

example, it had the third highest donation rate in the 16 regions of the United Kingdom.<sup>5</sup> Although nearly 300 000 people have registered, this represents just 14% of the adult population and is somewhat less than the proportion (20%) of people who carry donor cards in the United Kingdom. The recording of attitudes to blood donation has been more successful. Most registrants agreed to be blood donors. In 1992, 2176 names were offered to the blood transfusion service, which subsequently obtained 2181 extra units of blood.

Over the next 10 years the donor registry is likely to enlarge by another 150 000 names. At present, how-

ever, it is too small to have a substantial effect on the numbers of donors.

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- 2 Gore SM, Cable DJ, Holland AJ. Organ donation from intensive care units in England and Wales: two year confidential audit of deaths in intensive care. *BMJ* 1992;304:349-55.
- 3 Smith MAM, Harvey I, Frankel S, Coupe DJ, Webb M, Cripps HA. Potential availability of cadaver organs for transplantation. *BMJ* 1991;302:1053-5.
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- 5 United Kingdom Transplant Support Service. *Annual report 1991/1992*. Bristol: UKTSS, 1992.

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## Use of a telephone advice line in an accident and emergency department

Conor V Egleston, Helen C Kelly, Andrew R Cope

Accident and Emergency Department, Peterborough District Hospital, Peterborough, Cambridgeshire PE3 6DA  
Conor V Egleston, registrar  
Helen C Kelly, staff nurse  
Andrew R Cope, consultant

Members of the public often telephone accident and emergency departments for medical advice. The British Association for Accident and Emergency Medicine has guidelines for handling these inquiries to ensure quality of service.<sup>1</sup> We studied this department's advice line to determine who requests advice, why advice is sought, the quality of advice given, and callers' satisfaction.

### Subjects, methods, and results

Telephone calls to our department requesting advice are tape recorded and dealt with by a trained nurse (of at least six months' experience) or a doctor as an additional duty. During the study (19 October to 4 December 1992) we recorded the caller's and patient's names; their relationship; the sex, age, and medical problem of the patient; and the address and telephone number of the caller. Patients were advised to attend our department or their general practitioner or were given some other advice. All callers were then telephoned or sent a questionnaire within 72 hours to find out what action they had taken and how satisfied they had been with the advice. If not fully satisfied they were asked to give their reasons. All advice was assessed by the department's consultants and registrar (CVE).

During the study 145 calls were made, 104 of which were followed up; 41 callers did not respond to a postal questionnaire. The 104 calls concerned 108 patients, half of whom were male; patients' ages ranged from 3 months to 86 years, and 39 were aged 5 years or less. Thirty four calls were made by the patient and 70 by someone else—chiefly mothers (39 calls), fathers (seven), partners (six), and friends (five). Seventy five callers were women and 29 men.

Details of 104 calls to accident and emergency department's telephone advice lines

| Caller's relationship to patient | Patient's problem |              |                       |                |                             |        |                        |
|----------------------------------|-------------------|--------------|-----------------------|----------------|-----------------------------|--------|------------------------|
|                                  | Medical           | Minor trauma | Overdose or ingestion | Gynaecological | Problems with plaster casts | Dental | Foreign body ingestion |
| Self                             | 15                | 13           |                       | 2              | 1                           | 3      |                        |
| Mother                           | 9                 | 19           | 7                     |                | 2                           |        | 3                      |
| Father                           | 3                 | 2            | 1                     |                |                             |        | 1                      |
| Partner or spouse                | 4                 | 2            |                       |                |                             |        |                        |
| Grandmother                      | 1                 | 1            | 1                     |                |                             |        |                        |
| Sister                           |                   | 1            | 1                     |                |                             |        |                        |
| Friend                           | 3                 | 2            |                       |                |                             |        |                        |
| Employer or school               | 1                 | 1            | 1                     |                |                             |        |                        |
| Other                            | 1                 | 3            |                       |                |                             |        |                        |
| Total                            | 37                | 44           | 11                    | 2              | 3                           | 3      | 4                      |

Forty six calls concerned paediatric patients (14 years or younger) and dealt with minor trauma (22 calls), medical problems (12), accidental ingestion of drugs or other substances (eight), and ingestion or insertion of foreign bodies (four). The 58 calls concerning adult patients were mostly about medical problems (25) and minor trauma (22), with overdose, problems with plaster casts, and dental problems each having three calls (table).

Fifteen callers were advised to attend their general practitioner and 12 complied; 67 were advised to attend this department and 65 complied; and 22 were given other advice, with which they all complied. Overall, 99 callers complied with the advice, which was given in 78 (75%) calls by a nurse and in 26 (25%) by a doctor. The advice was appropriate in 102 cases. Two callers were given inappropriate advice: one patient with a painful filling was told to attend this department rather than a dentist, and a mother was advised to bring her child who had ingested harmless amounts of antifungal cream to the department.

One hundred callers were fully satisfied with the advice. Two men were partially satisfied because they did not consider it necessary to attend the department as appropriately advised after having been bitten by a pet rat in one case and for dizziness after a head injury in the other. Two mothers whose young children had ingested harmless amounts of drugs were dissatisfied with the advice given; one was inappropriately advised to attend as described in the previous paragraph and the other was correctly advised to take no action.

### Comment

There is a public demand for medical advice available over the telephone. The National Audit Office encourages advice lines as a means of encouraging appropriate attendances at accident and emergency departments.<sup>2</sup> Swedish studies of such a service seem encouraging,<sup>3</sup> but American research is less enthusiastic.<sup>4,5</sup> Our service requires no additional staff and uses a half speed tape recorder costing £80.00 and one 90 minute tape a month to record about 70 calls. We conclude that our advice line is a low cost, safe service that provides public access to health information and encourages consultation with a doctor as appropriate.

- 1 British Association for Accident and Emergency Medicine Clinical Services Committee. *Guidelines on the handling of telephone enquiries in accident and emergency departments*. London: British Association for Accident and Emergency Medicine, 1992.
- 2 National Audit Office. *NHS accident and emergency departments in England*. London: HMSO, 1992.
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