SPSP Acute Adult Structured Response to Deterioration Principles

The SPSP Acute Adult programme have co-designed principles for a structured response to deterioration with clinicians from across Scotland. The principles have been developed to support existing local processes in place to respond to deteriorating patients. The expectation is that teams will map these principles against current practice in order to improve the care of the deteriorating patient.

Why a structured response to deterioration is important

Patients who deteriorate, regardless of cause, need clinical teams to recognise and respond reliably. Recognition of deterioration is supported by well-established standardised tools such as the National Early Warning Score 2[1] (NEWS2). Employing a structured approach to the review and reassessment of deteriorating patients could offer decision support to responding clinicians who will vary in role and experience.[2,3]

It is important for teams in NHS boards to build on their safe clinical and care processes[4] through a shared understanding of the effective components of response to deterioration regardless of time, cause or clinical setting. The principles offer a customisable approach to standardising the recognition, review, and reassessment of patients who are deteriorating.

Recognise

There are a range of signs and symptoms which can be used to identify deterioration however, any one of the following should prompt a review: NEWS2 Trigger, clinical concern, or a locally agreed trigger. Clinical specialties may wish to customise their recognition triggers with specialty relevant indicators.

Has the National Early Warning Score 2 (NEWS2) Triggered?

NEWS2[1] describes the response that should be considered at each of the trigger levels: score of 3 in one parameter, 5-6, 7 or more. The local NEWS2 escalation policy will define when a response should be triggered and which members of the team should be alerted.

Is there clinical concern?

Clinical concern from any member of the healthcare team is an important part of escalation systems.[5] Teams should decide how clinical concern will activate a response, even in the absence of a NEWS2 trigger. How patient and family concern could be incorporated should also be considered.

Is there a locally agreed trigger?

A healthcare team may decide there is a specific trigger that is important for their patient or patient group. This may be a specific observation such as change in Glasgow Coma Scale (GCS) or a blood test to identify elevated lactate or new Acute Kidney Injury. Locally agreed triggers, whether as a local policy decision, or for a specific patient, should be documented and communicated to the multidisciplinary team.

Respond and Review

A standard set of questions to support the responding clinician are suggested in Figure 1 and each clinical area/specialty should adapt the prompts to fit their context.

Targeted assessment and shared decision making

The review includes a targeted A to E assessment focusing on the recognition triggers. It is framed by the patient's wishes, including any existing Anticipatory Care Plan (ACP) or Treatment Escalation Plan (TEP). Locally available condition specific guidance and care pathways should be followed as appropriate, such as those available for sepsis. Shared decision making with the patient and family will underpin the approach to reviewing the patient and senior involvement must be considered.

Consider further Investigations

When undertaking further investigations teams should consider checking a lactate as some patients who deteriorate will display a raised lactate without triggering NEWS2. Elevated lactate has been described as an important indicator of illness severity for diagnoses such as sepsis[6], haemorrhagic shock[7] and trauma[8] due to its association with increased mortality and need for critical care.[9]

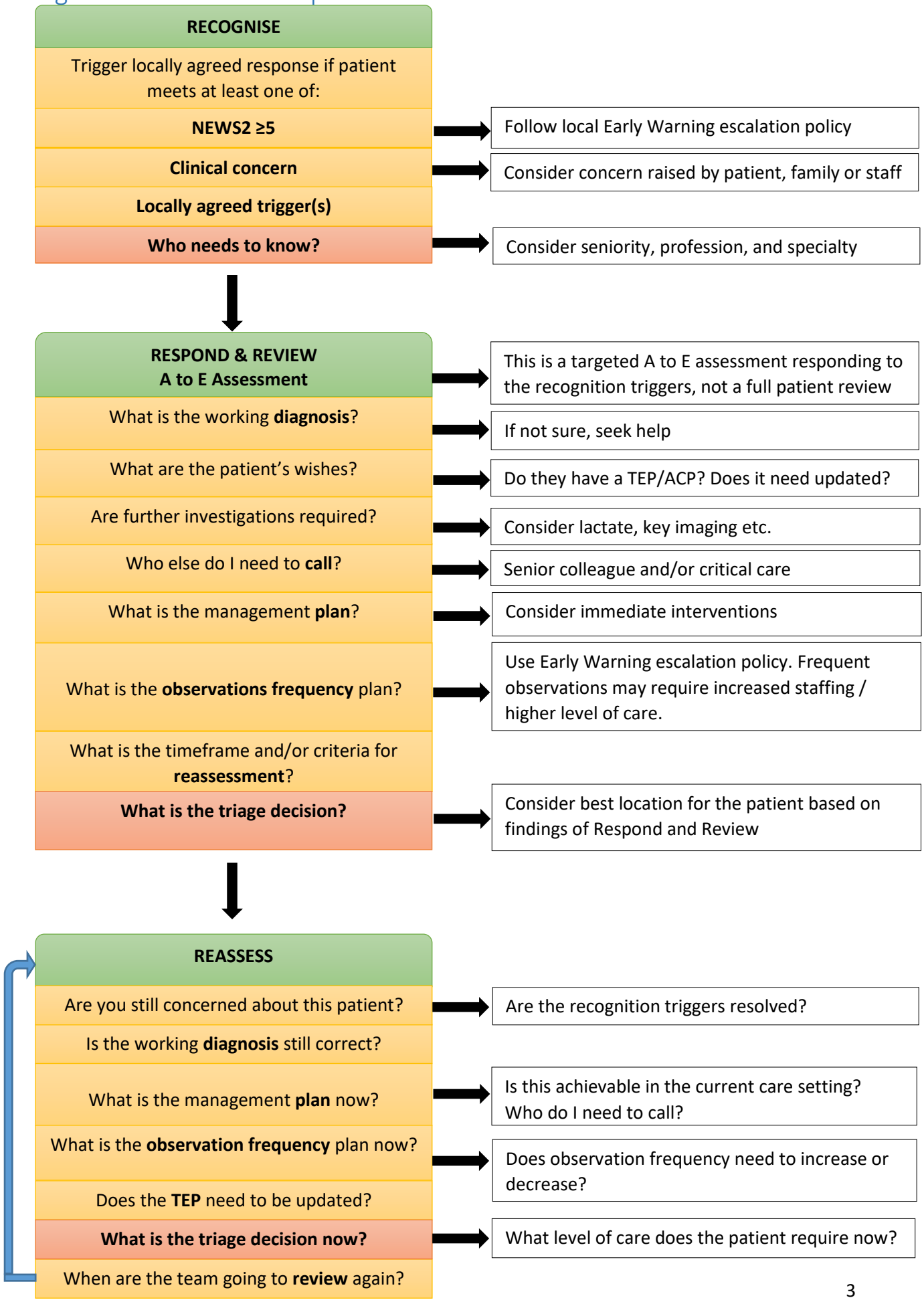
Triage Decision

Making a triage decision is the key final part of the Review. The patient may need to be moved to a higher level of care for a range of reasons, including if the frequency of observations required is not sustainable in the current ward area. If the patient is to remain in the current location, a clear plan regarding when the patient will be reassessed should be agreed with the direct care team and documented in patient notes. If treatment goals have been revised it may be appropriate to de-escalate the observation frequency.

Reassess

Reassessment considers the effectiveness of the response, new information and reviewing the plan. The diagnosis may now be clear or remain uncertain. Factors to consider include whether the NEWS2 has improved and whether clinical concern remains. If uncertainty persists, senior involvement must again be considered. Triage decision is the key final part of this process. If uncertainty or concern remain, then transfer to a higher level of care should be considered. All decisions should be made in partnership with the patient and their family.

Figure 1. Structured Response to Deterioration



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We would welcome your feedback on the Principles of Structured Response.

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