

Organisatoriske forskjeller..



Foto: Anders Kroken



Foto: Jesper Blinkenberg

Kompetanse

- **Formelle krav**

- En legevaktlege skal være utdannet lege med norsk autorisasjon



Kompetanse

- **Om akuttmedisinsk beredskap**
 - Minstekrav til kompetanse ikke ønskelig, henviser til faglig forsvarlighet



St.meld. nr. 43

(1999-2000)

Om akuttmedisinsk beredskap

*Titrading fra Sosial- og helsedepartementet av 30. juni 2000,
godkjent i statsråd samme dag.*

Kompetanse

- **Praktiske ferdigheter**

- Flertallet av fastleger som deltar i legevakt sier seg trygge på akuttmedisinske prosedyrer – også dem de sjelden/aldri har erfaring med
- Erfaring i venekanylering, oksygen på maske og medikamenter intravenøst

Prehospital care



Norwegian regular general practitioners' experiences with out-of-hours emergency situations and procedures

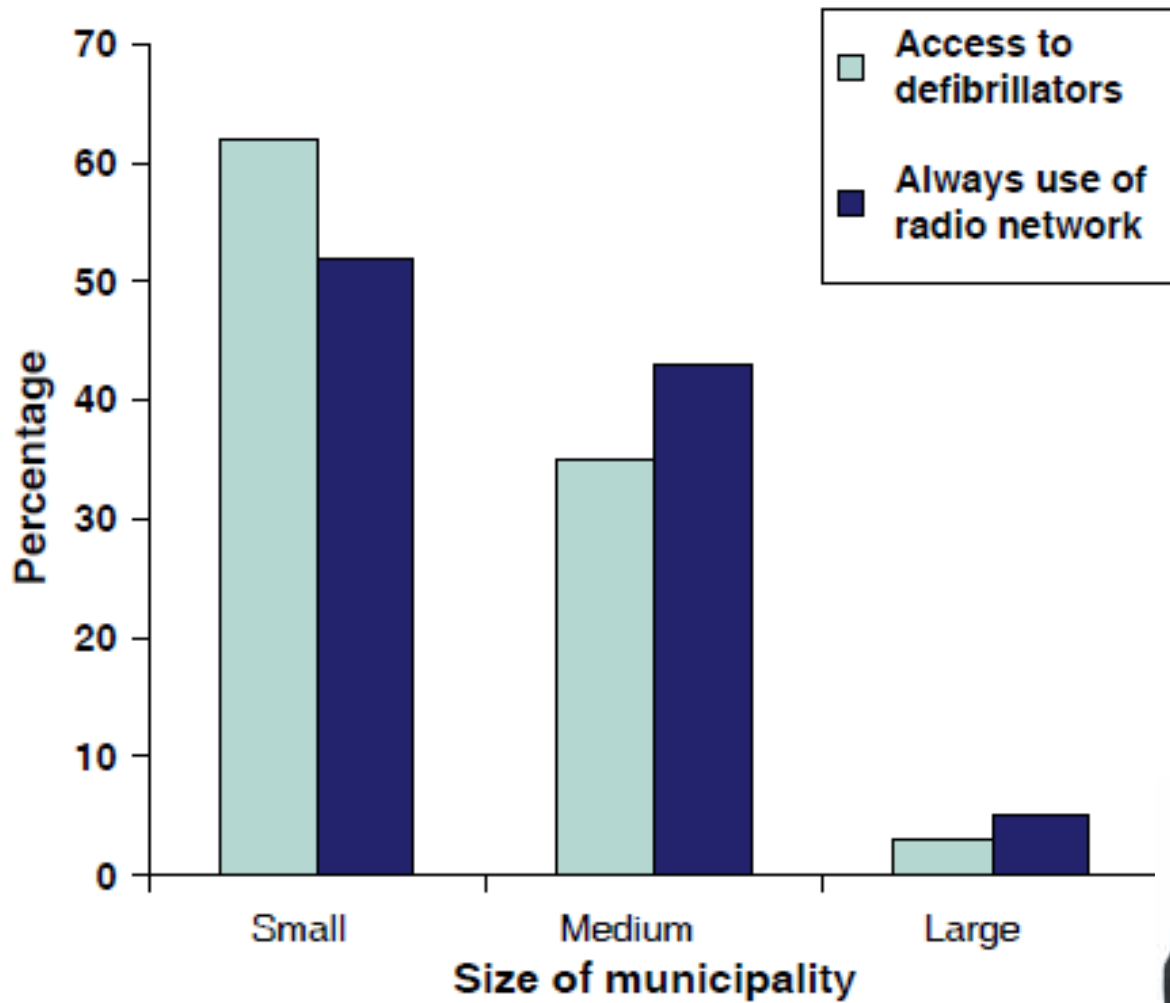
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Tilgjengelighet

- Riksrevisjonen

- **AMK og ambulansetjenesten får ikke kontakt med legevaktlegen**
- **Flere steder rykker ikke primærleger ut på skadestedet og bistår ambulansespersonellet**





Forskjellige tilgjengelighet..



Zakariassen E, Hunnskaar S. Involvement in emergency situations by primary care doctors on-call in Norway – a prospective population-based observational study

BMC Emerg Med. 2010; 10: 5

Database and Hunnskaar BMC Emergency Medicine 2010, 10:5
http://www.biomedcentral.com/1071-2264/10/5

BMC
Emergency Medicine
Open Access

RESEARCH ARTICLE

Involvement in emergency situations by primary care doctors on-call in Norway - a prospective population-based observational study

Trine Zakariassen^{1*}, Steinar Hunnskaar²

Abstract

Background: Primary care doctors on-call in the emergency primary health care services in Norway are, together with the ambulance, the primary resources for handling emergencies outside hospitals. There is a lack of reliable data for Norway on how often the primary care doctors are alerted and on their response in the most urgent emergency cases. The aim of this study was to investigate how doctors on-call are involved in real emergency situations, using three different emergency medical communication centres (EMCC) as inclusion area for a prospective population-based study.

Methods: In the period from October to December 2007 three dispatch centres covering approximately 610 000 inhabitants prospectively recorded all acute emergency cases, ambulance records, air ambulance records and records from the doctors on-call were collected. NACA score was used to define the severity of the emergencies.

Results: 128 cases were classified as real emergencies during the period. We have complete base recordings (EMCC) during 100% of all real emergency records, air ambulance records and records from doctors on-call in 95% of the cases. Ambulances were alerted in 90% and doctors on-call in 43% of the cases, but there were large differences between the three EMCCs. Doctors on-call responded with call-out in 40% of the alerted cases. 30% of all patients were taken to a casualty clinic, 40% were admitted to hospital by a doctor and 30% were taken directly to hospital by ambulance, to USA, primary care doctors on-call took action just in 40% of all real emergency cases, and together with 12% ambulance activity the primary health care services were involved in 50% of the cases. 20% of the cases were classified as life-threatening. Call-out by doctors on-call were found to be more frequent in life-threatening situations compared with non life-threatening situations.

Conclusion: Doctors on-call (3%) on daytime were involved in half of all real emergencies. There were large differences between the EMCCs in the frequency of doctors alerted. The involvement in three EMCCs were thus different (different types) of professional competencies in emergency situations outside hospitals.

Background

The primary resources in the Norwegian pre-hospital emergency care system are the ambulance and the primary care doctors (ambulance personnel and primary care doctors on-call). This constitutes a major part of the "chain of survival", the doctors being especially prominent as an important resource in rural areas [1].

In Norway, the municipalities are responsible for the emergency primary healthcare system, including the

and of home services, primary care doctors on-call, casualty clinics and local emergency medical communication centres (EMCC) [2]. The doctors have an obligation to take part in the national and nationwide medical radio network (radio) and as the national standard for communication between doctors on-call, ambulance personnel and the emergency medical communication centres (EMCC) (dispatch centres) [2].

The central government is responsible for the national health care system (hospitals, EMCCs), general and local ambulance and the national air ambulance service, staffed with specialists. An important principle in the health care system in Norway is the gatekeeper function

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Rød respons ved 3 AMK sentraler

- **Resultat**

- 5 105 situasjoner fikk koden rød respons i perioden
- Ambulansen ble varslet i 96 % av tilfellene og legevaktlegene i 47 % av tilfellene
- Store geografiske forskjeller
- Legevaktlegen rykket ut i 42 % av tilfellene der de ble varslet av AMK

Epidemiologi – rød respons

- Indeks koder

– A10 Brystsmerter – hjertesykdom	22 %
– A05 Bestilt oppdrag	18 %
– A06 Uavklart problem	14 %
– A34/35 Ulykker	12 %
– A01/02 Bevisstløs	8 %
– Annet	26 %

Internasjonal klassifisering i primærhelsetjenesten - ICPC skår

A05 – bestilte oppdrag

36 % kardiovaskulære symptomer

14 % respirasjonsbesvær

A06 – uavklart problem


40 % syncope/bevisstløshet

14 % nevrologi

Andre ICPC symptomkoder er innen mage/tarm, psykiatri, skader, sosiale probl, fødselsproblematikk, kjønnsorganer, øye, etc

- **90 % av RR er sykdomstilstander**
- **70 % er en ikke-livstruende situasjon**
- **De færreste har protokollstyrt behandling (AHLR i 2 % av RR)**

Zakariassen et al. *Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine* 2010, **18**:9
<http://www.sjtem.com/content/18/1/9>

 SCANDINAVIAN JOURNAL OF
trauma, resuscitation
& emergency medicine

ORIGINAL RESEARCH

Open Access

The epidemiology of medical emergency contacts outside hospitals in Norway - a prospective population based study

Erik Zakariassen^{1,2*}, Robert Anders Burman¹, Steinar Hunskaar^{1,3}

- **Pasienter 50 år og eldre representerer nærmere 60 % av alle røde responser og 30 % er eldre en 70 år**



- **35 % ble lagt inn på sykehus av lege**
- **24 % ble fraktet direkte til sykehus uten involvering av lege**
- **26 % av pasientene ble transportert til legevaktene**



Foto: Gerry Birkeland

- **LV-legene rykket oftest ut på de livstruende situasjonene**
- **Dobbelt så mange ble kjørt til sykehus når LV-legen ikke ble varslet, sammenlignet med når LV-legen ble varslet**

