MDT Quick Start Guide

Updated **May 2024**

Identifiers and Departments

Navigate to the **EMS** section of the CAD. This will load the MDT and allow you to book on.

Review your **identifier** – click the **red** button at the top of the MDT to book on.

Unit Number - This is your unique callsign or registration.

Name - This is the name you use as Trust staff.

Rank - This is your role within the service. (**Emergency Ambulance Crew** by default)

Agency - The organisation you are working for, **London Ambulance Service**.

Departments - Select the service you are working with:

- **Central PES** (Core service, operating from the City)

- **North PES** (Core service, operating from the North)

- **HART** (Hazardous Area Response Team)

- **HEMS** (London's Air Ambulance)

- **APP** (Advanced Paramedic)

Status Updates

There are two methods to change your status – via the MDT by selecting one of the buttons along the top, or by using the `/st [status]` command. When EOC is available, you can call Control and ask them to update your status, however this is not the preferred method.

Where your status is **BUSY**, arrangements should be made with Control on which circumstances you are able to attend incidents. For example, if you are performing vehicle checks, you may be able to attend a **Cat. 1** incident once you have checked essential equipment. If you are completing paperwork for a previous incident, you should not be attending another incident.

BUSY	UNAVAILABLE	AVAILABLE	ENROUTE	ON SCENE	PANIC

BUSY
- Transferring patient to hospital (unable to attend incidents)
- Completing paperwork (may be able to attend Cat. 1 incidents)
- Performing vehicle checks (may be able to attend Cat. 1 incidents)

UNAVAILABLE
- Unable to attend incidents (and unreachable via radio)

AVAILABLE
- Clear and able to attend incidents

ENROUTE
- Responding to an incident (able to attend higher priority incidents)

ON SCENE
- At the scene of an incident (unable to attend other incidents)

PANIC
- EMERGENCY USE ONLY

Text Messages

The MDT does not support text messages between resources and Control. To send a text message for **non-urgent** queries, use the radio communications system to send a message.

Open Text Chat
Poke Client
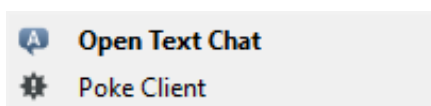
Incident Assignment

When EOC is available, you will be assigned to an incident using the MDT. You will hear an alert tone, and (if configured) a voice will read out the type of incident and the approximate location. In addition to this, Control may contact you via radio to provide further details.

Control may occasionally need to send alerts to your MDT, warning you of danger at scene or asking you to stand down. In this case, an audible alert and voice will play via your MDT.

Do not rely on Control to contact you via radio – pay attention to your MDT.

Patient Report Forms (PRFs)

Patient report forms should be completed for each patient after an incident. The form usually between 5 and 15 minutes to complete, depending on the complexity of the patient's condition and the actions taken. This time should be set aside before you clear from an incident and make yourself available.

Any fields in gold or red are required. The required fields help to prompt you if you are unsure how to proceed with a patient. Other fields can be completed if necessary, or if you have the information to hand.

Note-taking during an incident is strongly encouraged to assist your record-keeping. Each form will be checked and approved by a member of the supervising team.

Activation Details

This section covers the details of the incident that you were assigned to. If the police are also in attendance, collect a collar number from an officer at scene and record this.

Patient Details

You can search for an existing patient to link the record to their profile, or you can manually record their information if their details cannot be found – this will **not** add to their profile.

Searching for a patient may also pull through details on allergies and past medical history, so that you can easily find this vital information. Any changes made to the patient's medical information will **not** reflect on their profile.

History

Presenting Complaint
What is the main problem with the patient? (e.g. Headache, Chest Pain, RTC)

History of Presenting Complaint
What are the events leading up to the patient needing an ambulance? Include any self-described symptoms.

On Examination
Include any signs and symptoms that you discover whilst assessing the patient. Include any physical injuries that you discover during assessment.

Observations

You can duplicate this section as many times as you need in order to record all observations taken. You should record at least **two** sets of observations for each patient.

Drug Administration

You can duplicate this section as many times as you need in order to record all medications administered. This section includes **Oxygen**, **Nitrous Oxide** and **Sodium Chloride 0.9%** - ensure that administration of these is also recorded.

Special Circumstances

For certain incidents, we need to record additional information. You can select any of the options that apply to this particular incident, then complete the new sections that appear.

If any airway management was required, including during resuscitation, select **Airway Management Required**. If the patient entered cardiac arrest at any point, select **Cardiac Arrest**. If the patient was deceased, select **Recognition of Life Extinct (RoLE)**. If the incident involved an RTC, and the patient was inside the vehicle at the time of the collision, select **Road Traffic Collision**.

Outcome

Complete all required fields that appear based on your chosen pathway. Alternative pathways (such as referrals to outside services) will require you to provide advice to the patient in case their condition deteriorates.

Final Impression is your idea of what is wrong with the patient. This gives a final overview of your diagnosis, and does not require large amounts of detail. For example, 'STEMI', 'Stroke' or 'Chest Infection'.

Include a **Clear Time** – this is the time that you complete the paperwork and clear from the incident.

Incident Reporting Forms (IRFs)

Where an incident has occurred during a shift, staff must complete and submit an Incident Reporting Form (IRF/DATIX) as soon as practically possible. If a duty officer is available, staff should consider contacting them – this is not necessary in most cases.

Any fields in gold or red are required, however you should provide as much detail as possible so that your report can be properly investigated by the supervising team.

Include any members of the Trust that were present at the incident – this helps the supervising team to investigate the issue.

Staff must not include any patient information in any incident reports. Where patient care is involved, PRFs can be linked using the feature at the bottom of the incident report.