SOP Title	Management of the Deteriorating Patient in the Emergency Department (ED) Standard Operating Procedure (SOP)
SOP Number	
Version Number	v1
Effective Date	
Author	Jayne Robinson
Approved by	
Approval date	
Distribution	All ED staff, Critical Care Outreach Team (CCOT) Hospital out of Hours Team (HOOP), Clinical Commander and Night Matron Team.

Document Control				
Version	Date	Author	Status	Comments
V1	12.4.22	Jayne Robinson	DRAFT	4 or 1 hourly obs to agree for news Minimum documentation Point 2 page 5 Responsibilities and disciplines NEWS

SOP Objectives	The aim of this SOP is to standardise the processes by which patients within Calderdale & Huddersfield NHS Trust Emergency Departments, who are acutely unwell or at risk of deterioration are identified and responded to.
Scope	This SOP applies to the care of all adult patients who are not receiving end of life care and who are at risk of physical deterioration and may ultimately suffer a respiratory or cardiopulmonary arrest.
Performance Measures	
Related Documents	CHFT Adult Physiological Observation Policy - C-70-2011 - Observation Policy v5.pdf (cht.nhs.uk)

<table>
<tr><th colspan="3">Work Instruction - To ensure the safety of patients at risk of deterioration whilst in the ED usng</th></tr>
<tr><th>No.</th><th>Action</th><th>Responsibility</th></tr>
<tr><td>1</td><td colspan="2">All adult majors patients requiring admission must have hourly observations using NEWS 2 Scoring System for Adult Patients, or more frequently dependent on the patients clinical condition. This should continue until a Doctor or Advanced Clinical Practitioner documents otherwise.</td><td>Nursing Staff</td></tr>
<tr><td>2</td><td colspan="2">Clinical Response to NEWS -2 Scoring (Track & Trigger)
<table>
<tr><th>NEWS-2 Score</th><th>Frequency of Monitoring</th><th>Clinical Response</th></tr>
<tr><td>NEWS = 0</td><td>1 hourly whilst in ED</td><td>• Continue 1hrly observations for the first 4 hours .
• After 4 hours discuss with Registered Nurse / NIC / ACP / Doctor level of monitoring required whilst in ED (minimum 12 hourly)</td></tr>
<tr><td>NEWS = 1-4</td><td>1 hourly whilst in ED</td><td>• Inform registered nurse who must assess the patient within the hour
• Nurse / NIC / ACP / Doctor to decide frequency of monitoring and/or escalation of patient care as required.</td></tr>
<tr><td>3 in single parameter</td><td>Minimum 1 hourly whilst in ED</td><td>• Registered nurse to inform the clinician</td></tr>
</table></td><td>Registered Nurse/NIC/ACP / Junior Doctor / Consultant

Registered Nurse/NIC/ACP / Junior Doctor / Consultant</td></tr>
</table>

		assigned to the patient (if not assigned please inform middle grade or above) • Consider SEPSIS and initiate and complete SEPSIS Bundle on EPR if appropriate.	Registered Nurse / NIC/ACP / Junior Doctor / Consultant
Total 5 or more (Urgent Response Threshold)	Minimum 30 mins whilst in ED	• Registered nurse to inform clinician. • Clinician to review within 30 minutes or middle grade or above if escalation required. • Consider moving to resuscitation area • Consider SEPSIS and initiate and complete SEPSIS Bundle on EPR if appropriate • Consider ceiling of care and resuscitation in liaison with senior physician • Consider informing CCOT / HOOP • CRH CCOT – dial 4924 • HRI CCOT – dial 4206	Registered Nurse / Nurse in Charge / ACP / Junior Doctor / Consultant

			• CRH HOOP – dial 3655 • HRI HOOP – dial 3358	
	Total 7 or more (Emergency Response Threshold)	Continuous monitoring of vital signs until senior decision maker documents otherwise	• Move patient to resuscitation area • Inform Middle Grade or above • Middle grade or above review immediately • Document escalation plan and ceiling of care in EPR • Referral to CCOT / HOOP • Consider escalation to ICU middle grade or above • Consider transfer to level 2 or 3 care if deemed appropraite	Registered Nurse /NIC ACP / Junior Doctor / Consultant
3	Where a patient has been in resus for a prolonged period (4 hours+) a direct conversation must take place between the consultant in charge of the patient in ED and a consultant from the appropriate specialty regarding ongoing management plans.			Consultants
4	Patients may require and be suitable for step down. This will also be decided by the consultant in charge of the patient following full consultation (by direct conversation) with any other specialty consultant.			Consultants
5	When a decision has been made that the patient is ready to proceed; there must be: • An appropriate and clear management plan • Clear identification of the clinical area to which the patient will transfer • A plan in place to facilitate the swift transfer of the patient • Treatment decisions clearly documented in the medical record with contact details for the responsible team.			Nurse/Medic in charge of care

6.	In any event the patient remains the responsibility of the ED until such a point that they are transferred outside the physical environment of ED. If during observations, specialty specific input is required, but no physical move of the patient has taken place, specialty specific input should be called upon by ED.	ED personnel all disciplines
7.	Hierarchy clarification:- CT to Registrar to Consultant	

Work Instruction - To ensure patients are appropriately escalated whilst in the ED		
No.	Action	Responsibility
1.	Escalation is the responsibility of all staff undertaking observations but ensuring action is taken is the responsibility of the registered nurse who is caring for the patient.	All Staff
2.	Escalation and the following actions / decisions must be documented in EPR Whats the minimum information recorded in EPR?	Nurse in charge of care
3.	Escalation in the first instance should be to the registered nurse and or nurse in charge of the clinical area who will then use the above algorithm to ensure timely escalation of patients who are at risk / deteriorated whilst in the ED.	All nursing staff
4.	Escalations should be communicated using the time occurred and who spoken to and **S**ituation, **B**ackground, **A**ssessment, **R**ecommendations tool to ensure consistent messages are conveyed.	All nursing staff
5.	If there is no response to escalations within 15 minutes the concerns should be escalated to the next level.	All nursing staff escalate to next level of doctor looking after patient
6.	If the patient fails to respond to treatment and deteriorates further discussions regarding ceiling of care must take place and be documented.	Doctor looking after patient in conjunction with speciality team/HOOP/ITU