



RECOGNISING AND RESPONDING TO CLINICAL DETERIORATION

Definition / Description:

This procedure provides guidelines for staff to ensure that patients demonstrating signs of clinical deterioration are assessed and reviewed in a timely manner.

On admission all patients will be informed that if they or their relatives are concerned about their condition at any time they should discuss this with their nurse. It is the responsibility of the nurse to review the patient immediately and report any concerns to the Nurse Unit Manager (NUM) who will escalate care if required

Personnel Able To Perform Procedure:

- Patients and carers are able to initiate a response to clinical deterioration.
- All employed clinical Donvale Rehabilitation Hospital staff, Accredited Medical Practitioners, contracted health professionals.

Outcome Standards:

- Patients and carers know how to escalate care if a patient's condition is deteriorating.
- Staff will identify when a patient's condition is deteriorating.
- Appropriate senior clinical staff will be informed immediately of the deterioration.
- Interventions will be implemented in a timely manner to reduce the likelihood of morbidity and mortality.

Process Standards:

- On admission all patients will be informed that if they or their relatives are concerned about their condition at any time they should discuss this with their nurse.
- Posters are displayed in all patient rooms explaining, in simple terms, how to escalate care for anyone to escalate care for patients whose condition is deteriorating.
- The Observation and Response chart MR440 sets out the response to be taken by the clinicians to different levels of abnormal physiological measurements and observations.
- If abnormal parameters are to be tolerated for patients clinical condition the "altered parameters" must be documented and signed by the medical practitioner on the front of the chart. 'Altered parameters in use' box on the main observation page must be ticked.
- The MR440 acts as a "track and trigger" chart tracking deterioration and triggering intervention.
 - Interventions are dependent on the severity of the deterioration-
 - Notify nurse in charge
 - Clinical review
 - Code Blue.
 - **The relevant intervention is to be actioned and documented by the nursing staff**
- Deterioration of the patients' condition must be reported to the nurse in charge of the ward immediately.
 - In addition to deteriorating physiological observations the nurse should report any change in the patient's behaviour which is not normal even if the observations are not outside normal range.
- A full assessment of the patient is to be undertaken by the Nurse in Charge.
- The medical practitioner is informed and treatment plan formulated and documented. Comprehensive documentation of the patient's condition must be completed including assessment, findings, treatment and outcomes on the ISOBAR Communication Tool MR500 or in the patient progress notes. A record of any conversations with the medical practitioner including dates and times must also be documented.
- A 'code blue' is called if the patient's condition is considered serious and extra support is required immediately. Medical staff present in the hospital and senior nursing staff will attend.
 1. Phone numbers are 2222 between 0800hrs and 2000hrs,
 2. Phone 271 between 2000hrs and 0800hrs.
- At Donvale Rehabilitation Hospital there are neither operating theatres nor High Dependency Unit or Intensive Care Unit patients. Risk assessment has identified the patient population as being low risk for rapid patient deterioration. As a result 000 is called and MICA requested for assistance



should rapid support be required. This should arrive within 10 minutes. There is a Cardiac trained nurse available during business hours to provide additional support.

- The Nurse Unit Manager (NUM) or medical practitioner will contact next of kin to inform them of deteriorating condition and treatment plan.
- If there is insufficient time for review of the patient by medical practitioner the NUM will arrange to transfer the patient promptly via ambulance to an acute facility after discussion with the medical practitioner.
- If the NUM is unable to contact a member of the medical practitioner a call to 000 will be made and medical practitioner advised later

- If time permits discussion with the patients referring specialist will occur.
- Copies of all relevant documentation, pathology results, x-rays and medications are sent with the patient.
- All relevant departments are to be notified of the patients transfer by email using the 'Acute transfer' email distribution list.
- Following incidents rated 1 or 2 staff are offered the opportunity to debrief after these episodes
- Incidents and code blue events are entered onto Riskman database.
 - A serious incident review is completed for all rating 1 and 2 incidents
 - The review is discussed and analysed at Clinical Risk and Quality meetings
 - The review is reported and discussed at MAC and the medical Quality meetings

Expected Outcome:

Patients 'at risk' will have early identification through the measurement and documentation of observations.

All clinical concerns about the deteriorating patient are appropriately escalated and acted upon. Patients and/or carers can participate in escalating care if concerned about clinical deterioration. The likelihood of morbidity or mortality is minimized.

Related Documents:

1. NSQHC Standards – Recognising & Responding to Acute Deterioration
2. RHC Recognising & Responding to Clinical Deterioration Policy
3. MR440 Observation & Response Chart