



## **Deteriorating Patient Policy**

**Applicable for all adult patients admitted into Swansea Bay University Health Board and to the Health Board staff who are caring for them.**

*N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document.*

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## INTRODUCTION

Patients who are admitted to hospital believe that they are entering a place of safety, where they, and their families and carers, have a right to believe that they will receive the best possible care. They feel confident that, should their condition deteriorate, they are in the best place for prompt and effective treatment.

Yet there is evidence to the contrary. Patients who are, or become, acutely unwell in hospital may receive suboptimal care. This may be because their deterioration is not recognised, or because – despite indications of clinical deterioration – it is not appreciated, or not acted upon sufficiently rapidly. Communication and documentation are often poor, experience might be lacking and provision of critical care expertise, including admission to critical care areas, delayed.

**NICE 2007**

Physiological observations are fundamental to the identification of a patient's health status. They provide a baseline that facilitates the early identification of clinical deterioration through which it is possible to improve patient mortality outcomes (National Patient Safety Agency, 2007).

Registered and un-registered nurses and other members of the multi- disciplinary team play a pivotal role in recording, monitoring and responding to changes in the deteriorating patient's physiological observations.

### **National Institute of Health and Care – Previously National Institute of Clinical Excellence (NICE) (2007) Acutely Ill Patients in Hospital: Recognition of and Response to Acute Illness in Adults in Hospital**

The National Institute of Health and Care (NICE 2007) produces practical guidance with recommendations for the measurement and recording of a set of physiological observations. They emphasise full clinical assessment, and the need to tailor the written monitoring and management plans to the individual patient's clinical circumstances. Track and trigger systems have been recommended for use so that patients in acute and general inpatient areas whose condition is deteriorating are identified and get the appropriate clinical response.

The guide also emphasised the importance of training. The aim is to ensure that routine measurements are accurately taken and recorded by clinical staff that understand their clinical relevance, and by linking the observations to a graded track and trigger system, care can be escalated appropriately to ensure timely medical decisions.

### **NCEPOD (2012): Time to Intervene? A Review of Patients who underwent Cardiopulmonary Resuscitation as a Result of an In-Hospital Cardio-Respiratory Arrest**

The report noted that the data from the study seems to give an overall picture of unreliability in the recognition of the deteriorating patient; failure to respond to deterioration reliably and failure to engage senior doctors to direct intervention either to prevent further deterioration or facilitate DNACPR decisions and advocated that organisations need to ensure rapid and consistent recognition and management of acute illness in order to maximise patients' chance of recovery.

## **Rapid Response to Acute Illness Learning Set (RRAILS)**

In order to support Welsh clinicians in reducing mortality and harm from acute deterioration, the Rapid Response to Acute Illness Learning Set (RRAILS) was established in June 2009 and details specific objectives.

The five care bundles, based upon NICE CG50, are included in (See Appendix).

### **1. POLICY STATEMENT**

The purpose of this policy is to outline the minimum standard for the Monitoring and Recording of adult physiological observations and the response to physical deterioration in hospital (Acute, Community, Mental Health and Learning Disabilities).

NEWS is based on a simple aggregate scoring system in which a score is allocated to the core physiological measurements (respiration rate, oxygen saturation, systolic blood pressure, pulse rate, level of consciousness or new confusion and temperature). The culminating total should act as a trigger for taking the appropriate action (which is documented on the chart).

The NEWS Cymru Chart (Appendix 1):

[CID458 Observation and NEWS Score Chart \(Reviewed no changes - January 2023\).pdf](#)

The overriding ethos of NEWS is to provide a simple physiological scoring system that can easily be calculated at the patient's bedside. The system uses parameters which are measured routinely in the majority of adult inpatients to track their clinical condition, identify patients who are clinically deteriorating and trigger an appropriate, timely response.

However, it should be noted that due to the complexity of clinical assessment and appropriate treatment according to individual patient need, the NEWS protocol and its supporting documentation is unable to provide explicit guidance in terms of the specific clinical intervention that should be taken. It does however; provide explicit guidance on accessing prompt and appropriate clinical assessment.

#### **1.1. Scope of Policy**

This policy does not apply to the monitoring of children or obstetric patients. The policy acknowledges that occasionally young adults aged between 16–18 years are placed in acute environments, only in such cases would this policy apply.

Due to the diversity of disease and the complexity of clinical assessment it is beyond the scope of this policy to provide an exhaustive reference source on the clinical management of patients. The scope of this policy is specifically to facilitate the prompt identification of clinically deteriorating patients so that an appropriately timed review can be obtained.

This policy is therefore aimed at all doctors, registered nurses, healthcare assistants and allied healthcare professionals employed within Swansea Bay University Health Board, who are specifically involved in the delivery of care to adult patients.

These Core Standards are applicable for all patients admitted into adult inpatient settings within Swansea Bay University Health Board and to all Health Board staff who are caring for them.

If a patient refuses treatment, and/or the taking of physiological observations, then the risks of non-compliance must be explained to the patient. It is essential to be sure that the patient understands the risks, any reasonable adjustments should be made and this should be documented and reported to both the nurse-in-charge and the doctor. Difficulty obtaining any single parameter may be an indication of an acutely altered state, this should lead to escalation.

If language poses a barrier to communication then the nurse/ doctor or allied healthcare professional (as appropriate) must ensure that interpretation/translation services are offered to the patient and/or relative and provided as required.

Reasonable adjustment will be made for disabled patients/carers to ensure equality of communication and policy implementation.

Exploration of underlying causation, and escalation, should be taken if a patient who refuses physiological and/or neurological observations has:

- Received a head injury prior to, or during their period of hospital admission.
- Previously complied with treatment and the taking of such observations.
- Started acting out of character.

## 1.2. Essential Implementation Criteria

The policy specifically provides a framework through which doctors, registered nurses, healthcare assistants and allied healthcare professionals are informed of their responsibilities in relation to:-

- The minimum standards for monitoring patients' physiological observations.
- Recording and communicating the results of the monitoring of such physiological observations.
- The minimum actions and referral route that must be taken in accordance with the NEWS scoring system.
- The maximum timeframe within which escalation and review of deteriorating patients must occur.

## 2. AIMS

The policy aims to ensure that all patients cared for within the adult setting receive an appropriate level of physiological observation and subsequent care.

## 3. MINIMUM STANDARDS FOR MONITORING PATIENTS PHYSIOLOGICAL OBSERVATIONS

- A complete set of observations and calculation of NEWS (respiration rate, oxygen saturation, systolic blood pressure, pulse rate, level of consciousness or new confusion and temperature) should be undertaken within 1 hour of admission.

- Patients should also have a blood sugar level recorded on admission to hospital. This will provide a baseline from which to prescribe nursing and medical interventions. It is recognised that more frequent monitoring of blood sugars will be required for those patients who are diabetic, or who are giving cause for concern.
- A complete set of observations and calculation of NEWS (excluding blood sugars in non-diabetic patients) should also be recorded at the point of ward to ward transfers.
- Ward transfers should be clearly indicated on the NEWS Cymru observation charts and recorded within the documentation records.
- Glasgow Coma Score must be recorded on a separate chart if clinically indicated (Appendix 2). Patients that have sustained unwitnessed falls/ known head injuries either prior to admission, or during their period of hospital admission, must have the Glasgow Coma Score recorded in compliance with *NICE Guidelines, 2007*.
- The **minimum** frequency of observations will be indicated on the NEWS Cymru observation chart. The NEWS should be used as an aid to clinical assessment – it is not a substitute for competent clinical judgement. Any concern about a patient's clinical condition should prompt an urgent clinical review, irrespective of the NEWS. *Royal College of Physicians, 2017*
- Respirations must be observed for one full minute. If the patient is in receipt of oxygen therapy the percentage of oxygen being administered must also be checked at source and documented on the observation chart.
- All observations of heart rate (pulse) must include the palpation and recording of a radial pulse as a minimum standard for one full minute in order to detect any irregularities which will not reliably be detected by mechanical devices. The relevant response (Y/N) should be documented on the NEWS Cymru chart when questioned if the pulse is regular?
- Sepsis screening must take place when a patient scores 3 or more on the NEWS using the sepsis screening tool (Appendix 3).
- Monitoring equipment must be kept in good working order with regular planned servicing and calibration in accordance with manufacturer's recommendations. There should be a variety of different size blood pressure cuffs available, in order to support accurate monitoring of patients' physiological observations.
- A sphygmomanometer and stethoscope should be available for recording a manual blood pressure when indicated.
- Appropriate infection control measures are taken to prevent/minimise the risk of cross infection.

### 3.1. Recording and Communicating the Results of the Monitoring of Physiological Observations

- Only documentation that has been supported by both the Medical Director and the Executive Nurse, and validated by the appropriate levels of consultation and ratification can be used within the Health Board. Amendments and modifications to the documentation must only be made with the prior approval of both the Medical Director and the Executive Nurse.
- All patient documentation will evidence the following standards within the patient record:
  - Exact time and date of the observations will be recorded on the observation chart.
  - NEWS score will be calculated correctly
  - A record of the actions taken e.g. outreach referral, commencement or discontinuation of treatment regimes will be recorded.

- All entries on the observation chart will be signed
- All information will be recorded on authorised Health Board documentation
- The observational results of all patients causing concern/triggering on NEWS will be communicated to Nurse in Charge for onward escalation
- All patients causing concern / triggering on NEWS will be highlighted at the ward handover/ safety briefing.
- SBAR (Situation, Background, Assessment, Recommendation) will be the format of choice for communicating information during the referral and escalation process. (Appendix 4)
- The Nurse in Charge must contact the next of kin, or nominated family member if:
  - The patient's condition gives significant cause for concern.
  - The patient requires transfer to a higher level of care (HDU/ITU Theatre, specialist regional services).
  - The deterioration is associated with a witnessed or unwitnessed fall.
  - The patient's death is considered to be in the next few hours or days.
- All communications with the patient's next of kin must be documented in the patient's health records noting:
  - The date and time of the communication.
  - Mode of communication.
  - To whom the call was made.
  - The detail of the conversation (using the SBAR format).
  - The outcome of the communication.
  - The name and designation of the staff member contacting the family.

### 3.2. **Minimum Actions and Referral Route that Must be Taken in Accordance with the NEWS Scoring System**

- All patients in whom there is either a perceived deterioration, or who trigger the NEWS score will be referred for a timely review by an appropriately qualified healthcare professional as per NEWS Cymru (Appendix 1)
- When a patient is causing concern, the appropriate clinical professional will be alerted immediately and attend to the patient within the given timeframe as per NEWS Cymru. The name of the person who is being requested to attend, and the exact time that the request was made will be recorded within the patient record and dated and signed by the person making the referral.
- To ensure ongoing patient safety the clinical professional reviewing the patient will make an accurate and sufficiently detailed record within the patient notes that will include the following:
  - Exact date and time that the patient was reviewed.
  - Signed and printed signatures including bleep numbers for doctors and advanced nurse practitioners/members of the outreach team.
  - An accurate assessment of the patient's presenting clinical condition including differential diagnosis.
  - A sufficiently clear and detailed treatment/action plan to facilitate the safe implementation of care/treatment interventions. Using upper and lower parameters of measurement, or clinical indicators for further escalation or clinical review e.g. the acceptable oxygen saturation parameters or thresholds for systolic and diastolic blood pressure readings
  - The time of the next planned review (pending that there is no further deterioration or increase in the NEWS in the interim).

- On transfer to another ward or hospital, or discharge all documents pertaining to the patient (medical/nursing records, prescription charts, observation/NEWS charts, fluid and diet charts) must be secured within the patients' health records.

### 3.3. **Maximum Timeframe within which Escalation and Review of Deteriorating Patients Must Occur**

- Clinical Professionals (chiefly Doctors, Advanced Nurse Practitioners and Outreach Team Members) **MUST** respond and attend to the patient within the timeframe as indicated on the NEWS Cymru chart.
- When a patient has been referred to a Clinical Professional (chiefly Doctors, Advanced Nurse Practitioners and Outreach Team Members) it is their responsibility to ensure that the patient is attended to within the required timeframe.
- If a clinical professional (chiefly Doctors, Advanced Nurse Practitioners and Outreach Team Members) is requested to attend but unable to do so they must immediately inform the referrer who will then:
  - Document the reason for non-attendance within the patient's case notes.
  - Escalate the referral to another appropriate clinical professional.  
The handover should emphasise that the patient needs to be attended to and reviewed within the original timeframe as specified within the NEWS Cymru observation chart.

## 4. **RESPONSIBILITIES**

### 4.1. **Individuals Undertaking, Monitoring and Recording of the Observations of the Patient (including healthcare support workers and allied healthcare professionals)**

It is the responsibility of the individual undertaking, monitoring and recording the observations of the patient to ensure that they make known to the Nurse in Charge of the shift any limitations in his/her practice that would prevent them from safely discharging their duty of care to the patient e.g. unfamiliarity with equipment to be used, lack of training in taking observations, unfamiliarity with documentation being used etc. Whilst of relevance to all healthcare staff in terms of accountability for commissions and omission in their practice this is of particular relevance to Registered Nurses and Doctors in terms of remaining accountable under their professional regulatory bodies (NMC & GMC).

ALL STAFF undertaking, monitoring and recording patient observations must ensure:

- They have undertaken appropriate training and education to ensure that they are competent and capable of performing this role (including use of associated equipment).
- They understand the process for determining and recording the NEWS score and are compliant with the Core Standards as outlined in this policy
- The exact time and date of the observations are recorded on the observation chart
- The NEWS score is calculated correctly
- A record of the actions taken is recorded
- All entries on the observation chart are signed
- The information is recorded on authorised Health Board documentation (see Appendix)
- They immediately communicate to the Nurse in Charge for onward escalation any perceived deterioration in the patient, or NEWS score which indicates a deterioration.

#### 4.2. **Registered Nurses/Doctors/Allied Healthcare Professional delegating the recording and monitoring of observations**

It is the responsibility of the Registered Nurse, Doctor or Allied Healthcare Professional delegating the recording and monitoring of observations to ensure:

- That the person(s) to whom the task of recording and monitoring the observations has been delegated, is able to carry out the instructions to the required standards.
- To ensure that junior staff/ team members are supported in performing the tasks required of them, and that they are able to do so within their individual level of competency and capability.
- The confirmation and outcome of the observations are satisfactory and to ensure that the NEWS score is acted upon appropriately that subsequent actions are documented incorporating the standards of this policy.

#### 4.3. **Clinical Professionals (chiefly Doctors, Advanced Nurse Practitioners and Outreach Team Members) who are requested to Respond to a Deteriorating Patient/NEWS Score**

It is the responsibility of the individual who is being requested to respond to a deteriorating patient/NEWS score to ensure that they make known to the Nurse in Charge of the shift and their line manager any limitations in their practice that would prevent them from safely discharging their duty of care to the patient. Whilst of relevance to all healthcare staff in terms of accountability for commissions and omission in their practice this is of particular relevance to Registered Nurses and Doctors in terms of remaining accountable under their professional codes of conduct (NMC & GMC).

ALL STAFF responding to a deteriorating patient/ NEWS score must ensure:

- They have undertaken appropriate training and education to ensure that they are competent and capable of performing this role (including use of associated equipment).
- They understand the process by which the NEWS score has been determined and that they are compliant with the Core Standards as outlined in this policy.
- They respond within the timeframe as indicated within the NEWS flowchart.
- When unable to attend due to competing pressures the Clinical Professionals (chiefly Doctors, Advanced Nurse Practitioners and Outreach Team Members) must escalate this to another appropriate clinical professional, emphasising the need to attend within the original timeframe as specified within the NEWS flowchart.
- The clinical professional who is unable to attend must immediately inform the referrer (usually the nurse in charge of the ward) who will then document the reason for non-attendance within the patient's case notes.
- When responding to instructions/requests to attend a deteriorating patient that the actions taken and the actions prescribed are both verbally communicated to the Registered Nurse caring for the patient **and** clearly recorded within the patient's records as per Core Standards of this policy (Section 3.3).

In a patient who continues to deteriorate despite addressing all causes of deterioration and where further causes of deterioration have been excluded, care should be tailored to ensure optimal comfort and quality of life. If the presence of a high NEWS score would not lead to escalation of care or change in management, consider discontinuing the use of NEWS and document in the medical notes the reason for discontinuing it.

Observations should then be focused on comfort, pressure relief, and oral care.

#### All Wales Treatment Escalation Plan (Appendix 5)

In such patients, the team should consider the possibility that this patient may be reaching the end of life. This should be documented in the clinical notes. Clinical teams should then consider the End of Life Care (ELOC).

Key considerations for ELOC:

- Communication – have you spoken to the patient and/or their family sensitively about the possibility that they are nearing the end of life? Have you discussed end of life care issues e.g. rationalising medication and treatment, resuscitation status, preferred place of care?
- Symptom control – have you ensured that the patient has been prescribed subcutaneous medication for common symptoms at the end of life: pain, nausea, dyspnoea, agitation and respiratory secretions.
- Medication Rationalisation – have you discontinued non-essential medication? Have you converted essential symptom control medication to an alternative route if they are unable to swallow?
- Discontinuing interventions – have you stopped any interventions/investigations/treatments that are not working or will not change management?
- Advance care planning – have you considered a DNACPR order and Treatment Escalation Plan? This should be done in conjunction with appropriate communication with patient and/or family. If appropriate, have you discussed if the patient is in their preferred place of care and if not, is there the opportunity to transfer them to their preferred place of care?

[CID4368 Sharing and Involving - A Clinical Policy for DNACPR for Adults in Wales \(V4.3\) - April 2022.pdf](#)

#### 4.4. Consultants/Clinical Directors with Overall Clinical Responsibility for the Patient

The Consultant/Clinical Director with the overall clinical responsibility for the patient is accountable for the omissions and commissions of care afforded to the patient over the period of admission. It is therefore the Consultants/Clinical Directors responsibility to ensure:

- That doctors in training are knowledgeable and competent in the interpretation of physiological observations
- That doctors in training are supervised to ensure that all patients have a documented plan for physiological monitoring that include the following:
  - Exact date and time that the patient was reviewed by the reviewing clinical professional.
  - Signed and printed signatures including bleep numbers for doctors and advanced nurse practitioners/members of the outreach team.
  - An accurate assessment of the patients presenting clinical condition, including differential diagnosis, and measurements as appropriate e.g. location of any lesions, dimensions etc.

- A sufficiently clear and detailed treatment/action plan to facilitate the safe implementation of care/treatment interventions. Using upper and lower parameters of measurement, or clinical indicators for further escalation or clinical review e.g. the thresholds for systolic and diastolic blood pressure readings etc.
- The time of the next planned review (pending that there is no further deterioration or increase in the NEWS score within the interim).
- That all members of the Consultants/Clinical Directors team understand their individual responsibilities in terms of responding to an instruction/ request to attend to a deteriorating patient within the given timeframe as specified within the NEWS flowchart, as specifically outlined in sections 3, 4.1, 4.2 and 4.3 of this policy.
- That the Divisional Director, Clinical Director and Medical Lead Patient Safety and Quality are informed of ALL incidents arising from a failure to comply with the NEWS Cymru.

#### **4.5. Ward/Departmental Managers and Senior Nurse Responsibilities**

It is the responsibility of Ward/Departmental Managers and Senior Nurses to ensure that within their areas of managerial accountability that:

- Appropriate and Health Board compliant documentation is available for use by staff.
- The required level of regular audit is undertaken and reported as part of the Quality monitoring.
- Staff working within their area of managerial accountability are aware that they are responsible for ensuring:
  - The prompt removal of defective equipment from respective clinical areas and ensuring that prompt arrangements are made for its repair or condemning as appropriate.
  - DATIX incident reports are initiated where defective equipment has impacted on patient care.
  - All members of the nursing team understand their individual responsibilities in terms of implementing the requirements of this policy.
  - The Divisional Nurse and Lead Nurse Patient Safety and Quality are informed of ALL incidents arising from a failure to comply with the NEWS Cymru actions.

#### **4.6. Divisional Patient Safety & Quality Leads (Nursing/Medical), Divisional Directors & Divisional Nurses Collectively Referred to as the Divisional Patient Safety and Quality Team**

It is the responsibility of the Divisional Patient Safety & Quality Leads (Nursing/Medical), Divisional Directors & Divisional Nurses Collectively Referred to as the Divisional Patient Safety and Quality

Team to ensure that systems and processes are in place to ensure that:

- Members of the Nursing and Medical Teams are aware of their responsibilities as outlined in this policy.
- Resources and deficits in service provision are managed and escalated appropriately in order to ensure the safe and effective delivery of care within the Division and are included within the Divisional Risk Register as appropriate.

- Incidents arising from a failure to appropriately implement this policy are escalated to the Putting Things Right Team, and Medical Director/Executive Nurse for information and support as appropriate
- Incidents arising from a failure to appropriately implement this policy are investigated appropriately so that lessons can be learnt and shared across the Health Board and wider health community as appropriate
- Professionally accountable individuals who fail to implement the requirements of this policy are investigated under the disciplinary rules if considered appropriate by the Divisional/Executive Professional Lead

#### 4.7. Medical Director and Executive Nurse Responsibilities

It is the responsibility of the Medical Director and Executive Nurse to ensure that:

- Services provided within the Health Board and its composite areas are fit for purpose, providing safe and effective care which is patient centred and evidence based.
- Processes and systems are in place to ensure that documentation associated with the implementation of this policy are those approved by the Health Board.
- An Executive lead is identified to oversee the investigation of Serious Incidents and to support the implementation of arising recommendations.

### 5. TRAINING

The induction programme for all clinical staff (nurses, doctors and health care support workers) should include raising awareness of this policy.

NHS Wales & the Rapid Response to Acute Illness (RRAILS) have developed an e-learning resource, dedicated to improving how we recognise & respond to patients who experience acute clinical deterioration. The training is available via ESR. This resource includes:

- Measuring basic patient observations.
- National Early Warning Score (NEWS CYMRU).
- An introduction to NEWS CYMRU for medical staff.
- A-E patient assessment.

Training of staff takes account of the need to comply with the Welsh Language Act (1993) and to provide a bilingual service if required.

The Health Board induction programme of nurses, doctors, allied health care professional and health care support workers will take account the evidence which identifies that patients who have learning disabilities and mental health issues can be disadvantaged when receiving care in acute settings (MENCAP 2007, ARMC 2008, LeDeR 2021 <https://www.kcl.ac.uk/research/leder>).

Training of staff takes account of the need for ensuring inclusiveness.

- All staff using equipment must be trained and instructed in its use, demonstrating their competency and capability to use the equipment for its intended purpose.

- During the induction period of all new staff, mentors must ensure that all newly registered nurses and health care assistants are competent undertaking the basic physiological observations outlined in the Core Standards of this policy using both electronic and manual means of observation where appropriate.
- Newly registered staff must be assessed by their preceptor.
- Deficiency in competency and capability in registered staff and health care assistants must be dealt with by the ward/departmental manager.
- Student Nurse and Medical Students undertaking observations must be assessed by their mentor using the appropriate university competency document. Deficiencies must be fed back to the university link tutor and recorded in the practice book.
- A database for all training undertaken regarding equipment for observations must be maintained by the Ward/Departmental Manager.
- Any revisions to the policy or adaption of the NEWS Cymru chart must be communicated to all doctors, registered nursing staff and health care assistants.

## **MONITORING AND EFFECTIVENESS**

Departmental Matrons will take overall responsibility for the regular audit of standards on all ward areas using NEWS.

This will be an audit of ward patients and will form part of the monthly Quality monitoring. Results of audits will be fed back to Directorate and Divisional Level via the Patient Safety and Quality Frameworks of the Health Board.

Recognition of Acute Deterioration and Resuscitation Group ( RADAR) will oversee implementation of the policy and associated audits.

## 6. REFERENCES

[National Early Warning Score systems that alert to deteriorating adult patients in hospital \(nice.org.uk\)](#)

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## 7. APPENDICES

### Appendix 1

NEWS Cymru Observation and NEWS Score Chart

[CID458 Observation and NEWS Score Chart \(Reviewed no changes - January 2023\).pdf](#)

### Appendix 2

Neurological Observation Chart and Guidance

[CID2920 Neurological Observation Chart and Guidance - December 2023.pdf](#)

### Appendix 3

Adult Sepsis Screening Tool

[CID450 Adult Sepsis Screening Tool \(Revised - May 2023\).pdf](#)

### Appendix 4

SBAR Reporting

[SBAR Reporting.pdf](#)

### Appendix 5

All Wales Treatment Escalation Plan (TEP)

[All Wales Treatment Escalation Policy TEP.pdf](#)

### Appendix 6

DNACPR

[CID4368 Sharing and Involving - A Clinical Policy for DNACPR for Adults in Wales \(V4.3\) - April 2022.pdf](#)



## Swansea Bay University Health Board

### Authorisation Form for Publication onto COIN

PLEASE ENSURE THAT ALL QUESTIONS ARE ANSWERED – IF NOT APPLICABLE PLEASE PUT N/A

COIN ID.	CID4806
Document Title.	Deteriorating Patient Policy
Name of Author.	Greg Fabb, Resuscitation Officer
Name of Lead Pharmacist.	N/A
Is the document New, Revised or a Review of a previous version.	New
Where on COIN do you want the document to be published.	Resuscitation
Is the document relevant to the GP Portal.	No
Sign to confirm that the document has been authorised by an approved governance process in a specialty or delivery unit.	RADAR
If NICE guidance been considered/referenced when producing this document, please provide the title or reference number.	Yes
Please provide a brief description/abstract of the document.	Outline the minimum standard for Monitoring and Recording of physiological observations and the response to physical deterioration in hospital (Acute, Community, Mental Health and Learning Disabilities).
Equality Statement. <i>(All policies and procedures need to comply with CID76 Policy for the Management of Health Board Wide Policies, Procedures and other Written Control Documents (WCD)).</i>	Yes
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