

Escalation planning, including head injury after fall as inpatient – NMU only - Full Clinical Guideline

Reference no.: CG – PALL/2015/001 v3.0.0

1. Introduction

The Nightingale Macmillan Unit (NMU) inpatient team subscribe to Trust policies. However, patients on NMU are often acknowledged to be in a phase of deterioration that cannot be reversed. This group of patients all have unique circumstances and it is not always appropriate to implement Trust policies and guidelines in their entirety. For example, regular neurological observations can be an unnecessary intrusion.

2. Aim and Purpose

Within 24hrs of admission and every subsequent Friday each patient's prognosis is considered by the senior medical team and documented on an 'escalation plan sticker' and placed in the patient's case notes. The anticipated prognosis falls into one of three prognostic groups detailed below. This guides escalation decisions with regard to:

- Head injury management
- Need for medical discussion, review and investigation in case of deterioration out of hours.

3. Prognostic Groups

Group 1 Continued deterioration is expected

In this group the patient has frequently been recognised as dying or may have consistent, clear, appropriate wishes that they do not want escalation of care or any life prolonging measures.

Management in case of deterioration: For nurse led management. Not for unplanned investigations. Not for routine review by out of hours doctor. To be escalated to on call consultant if patient exhibiting symptoms despite best nurse management.

Management in case of head injury: Routine or neurological observations are not required. They are likely to be abnormal and will not lead to a change in the patient's management. Patients should be spared this intrusion in their dying phase.

Group 2 Deterioration is not currently expected but approach would be palliative

In this patient group if clinical deterioration does occur aggressive treatment is unlikely to be effective due to extent of disease and is likely to be of greater burden to the patient.

Management in case of deterioration: Call the on-call palliative medicine consultant to make an escalation decision prior to calling the out of hours team.

Management in case of head injury: Aggressive medical management is unlikely to be beneficial but will be decided on a case-by-case basis. Contact the on call consultant to decide whether on-going neurological observations are beneficial.

Group 3 Deterioration is not expected and the patient should receive usual medical management initially

Management in case of deterioration: For nursing staff to seek medical review as per usual Trust guidance and policies

Management in case of head injury: The Trust head injury policy should be followed completely. If a CT head scan is indicated please inform the on call consultant immediately.

If there is any uncertainty concerning the group to which a patient has been assigned or to the escalation plan itself or if the circumstances of the head injury are unusual the on-call consultant’s opinion should be sought.

4. Documentation Controls

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Consultation with:	
Approved By:	Palliative Care – April 2021 CDCS – 11/08/2020
Review Date:	April 2024
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5. Appendix

NMU Escalation plan sticker

NMU Escalation Plan			
Name:		Date:	
Comments:			
1.	Continued deterioration expected. Not for routine review by out of hours doctors. Not for investigations. For Nurse led management. In the case of head injury: not for imaging or neuro observations.		
2.	Deterioration is not currently expected but approach would be palliative. If change in condition, or head injury: for review by our of hours doctor and then to be discussed with on call Palliative Medicine Consultant before investigations and/or treatment initiated.		
3.	Deterioration is not expected. For usual medical management. For review by out of hours doctor and to inform on call Palliative Medicine Consultant of changes in treatment. In the event of head injury, imaging would be appropriate.		
SIGN:			
If any concern about management; to discuss with the Palliative Medicine Consultant on call.			

NMU Escalation Plan			
Name:		Date:	
Comments:			
7.	Continued deterioration expected. Not for routine review by out of hours doctors. Not for investigations. For Nurse led management. In the case of head injury: not for imaging or neuro observations.		
8.	Deterioration is not currently expected but approach would be palliative. If change in condition, or head injury: for review by our of hours doctor and then to be discussed with on call Palliative Medicine Consultant before investigations and/or treatment initiated.		
9.	Deterioration is not expected. For usual medical management. For review by out of hours doctor and to inform on call Palliative Medicine Consultant of changes in treatment. In the event of head injury, imaging would be appropriate.		
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NMU Escalation Plan			
Name:		Date:	
Comments:			
4.	Continued deterioration expected. Not for routine review by out of hours doctors. Not for investigations. For Nurse led management. In the case of head injury: not for imaging or neuro observations.		
5.	Deterioration is not currently expected but approach would be palliative. If change in condition, or head injury: for review by our of hours doctor and then to be discussed with on call Palliative Medicine Consultant before investigations and/or treatment initiated.		
6.	Deterioration is not expected. For usual medical management. For review by out of hours doctor and to inform on call Palliative Medicine Consultant of changes in treatment. In the event of head injury, imaging would be appropriate.		
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NMU Escalation Plan			
Name:		Date:	
Comments:			
10.	Continued deterioration expected. Not for routine review by out of hours doctors. Not for investigations. For Nurse led management. In the case of head injury: not for imaging or neuro observations.		
11.	Deterioration is not currently expected but approach would be palliative. If change in condition, or head injury: for review by our of hours doctor and then to be discussed with on call Palliative Medicine Consultant before investigations and/or treatment initiated.		
12.	Deterioration is not expected. For usual medical management. For review by out of hours doctor and to inform on call Palliative Medicine Consultant of changes in treatment. In the event of head injury, imaging would be appropriate.		
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If any concern about management; to discuss with the Palliative Medicine Consultant on call.			