Observations and Escalation for Adult Inpatients - Full Clinical Guideline

Reference no.:CG-TRUST/2023/002

1. Introduction

Our inpatient population is more acutely ill than ever before and therefore they are at greater risk of clinical deterioration. The evidence suggests *(NPSA 2007)* that where a patient's physiological decline can be identified early and responded to quickly by appropriately skilled personnel, serious adverse events can be reduced and patient outcomes improved.

Close monitoring and recording of patient physiological vital signs are paramount in the early detection of acute illness.

2. Aim and Purpose

This guideline aims to outline the minimum standard expected from all clinical staff in the monitoring, recording and escalation of adult physiological vital signs.

3. Definitions, Keywords

Vital Signs	Measures of physiological parameters in order to assess clinical status. Vital signs are an essential part of a patient care and include the measuring and recording of: body temperature, pulse rate, blood pressure, respiratory rate, oxygen saturation % and level of consciousness.
NEWS2 National Early Warning Score	The NEWS 2 (hereafter called NEWS), is a standardised physiological assessment tool designed to monitor and track acutely and critically ill patients, which directs the activation of an escalation response, to ensure that patients are reviewed by an appropriate clinician in a timely manner.
Trigger Score	The score that activates an escalation response
Patientrack	Electronic system used to record observations

4. Key Responsibilities/Duties

General Managers: have a responsibility to ensure that all clinical staff can access appropriate monitoring equipment.

Senior Clinical Staff: have overall clinical responsibility for patients. The Consultant will supervise medical staff in training to ensure that all patients have a documented medical management plan.

Doctors: are responsible in collaboration with the registered nurse to formulate a monitoring plan. This must be documented in the health records and the electronic observation system (Patientrack).

Identifying any exceptions to the NEWS score parameters, in the event that a patient's "normal" baseline observations are outside of the normal parameters as detailed within the NEWS score e.g. patients with chronic obstructive pulmonary disease (COPD) who have a high respiratory rate and a low oxygen saturation.

Matrons: are responsible for ensuring this guideline is disseminated to clinical staff in their areas of responsibility. In collaboration with clinical staff, Matrons must ensure that adverse clinical incidents in relation to physiological monitoring in their clinical area are reported and investigated and action plans produced to prevent further occurrence.

Matrons and Ward Sisters: have a responsibility to ensure that any staff responsible for taking, recording and monitoring observations are competent to undertake vital signs and NEWS, by attending training to recognise acute illness and be knowledgeable of the NEWS escalation.

Individual staff: involved in obtaining, monitoring and recording, interpreting or acting on adult physiological observations have a personal and professional responsibility to ensure:

- They are competent within their scope of professional practice to accurately undertake the obtaining and recording of vital signs in line with this guideline.
- They document all physiological signs by entering the values directly into the Patientrack system (this can be on a NEWS observation chart if Patientrack is not in use).
- They are competent to interpret vital signs and must acknowledge any limitations in their knowledge and competence and seek further training as appropriate.
- They report physiological abnormalities or concerns to a more senior member of the team where appropriate and when directed by the NEWS escalation procedure.
- They are competent in the use of all equipment necessary for the taking and recording of adult physiological observations and take appropriate actions when faulty equipment is identified.
- They are knowledgeable in the use of NEWS and of the actions required by the range of scores generated.
- They report any untoward incident that occurs in relation to the standards laid down in this guideline on the Trust's electronic incident reporting system (Datix).

5. Practice Standards for observations and escalation for adult inpatients

All adult patients admitted to an acute ward environment will have their physiological observations recorded within 15 minutes of arrival using the National Early Warning Score (NEWS) as part of the electronic observation system Patientrack or via a paper chart. Transcription of measurements from one medium to another MUST only happen following a cardiac arrest, where time critical intervention prevents you from locating hardware to input measurements straight into Patientrack. Observations can also be transcribed following Patientrack downtime of considerable length.

The NEWS score will be determined from the measurement of seven parameters, six physiological plus a weighted score for supplementary oxygen. **Six physiological parameters routinely recorded:**

I. Respiratory rate

II. Oxygen saturations

   i. SpO2 Scale 1 94 – 98%

   ii. SpO2 Scale 2 88 – 92% (COPD / Hypercapnic patients/those at risk of CO2 retention)

   iii. Sp02 Covid-19 Scale - 92-94% (in MOST adult inpatients)**

III. Temperature

IV. Blood Pressure

V. Pulse rate

VI. Level of consciousness or new confusion*

*The patient has new-onset confusion, disorientation and/or agitation, where previously their mental state was normal, this will have a score of '3' on NEWS for this parameter. The patient may respond to questions coherently, but there is some confusion, disorientation and/or agitation. For continued or ongoing confusion 'CC' on the ACVPU assessment is selected and will score '0' on the NEWS to avoid escalating to the doctors again.

A weighting score of 2 is added for any patient who requires supplementary oxygen to maintain their prescribed oxygen saturation range, regardless of which SpO2 scale is being used. This is because patients requiring supplementary oxygen are at greater clinical risk.

** Only patients with suspected or confirmed COVID pneumonia should have alteration of Oxygen SpO2 target saturations on prescription as per the guideline for 'Oxygen use for adult patients within hospital'.

In addition to the physiological observations a pain assessment must be performed with every set of observations.

In some clinical circumstances additional monitoring must be considered and the decision documented clearly within the health record. For example:

- Blood sugar
- Neurological observations- Neurological observations must be carried out by a registered nurse or doctor.

Be aware that the NEWS system may not trigger a score in some patients who are acutely unwell. It is vital that clinical staff use their clinical judgement in deciding the frequency of observations recorded especially when there is any clinical concern that the patient is becoming unwell. If a patient is causing clinical concern then follow the procedure for patients scoring 5 or more.

Frequency of Observations

The frequency of observations is directed by the patient's physiological condition and the associated NEWS score.

Concern about a patient's clinical condition should **ALWAYS** override the NEWS if the attending healthcare professional considers it necessary to escalate care.

All adult patients must go on a 4 hourly observation schedule for the first 48 hours of admission. Thereafter the NEWS guideline should be followed for the scheduling of observations. **Exceptions**

- Alteration to practice standards must be considered at an early stage for patients who are acutely ill but will not benefit from an escalation or alteration of therapy i.e. end of life, chronic conditions and speciality areas. Any decisions made must be clearly documented in the medical notes. If a decision has been made that therapy will not be escalated and the patient continues to deteriorate then a decision should be made on the patient's resuscitation status and they should commence on the care of the dying pathway

- In certain clinical conditions patients' normal physiological parameters could trigger inappropriately on the NEWS, indicating an unnecessary increase in the frequency of observations. In these circumstances a variance to the minimum standard should be authorised by a senior clinician, agreed with the nurse in charge and again documented in the medical notes.

- Paediatrics are covered with speciality specific guidelines and policies in relation to observation tools and escalation i.e. Newborn Early Warning Track and Trigger (NEWTT), Paediatric Early Warning Score (PEWS) or Paediatric Observation Priority Score (POPS) (only in Derby CED).

- Maternity patients from 20 weeks gestation should be monitored on the Maternity Obstetric Early Warning Score (MEOWS).

Please read in conjunction with the following policies and guidelines on Koha:

- *ReSPECT*
- *Sepsis - Adults*
- *Oxygen*

Escalation/De-escalation

The NEWS scheduling must be followed for an increase in the frequency of observations depending on the NEWS score. Unless the patient has altered parameters which will need to be set by the doctors who have access to do this.

Patients who have had a NEWS trigger and then go on to have a NEWS score of 4 or less will need to commence a de-escalation observation profile (this will be scheduled by Patientrack automatically). Observations must continue on the same frequency as the trigger, until the patient has had 4 consecutive scores of 4 or less (improved NEWS score). Patientrack will then automatically change the observation profile according to the reduced NEWS score.

5.1 Graduated Escalation

Requirement for a minimum of 4 hourly observations for the first 48 hours for all adult admissions.
Where a patient triggers on the NEWS the escalation process must be followed as indicated in the table below:

NEWS Score	Frequency of Monitoring	Clinical Response	Actions to Consider
0	Minimum 12 hourly	• Continue routine NEWS monitoring	• Routine NEWS2 scoring with each set of observations.
Total 1-2	Minimum 6 hourly	• Inform RN, who must assess the patient • RN to consider increasing frequency of monitoring and/or if escalation is required.	• If concerned escalate to the nurse in charge • Last passed urine? Is fluid balance chart required?
Total 3-4	Minimum 4 hourly	• Inform RN who will review the patient • Decision made as to whether increased frequency of monitoring and/or escalation of clinical care is required	• If concerned escalate to the nurse in charge • Last passed urine? Is fluid balance chart required
3 in single Parameter	Minimum 1 hourly	• Inform RN who must review the patient • Escalate patient to FY1 of parent medical team/Outreach. Out of hours on call FY1/2/NNP/CSP/ACP	• Re-check observations in 30 minutes • Escalate to the nurse in charge • Last passed urine? Is fluid balance chart required? • **THINK SEPSIS**
Total 5 or More URGENT Response threshold	Minimum 1 hourly	• Inform the parent medical team (FY2 or above) for assessment within 1 hour. • Escalate to Outreach/CSP/NNP/ACP *NB. If required escalation is not available/achieved, contact more senior doctor of parent medical team.*	• Re-check observations in 30 minutes • Escalate to the nurse in charge • Commence fluid balance chart • Consider IV fluids, catheterisation • **THINK SEPSIS** • **Consider Amber Care/Respect**
Total 7 or more Emergency Response threshold	Continuous Monitoring of Vital signs	• Urgently inform the F2 or above/Outreach/CSP/NNP/ACP for an immediate assessment within 30 minutes. • Medical team to consider transfer to a level 2 or 3 care facility i.e. HDU/ITU *NB. If required escalation is not available / achieved, contact more senior clinician of parent or HOOH team.*	• Carry out an ABCDE assessment of the patient and initiate treatment e.g. oxygen therapy, cannulation, fluid balance chart etc. • Most patients will need discussion with Senior Clinician (registrar or above) • **THINK SEPSIS** and commence the Sepsis 6 if red flags are present • Close monitoring and a minimum of half hourly observations until score is <5 for 4 hours.

6. Monitoring Compliance and Effectiveness

Monitoring Requirement:	Themes and Trends from deteriorating patient incidents Admissions to ICU as part of the national CQUIN
Monitoring Method:	National CQUIN - Unplanned admissions to ICU Business unit reports presented to Deteriorating Patient Group by the Matrons. Adhoc audits if there are any areas or issues of concern from the incidents entered in Datix Compliance with the AIM course (Acutely Ill Management) reported to the Deteriorating Patient Group.
Report prepared by:	Patient Safety Nurse/Patient Safety Team
Monitoring report presented to:	Deteriorating Patient Group Patient Safety Group ICB
Frequency of report:	Deteriorating Patient Group - monthly Patient Safety Group - quarterly ICB - National CQUIN as part of the Trust contract - quarterly

7. References (including any links to NICE Guidance etc.)

NHS National Patient Safety Agency: *Recognising and responding appropriately to early signs of deterioration in hospital patients. (November 2007).*

Nice: Acutely Ill Patients in hospitals: recognising and responding to deterioration (July 2017)

Royal College of Physician: National Early Warning Score – *Standardising the assessment of acute illness severity in the NHS (December 2017)*

NCEPOD: Time to Intervene (2012)

8. Documentation Controls

Development of Guideline:	Dr Gareth Hughes
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Approved By:	Deteriorating Patient Group - November 2022 Medical Divisional Governance meeting - April 2023 Surgical Divisional Governance meeting - February

	2023 Women's and Childrens Divisional Governance meeting - December 2022 Gareth Hughes, Chair of Deteriorating Patient Group - May 2023 Clinical Guidelines Group August 2023
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