




## Distribution of Ambulances to Cork City Hospitals

April 2016

1. Every effort will be undertaken to minimise Ambulance clinical handover delays in line with National Ambulance Service (NAS) Turnaround and Clinical Handover Framework Document (currently in draft).
2. Distribution of ambulances should be continuously maintained as closely as possible to a 2:1 CUH:MUH distribution ratio to prevent offload delays.
3. The following conditions should be brought directly to CUH Emergency Dept (ED):
  - i. Major Trauma
  - ii. Probable neck of femur fracture
  - iii. Probable long bone fracture
  - iv. Acute STEMI
  - v. Recent admission to CUH in last 4 weeks
  - vi. Haemodialysis patients
  - vii. Vascular Emergency if CUH is on call for Vascular surgery
  - viii. Psychiatry patient from South of the River Lee area
4. The Mercy Hospital is capable of taking all patients with the exclusion of i-viii. In addition the following patients should be brought to MUH ED:
  - i. Recent admission to MUH in last 4 weeks
  - ii. Vascular Emergency if MUH is on call for Vascular
  - iii. Psychiatry patient from North of the River Lee area who does not have conditions i-viii

5. There are times when the GP referral letter is addressed to a particular hospital without having spoken to a receiving team in that hospital; the above criteria trump such a GP letter.
6. This will be reviewed at four months (from time of introduction) by Cork Hospitals/NAS Group.

**This document should be used in conjunction with the National Ambulance Service Trauma Access Protocol.**



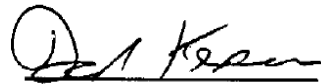
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