Deteriorating Patient Policy (including the Recognition and Escalation of Suspected Sepsis) (N-062)

Version Number:	1.2
Author (name & job title)	Tracy Flanagan, Deputy Director of Nursing, Allied Health and Social Care Professionals
	John Sands, Resuscitation Officer
	Sadie Milner, Quality Standards Practice Development Nurse
	Debbie Davies, Infection Prevention and Control Lead Nurse
Executive Lead (name & job title):	Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals
Name of approving body:	Quality and Patient Safety Group
Date full policy approved:	July 2019
Date Ratified at Trust Board:	August 2019
Next Full Review date:	December 2025

Minor amendments made prior to full review date above (see appended document control sheet for details)	
Date approved by Lead Director:	23 December 2022 – Hilary Gledhill
Date EMT as approving body notified for information:	December 2022

Policies should be accessed via the Trust intranet to ensure the current version is used

Contents

1. INTRODUCTION

When patients are admitted to our services for care and treatment they should be assured they are entering a place of safety and will receive the best possible care. They should feel confident that, should their condition deteriorate that they will receive prompt, appropriate and effective treatment.

Key determinants in effective recognition, care and management of the deteriorating patient are competent and confident health care professionals (HCPs), effective communication and high quality clinical record keeping.

This policy aims to describe the actions the Trust is taking in respect of these key determinants in respect of the care and management of the deteriorating patient including early recognition escalation of patients with suspected sepsis.

The protocol aims to address the key questions of what should be done, when, where and by whom. It provides a framework for working in multi-disciplinary teams to standardise practice and reduces variation in the treatment of the deteriorating patients.

2. SCOPE

This policy applies to all Trust clinical and medical staff and includes; contract, locum, agency staff and all clinical staff working in partnership arrangements. This policy relates to all patients and includes children and adults.

3. DUTIES AND RESPONSIBILITIES

3.1. Chief Executive
- Ensure that all medical and nursing staff are aware of this and other policies and guidance which relate to this policy.
- Assure the Board that the policy is acted upon through delegation to the appropriate directorates and committees.

3.2. Executive Medical Director and Executive Director of Nursing, Allied Health and Social Care Professionals
- The Director of Nursing, Allied Health and Social Care Professionals and Medical Director are the executive leads for this policy and are responsible for overseeing the implementation of the policy into practice
- Ensure that all medical and nursing staff are aware of this and other policies and guidance which relate to this policy.
- Ensure that adequate training is given to allow medical, nursing and allied health professionals to safely implement the policy.

3.3. Medical Staff
- Ensure that they are aware of the contents of this policy and supporting policies.
- Ensure that their physical examination skills are maintained in accordance with General Medical Council (GMC) requirements.
- Ensure and where clinically appropriate perform physical examinations and investigations.
- Ensure and where appropriate complete all relevant documentation in relation to physical examination and investigations.
- Ensure that they proactively follow up the receipt of results via the electronic systems to ensure that any abnormal or out of range results are acted upon in a timely manner, with a clear documented plan for escalation within an acute hospital setting where needed.

- Ensure the safe transfer of patients to and from acute hospitals where required.

3.4. Matron/Ward/Team Manager
- Ensure that all staff are aware of this and other policies and guidance which relates to this policy.
- Ensure that adequate training is provided to allow staff to safely implement the guidelines.
- Ensure that all staff have the relevant skills and competencies with regards to undertake vital signs monitoring
- Audit compliance against this policy
- Escalate the deterioration of a patient to the medical staff and or take action as soon as practicable
- Dial 999 in a medical emergency

3.5. Registered Nursing Staff
- Be fully aware of the contents of this policy and supporting policies and guidance. Monitor vital signs and record and report NEWS2 score as outlined in this policy
- Escalate the deterioration of a patient to the nurse in charge as soon as practicable
- Dial 999 in a medical emergency
- Ensure the completion of timely and accurate records

3.6. All Clinical Staff
- Be fully aware of the contents of this policy and supporting policies and guidance.
- Support registered nursing staff and medical staff to implement the policy.
- Escalate the deterioration of a patient to the nurse in charge as soon as practicable.

4. PROCEDURES RELATED TO THIS POLICY

Early recognition and appropriate and timely management of the deteriorating patient is required in order to provide the patient with the best possible outcome. The Trust implemented the use of the NEWS2 across the organisation in 2018, as recommended by the Royal College of Physicians (2017), as a standardised track and trigger system to alert clinical teams to any clinical deterioration.

In addition to NEWS2 the Trust has approved the use of a Sepsis Screening and Action Tool which must be completed when The NEWS2 score is 5 or above, the patient looks ill (to a health professional or an unusually concerned relative),or has any signs of infection.

Whilst the Sepsis Six is recognised as having a significant impact on patient outcomes Humber Teaching NHS Trust acknowledges that whilst the Trust is a diverse organisation it is not an acute hospital trust and therefore does not have the critical care resources and skills to carry out the Sepsis Six in its entirety. As such the trust recommends the following action should be taken: Appropriately escalate, where available administer oxygen to maintain oxygen saturation level within appropriate parameters (see protocol), obtain IV access where appropriate and commence IV fluid challenge, continue to monitor patient's vital signs using NEWS2 and measure urine output when able to do so.

The Trust advocates the use of SBARD tool as a structured and standardised tool providing a framework for effective communication.

High quality clinical record keeping requires accurate recording of vital signs on the NEWS2 chart and documentation within the clinical records, the details of the patient's condition and all actions undertaken. The Trust will seek assurance that high quality clinical record keeping is maintained through audit via MyAssurance.

Humber Teaching NHS Foundation Trust will provide access to relevant training in relation to this policy to support the development of competent and confident health care professionals.

All staff will follow [Deteriorating Patient Protocol (including recognition and escalation of patient with suspected sepsis)](#) which addresses the key questions of what action should be taken, when, where and by whom. It provides a framework for working in multi-disciplinary teams to standardise practice and reduces variation in the treatment and care of the deteriorating patients. It is based on current best practice guidance.

5. CONSULTATION

This policy and its related protocol have been developed in consultation with:
Physical Health and Medical Devices Group
Resuscitation Officer
Clinical Advisory Group
Infection Prevention and Control Team
Learning and Development Department
Clinical Networks Groups

6. IMPLEMENTATION AND MONITORING

This policy will be implemented as per the Document Control Policy.
Compliance and effectiveness will be monitored through monthly compliance audits via MyAssurance, and patient safety incidents.

Training will be recorded via ESR and/or local training records

7. TRAINING, SUPERVISION AND COMPETENCY ASSESSMENT

All registered and unregistered health care professionals undertaking vital signs monitoring (blood pressure, temperature, pulse, oxygen saturation levels, respiration rate, assessment of consciousness, blood glucose levels) must demonstrate competence, skills and knowledge in relation to the specific task to be undertaken.

Appropriately trained healthcare professionals are asked to recognise and work within the limits of their competence. Registered practitioners have a duty of care to their patients. When delegating a clinical task, for example to an unregistered practitioner, they must ensure that it has been appropriately delegated:

- only delegate tasks and duties that are within the other person's competence
- make sure that everyone they delegate tasks to is adequately supervised and supported
- confirm that the outcome of any task they have delegated to someone else meets the required standard

Details on training, supervision and competency assessment are outlined in Appendix 1.

8. REFERENCES AND SUPPORTING DOCUMENTS

National Patient Safety Agency (NPSA) (2007), Recognising and responding appropriately to early signs of deterioration in hospitalised patients, London, Department of Health.

National Institute of Clinical Excellence (NICE, 2007), Acutely ill patients in hospital: recognition of and responses to acute illness in adults in hospital (CG50), London, NICE.

NHS Institute for Innovation and Improvement (2006), Safer Care – SBAR - Situation, Background, Assessment and Recommendation, Warwick, NHS Institute for Innovation and Improvement. Improvement Hub » Safer Care – SBAR – Situation, Background, Assessment, Recommendation – Implementation and Training Guide (england.nhs.uk)

National Institute of Clinical Excellence NICE NG51 September 2017 Sepsis: recognition, diagnosis and early management

Royal College of Nursing (2017) Standards for Assessing, Measuring and Monitoring Vital Signs in Infants, Children and Young People| Royal College of Nursing (rcn.org.uk)

Royal College of Physicians (2017) National Early Warning Score (NEWS2) 2, standardising the assessment of acute-illness severity in the NHS. Updated report of a working party. London: RCP, 2017

UK Sepsis Trust (2022, The Sepsis Manual, 6th Edition)

9. RELEVANT TRUST POLICIES

- Medical Emergencies and Resuscitation Policy add links to policies
- Physical Health Monitoring Policy and Procedures
- Do Not Attempt Resuscitation and ReSPECT Policy
- Consent to Examination and Treatment Policy

Appendix 1: Training, supervision and competency assessment.

Workbooks and competency assessment forms can be found here.

In order to have online training logged on ESR please contact the training department.

Training type	Applicable to	Delivery method	Frequency	Accessing training	Competency assessment
Care of the deteriorating patient and physical health skills (including NEWS2 and/or PAWS if applicable). • Soft Signs • BP both manual and electronic • Manual pulses • Temperature • Respiratory rate • Oxygen saturation • Assessing consciousness level	All registered and non-registered health care professionals who undertake vital signs monitoring as part of their role requiring a refresher or learning a new skills.	Face-to-face	**Unregistered HCPs** Face to Face once followed by completion of observed practice and competency assessment then annual observed practice and competency assessment by registered HCP **Registered HCPs** Face-to-face as identified through supervision or PADR. Annual observed practice and competency assessment by Clinical Supervisor	Face-to-face via the Learning Centre or One-to-one supervision	Annual observed practice and competency assessment for all relevant HCPs
Sepsis (including NEWS and/or PAWS if applicable)	All registered and non-registered health care professionals in face to face contact with patients.	Face-to-face or e-learning	Face-to-face or e-Learning followed by annual competency assessment by Registered HCP (for HCAs) Clinical Supervisor (for RN)	online at Sepsis E-learning - Sepsis Trust One-to-one supervision	Observed practice/Competency assessment for all relevant HCPs
NEWS2 training (and/or PAWS if applicable)	All registered and non-registered health care professionals who undertake vital signs monitoring as part of their role requiring a refresher or learning new skills.	Face to face e-learning One-to-one	Face-to-face or e-Learning followed by annual competency assessment by registered HCP (for HCAs) clinical supervisor (for RN)	Face to face via the Learning Centre or online at https://news.ocbmedia.com/ or One-to-one supervision	Observed practice /competency assessment for all relevant HCPs
SBARD tool	All registered nurses or AHP who communicate information regarding a patient's deteriorating condition to medical staff, acute hospital team or ambulance service.		Once followed by annual observed practice and competency assessment by registered HCP (for HCAs) clinical supervisor (for RN)	One-to-one supervision	Observed practice /competency assessment for all HCPs

Appendix 2: Document Control Sheet

Document Type	Deteriorating Patient Policy (including the recognition and escalation of suspected sepsis)		
Document Purpose	This policy aims to describe the actions the Trust is taking in respect of these key determinants in respect of the care and management of the deteriorating patient including early recognition escalation of patients with suspected sepsis. The protocol (Section 5) aims to address the key questions of what should be done, when, where and by whom. It provides a framework for working in multi-disciplinary teams to standardise practice and reduces variation in the treatment of the deteriorating patients.		
Consultation/Peer Review:	Date:	Group / Individual	
List in right hand columns consultation groups and dates	May 2019	Physical Health and Medical Devices Group	
	June 2019	Clinical Networks	
Approving Committee:	Quality and Patient Safety Group	Date of Approval:	July 2019
Ratified at:	Quality Committee	Date of Ratification:	August 2019
Training Needs Analysis:	The Trust's expectation is that healthcare staff will receive training on recording of physiological observations and be able to record these on the NEWS2 chart in line with the guidance from the Royal College of Physicians. All clinical staff will keep their physical health examination skills up to date in accordance with their respective codes of conduct.	Financial Resource Impact	No additional financial resources are required as a result of this review.
Equality Impact Assessment undertaken?	Yes [✓]	No [ ]	N/A [ ] Rationale:
Publication and Dissemination	Intranet [✓]	Internet [ ]	Staff Email [✓]
Master version held by:	Author [ ]	HealthAssure [✓]	
Implementation:	As per the Document Control Policy, the author is responsible for ensuring that, once ratified the document is made available on the intranet/internet by informing the Communications Team. Staff will be notified of relevant new or revised Trust documents in the Global email system. Implementation into practice is the responsibility of the relevant division/directorate.		
Monitoring and Compliance:	This policy and its associated procedures will be monitored by the Physical Health and Medical Devices Group which is a subgroup of Trust's Quality and Patient Safety Group.		

Document Change History:			
1.0	*This new policy supersedes the Physical Health and Care of the Deteriorating Patient Policy.*	*July 2019*	*New policy*
1.1	*Updated as per trust competency assessment framework and training. Revised to include sepsis six as per UK Sepsis Trust Sepsis Manual 5th Edition*	*June 2021*	*Minor amendments*
1.2	*Updated as per trust competency assessment framework and training. Revised to include sepsis six as per UK Sepsis Trust Sepsis Manual 6th Edition*	*Dec 22*	*Minor amendments*

Appendix 3: Equality Impact Assessment (EIA)

1. Document or Process or Service Name: Deteriorating Patient Policy (including the recognition and escalation of suspected sepsis)
2. EIA Reviewer (name, job title, base and contact details): Sadie Milner, Quality Standards Practice Development Nurse (RN),
3. Policy and Protocol

Main Aims of the Document, Process or Service
Good physical health is a fundamental part of our health and wellbeing for all. NHS providers of services need to be cognisant of the leading global risk factors for morbidity; high blood pressure, tobacco use, high blood glucose, high cholesterol, physical inactivity, low fruit and vegetable intake and obesity. It is important therefore that physical health is considered as part of the initial assessment and subsequent reviews of people using services within Humber Teaching NHS Foundation Trust. People with mental health problems and people with learning disabilities are more likely to experience major illnesses, to develop them younger and die of them sooner than other citizens.
Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma.

Equality Target Group	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?	How have you arrived at the equality impact score?
1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment	Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern(Amber) High = significant evidence or concern (Red)	a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people Young people Children Early years	Low	This policy is applicable across all ages
Disability	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities: Sensory Physical Learning Mental HEALTH (including cancer, HIV, multiple sclerosis)	Low	This policy is applicable regardless of disability
Sex	Men/Male Women/Female	Low	This policy is not influenced by gender
Marriage/Civil Partnership		Low	This policy is applicable to all regardless of marital status
Pregnancy/ Maternity		Medium	Due to physiological changes during pregnancy NEWS2 is not recommended
Race	Colour Nationality Ethnic/national origins	Low	This policy is not influenced by race or ethnicity

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Religion or Belief	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Medium	Personal beliefs and preferences around medical interventions should be considered as part of holistic assessment.
Sexual Orientation	Lesbian Gay men Bisexual	Low	This policy equally applies to all regardless of sexual orientation
Gender Reassignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	This policy equally applies to all regardless of gender reassignment

Summary

Please describe the main points/actions arising from your assessment that supports your decision.

EIA Reviewer: Sadie Milner - Quality Standards Practice Development Nurse	
Date completed: December 2022	Signature: S Milner