

Managing the Deteriorating Patient



OUTSTANDING CARE
personally DELIVERED

Learning outcomes



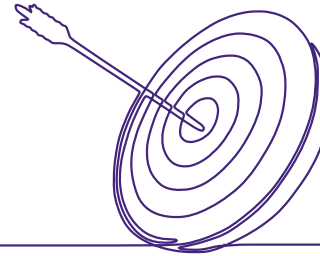
Welcome to United Lincolnshire Hospital Trust

This presentation aims to give an overview of resuscitation matters at ULHT. You will find links to the resuscitation council and ReSPECT websites which we would like you to visit. Please do not hesitate to contact the resuscitation team at Lincoln or Pilgrim, Grantham and Louth are covered by the team but do not have a practitioner based on site.

We have attached the new 2021 resuscitation algorithms for you to familiarise yourselves with.

We look forward to working with you all.

Courses at ULHT



All doctors must attend a basic life support on an annual basis in line with trust policy. Basic life support courses can be booked by either adding your name to the training dates on the resus office doors at LCH and PHB or on ESR if working at Grantham or by speaking to the Train the Trainer in your area (this is often the most convenient and quickest method as it can be delivered within your department).

Immediate Life support and Paediatric Immediate Life Support can be booked on ESR

Advanced Life support & European Paediatric advanced life support can be booked by emailing resuscitation.coursesadmin@ulh.nhs.uk

F2 doctors will be booked onto a ALS course and sent the date via email. If you can not attend the course you must email the above address ASAP. Only 1 place per candidate is paid for by the Deanery, if you fail to attend then you will not get another course funded.

Chain of survival



RCUK, 2015

- Early recognition of a deteriorating patient is often achieved by the observations being inputted on to WebV. Patients scoring a high NEWS need their care escalating.
- If a patient is in cardiac arrest then call 2222 and follow the COVID-19 BLS algorithm until the team arrive.
- There is a defibrillator in all clinical areas and all clinical staff are trained in BLS & AED.
- Anaesthetics attend cardiac arrest calls and can help with the post resus care planning for patients.

ABCDE Assessment



AIM© Assessment and Management Tool

	STEP 1	ASSESSMENT	MANAGEMENT	
I F U N S U R E C A L L F O R H E L P	A Airway	<ul style="list-style-type: none"> Is the airway patent and maintained? Can the patient speak? Are there added noises? Is there a see-sawing movement on the chest and abdomen? 	<ul style="list-style-type: none"> Ensure airway is patent and maintained Simple airway manoeuvres Suction Consider using airway adjuncts and position patient O₂ via high concentration mask 	A S S E S R E S P O N S E A F T E R E A C H I N T E R V E N T I O N
	B Breathing	<ul style="list-style-type: none"> Observe rate and pattern Depth of respiration Symmetry of chest movement Use of accessory muscles Color of patient Oxygen saturation 	<ul style="list-style-type: none"> Position patient Consider physiotherapy and nebulisers Bag-valve mask O₂ via high concentration mask to achieve target saturations. 	
	C Circulation	<ul style="list-style-type: none"> Manual pulse and BP Capillary refill time Urine output/fluid balance Temperature Ensure patent IV access 	<ul style="list-style-type: none"> Cannulate Take appropriate bloods including Serum Lactate Blood Cultures Fluid bolus - administer - titrate 	
	D Disability	<ul style="list-style-type: none"> Conscious level using AVPU Blood glucose level Pupil size and reaction Observe for seizures Pain assessment 	<ul style="list-style-type: none"> Consider recovery position Correct Blood Glucose Control seizures Control pain 	
	E Exposure	<ul style="list-style-type: none"> Perform head to toe examination, front and back 	<ul style="list-style-type: none"> Manage abnormal findings appropriately 	

- A systematic approach
- Prioritises the most life threatening problems first
- Easy to remember

Please watch the below link for an A-E assessment demonstration

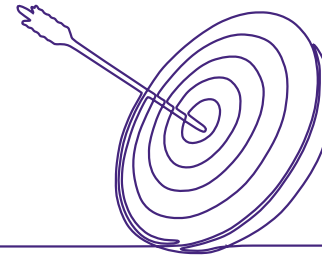
[RC \(UK\) ABCDE assessment demo - YouTube](#)

What to do when...



NEWS score	Who to call	Number
NEWS 5/6	CCOT	LCH - 07393 009035 Via Switchboard PHB - bleep 421 GDH - 503
NEWS 7+	HIT team	2222
Immediate medical support	Medical Emergency Team	2222
No signs of life	Cardiac arrest team	2222

SBAR communication tool



- Staff at ULHT are encouraged to use the SBAR communication tool when communicating to colleagues.
- This tool is advocated nationally by NHS Improvement (NHSi)
- These should then be placed in the patients notes

Excellence in rural healthcare

SBAR COMMUNICATION TOOL

United Lincolnshire Hospitals NHS Trust

S	Situation: I am (name), (role) on ward X I am calling about (patient X) I am calling because I am concerned that... NEWS2 = XX	PATIENT NAME: _____ NHS: _____ NEWS2 = _____
	B	
B	Background: Patient (X) was admitted on (XX date) with Patient (X)'s has Past Medical History of They have had (X operation/procedure/investigations) Patient (X)'s normal condition is.... Patient (X)'s condition has changed in the last (XX mins) Their last set of observations were (XX)	ReSPECT / DNACPR <input type="checkbox"/> WARD BASED CARE <input type="checkbox"/>
	A	
A	Assessment: I think the problem is And I have ...(e.g. given O ₂ / analgesia, stopped the infusion) OR I am not sure what the problem is but the patient is deteriorating OR I don't know what's wrong but I am really worried	
	R	
R	Recommendation: I need you to.... Come to see the patient in the next (XX mins) AND Is there anything I need to do in the mean time?	Who did you speak to? What action was agreed? DATE: _____ TIME: _____

Ask receiver to repeat key information to ensure understanding

The SBAR tool originated from the U.S. Navy and was adapted for use in healthcare by Dr M Leonard and colleagues from Kaiser Permanente, Colorado, USA

TW81 V1.0

Patient centred . Excellence . Respect . Compassion . Safety

Review Nov 2021

Choking



Choking is an uncommon but potentially treatable cause of accidental death.

They are commonly witnessed.

Early interventions can be life-saving.

- History of eating recently/witnessed episode
- Grabbing/pointing to throat
- Sudden onset
- Gagging/choking
- Coughing

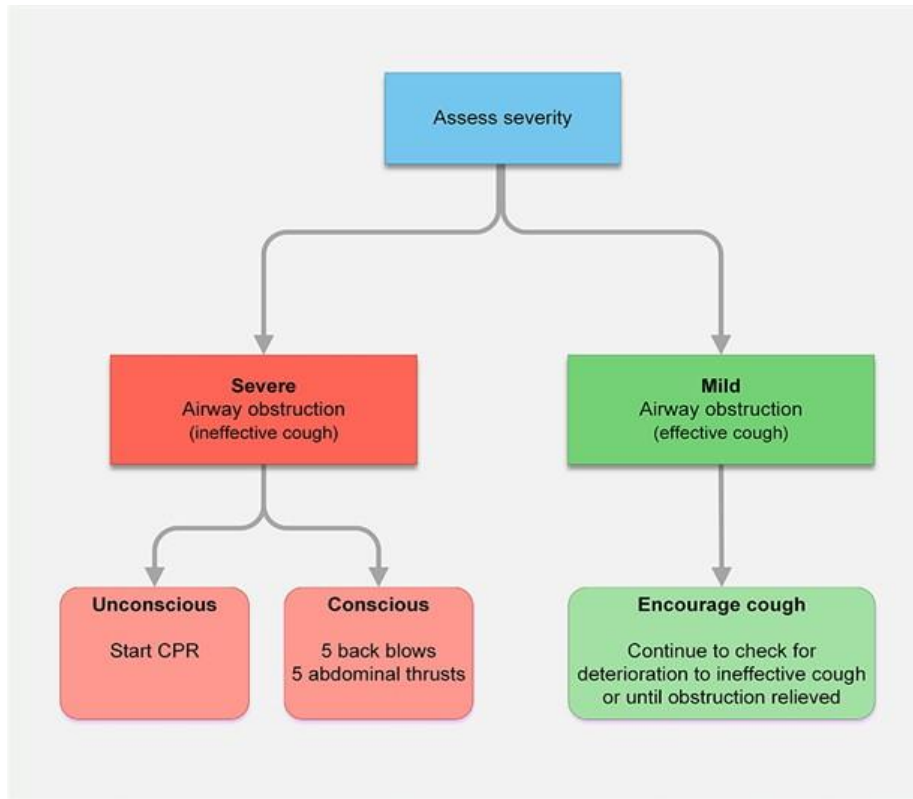
Treat using the Choking Algorithm and then reassess:

- If the foreign body has not been expelled and the patient remains conscious, repeat sequence & ensure help has been called
- If the patient becomes unresponsive, place on a flat surface and start BLS.
- Abdominal thrusts can cause injury and all patients should be examined afterwards for injury.

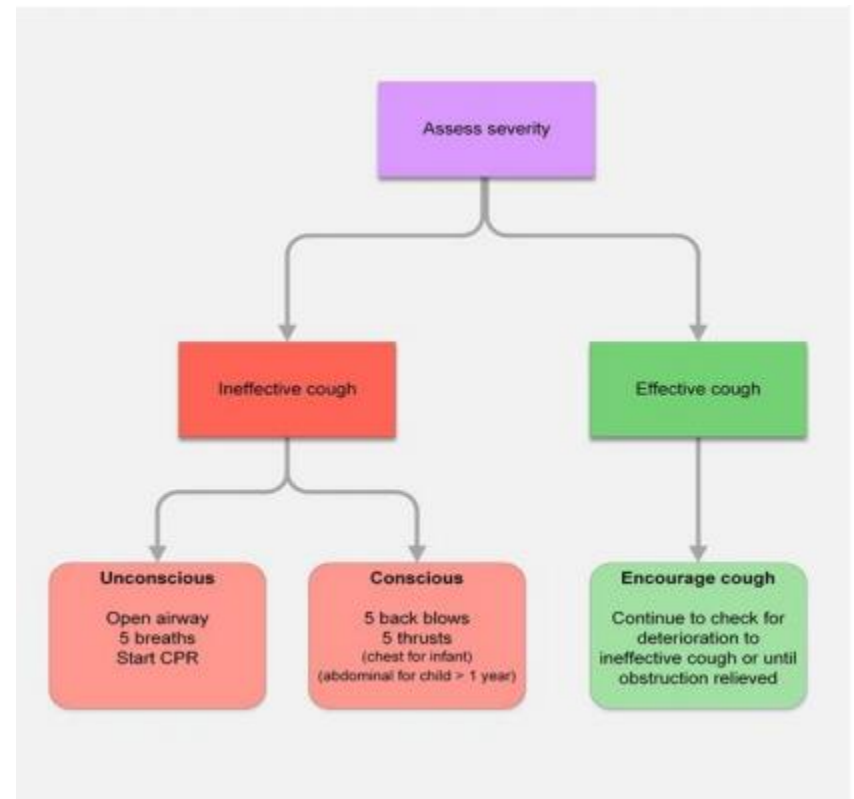
Choking



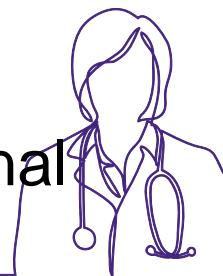
Adult Choking



Paediatric Choking



Adult and Child (over 1 year) Choking - Back Blows and Abdominal Thrusts

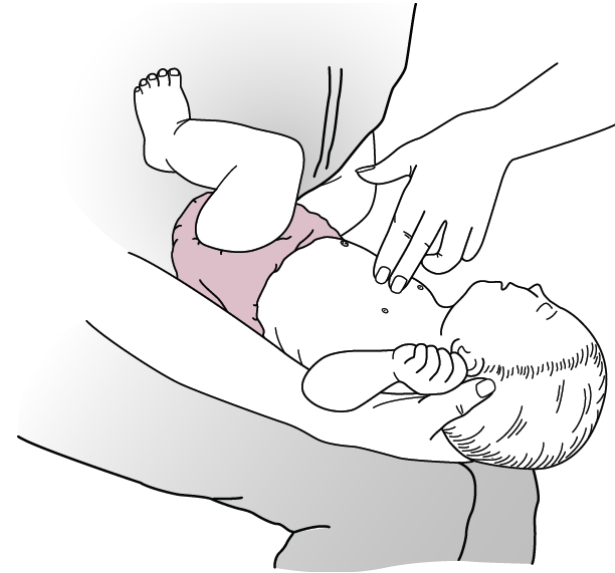
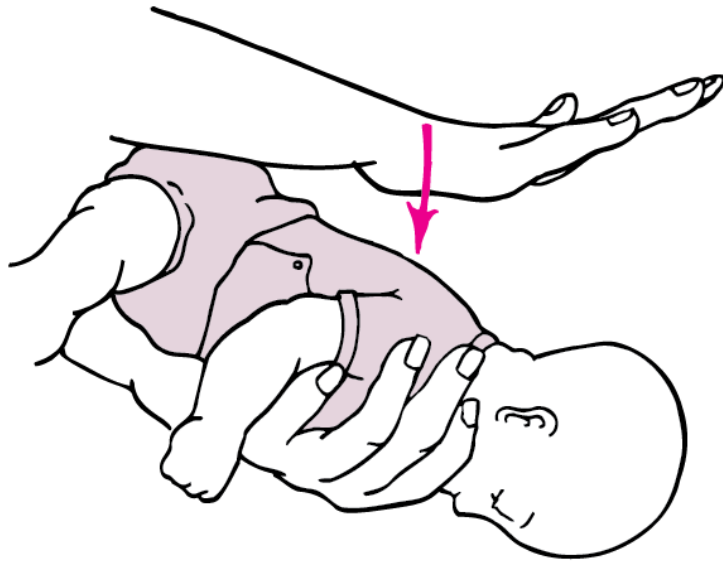


Perform each technique 5 times

Approximately half of cases of airway obstruction are not relieved by a single technique. Continue to alternate **until** obstruction is relieved

Infant (under 1 year) Choking

– Back Blows and Chest Thrusts



Perform each technique 5 times
Continue to alternate until the obstruction is relieved

Resuscitation equipment



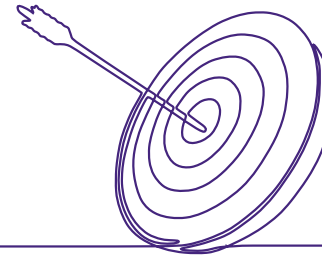
All resuscitation trolleys (as well as sepsis boxes) are sealed with a red tag. The trolley contents are standardised and restocked by the ward or department staff.

All trolleys have a red folder which contains all relevant information, including the Resuscitation Council UK guidelines. These can be found at www.resus.org.uk or Resuscitation Services Intranet page.

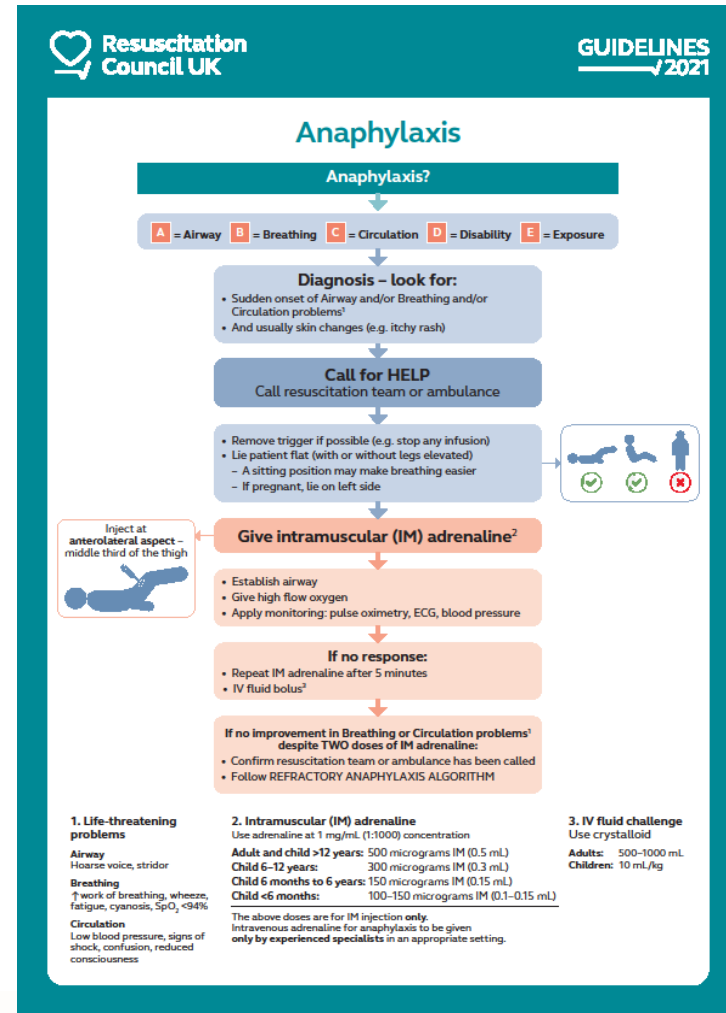
Defibrillators, suction and oxygen are checked on a daily basis, with a full trolley check completed weekly with the checklist being signed daily and weekly. These checklists can be located on the Resuscitation Services Intranet page, please ensure the correct daily checklist is used for the defibrillator on the trolley. The trolleys are audited by the Resuscitation team on a regular basis.



Anaphylaxis



- Adrenaline 1:1000 for anaphylaxis can be found in the red 1st line drugs box on every resuscitation trolley.
- Medical or paediatric emergency teams must be called for Patients having an anaphylactic reaction
- For patients who are not responding to 2 doses of IM adrenaline then please consider the refractory anaphylaxis algorithm



Resuscitation equipment

Continued.



The trolley has 3 drawers and a cupboard. To access any of the draws the red tag sealing the trolley must be broken and the cupboard door lifted and slid horizontally into the trolley.

When equipment is needed to be replaced ward/department staff should return the used bags to the resuscitation store and take an entire new bag. Other equipment not located in the bags can be collect from the resuscitation store. Any equipment taken should be signed out on the paperwork locate in the resuscitation store area. All out of date equipment should be disposed of by the ward/department not left in the resuscitation store.

The locations of the stores are as follows:

Lincoln County Hospital: Within PGME at the bottom of the stairs from main reception

Pilgrim Hospital, Boston: Collect key from switchboard, the store is located opposite the Chapel

Grantham and District: In the corridor near Clinical Engineering

County Hospital Louth: Contact Theatres or a Resuscitation Practitioner

If there are equipment issues or your require a new battery for the defibrillator please contact Clinical Engineering on the relevant site.



Defibrillators



All resuscitation Trolley's at ULHT have a Lifepak 1000, Higher risk areas have a lifepak 20e.

In AED mode both of these defibrillators will deliver self-escalating shocks of 200J, 300J and 360J. The Lifepak 1000 can be overridden into manual by CCOT if required.

Lifepak 20e can be used in manual mode by staff who have successfully completed a Resuscitation Council UK Advance Life Support Course.

Capnography, pacing and cardioversion are available on the Lifepak 20e with Pilgrim, Lincoln and Grantham having access to a 20e should it be required. A poster is located in the front of the red trolley information folder with the locations of the 20e and bronchoscopy.

Drugs and additional equipment



Every resuscitation trolley contains a red 1st line drugs box with the contents included in the trolley content list located in the folder on the resuscitation trolley



First line drugs box

Some resuscitation trolleys are designated to hold the yellow second line bag, EZ-IO intraosseous vascular driver and ICD magnet. The locations of the second line drugs bag and EZ-IO can be identified by a poster on the resuscitation trolley, above the location where the resuscitation trolley is normally located or by list in the red resuscitation folder.



YELLOW Second line drug bag



YELLOW EZ-IO bag

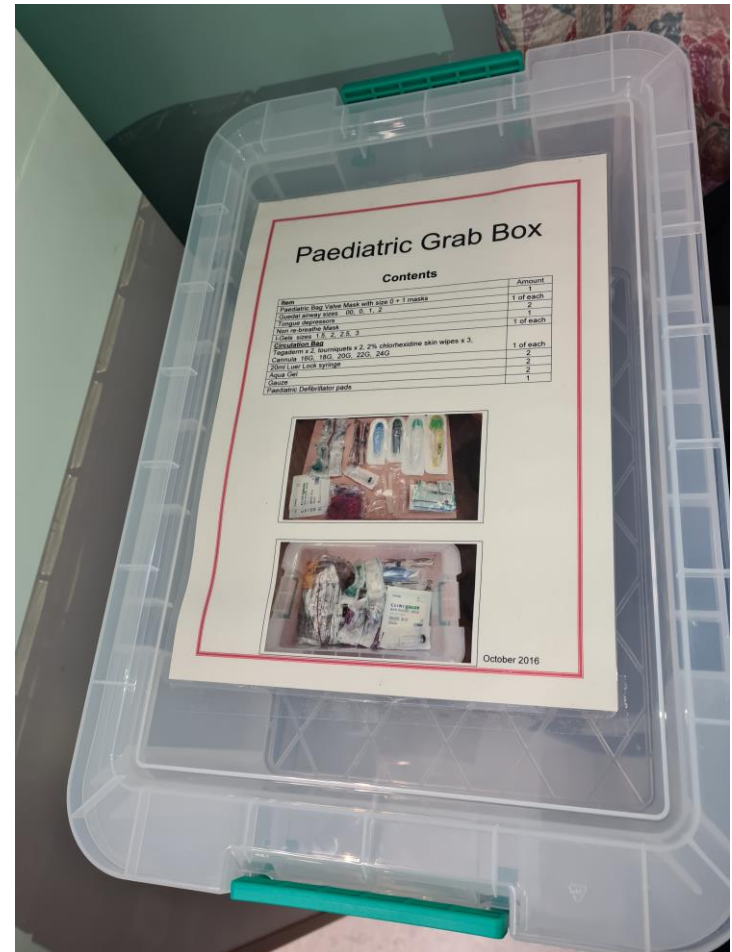


ICD Magnet

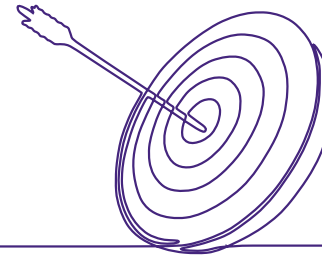
Paediatric Emergency boxes



Areas which may see children but are not designated paediatric areas have access to a box of paediatric equipment either in their trolley or a neighbouring trolley, resuscitation folders have poster with the location of the boxes. If the area holds a paediatric box it will be located in the bottom cupboard of the resuscitation trolley, a contents list is available on the Resuscitation Services intranet page.



Paediatric Resuscitation Trolley



Paediatric trolleys are available in all paediatric areas plus theatres and Emergency departments

The trolley content is available in the red trolley folder and the Resuscitation webpage

To facilitate the safe transfer of paediatric transfer bags are available in theatres, emergency departments and children's wards at Pilgrim and Lincoln and Emergency Department at Grantham



ReSPECT



ReSPECT – stands for Recommended Summary Plan for Emergency Care and Treatment – consists of a form which is filled in following conversations between patients and their healthcare staff to determine a personalised plan for potential future emergency care and treatment.

ReSPECT process creates a summary of personalised recommendations to help guide healthcare professionals in an emergency situation when the patient is unable to express choices about their treatment. The ReSPECT form can record these preferences and the recommendations for the emergency situations.

The ReSPECT process differs from a DNACPR process as the summary recommendation is on a wide variety of emergency treatment for example whether a patient wants a hospital admission and whether they would want to be considered for IV antibiotics, Non-invasive ventilation, artificial feeding or dialysis etc. The CPR decision is an addition in an important decision which is documented at the end of the front page by signing one of two boxes (either 'CPR attempts recommended' or 'CPR attempts NOT recommended').

Further information can be found at: [ReSPECT for healthcare professionals | Resuscitation Council UK](#)

ReSPECT Recommended Summary Plan for Emergency Care and Treatment for: Preferred name

1. Personal details

Full name Date of birth Date completed

NHS/CHI/Health and care number Address

2. Summary of relevant information for this plan (see also section 6)

Including diagnosis, communication needs (e.g. interpreter, communication aids) and reasons for the preferences and recommendations recorded.

Details of other relevant planning documents and where to find them (e.g. Advance Decision to Refuse Treatment, Advance Care Plan). Also include known wishes about organ donation.

3. Personal preferences to guide this plan (when the person has capacity)

How would you balance the priorities for your care (you may mark along the scale, if you wish):

Prioritise sustaining life, even at the expense of some comfort

Prioritise comfort, even at the expense of sustaining life

Considering the above priorities, what is most important to you is (optional):

4. Clinical recommendations for emergency care and treatment

Focus on life-sustaining treatment as per guidance below clinician signature

Focus on symptom control as per guidance below clinician signature

Now provide clinical guidance on specific interventions that may or may not be wanted or clinically appropriate, including being taken or admitted to hospital +/- receiving life support:

CPR attempts recommended Adult or child clinician signature

For modified CPR Child only, as detailed above clinician signature

CPR attempts NOT recommended Adult or child clinician signature

Version 2.0 © Resuscitation Council UK, 2017

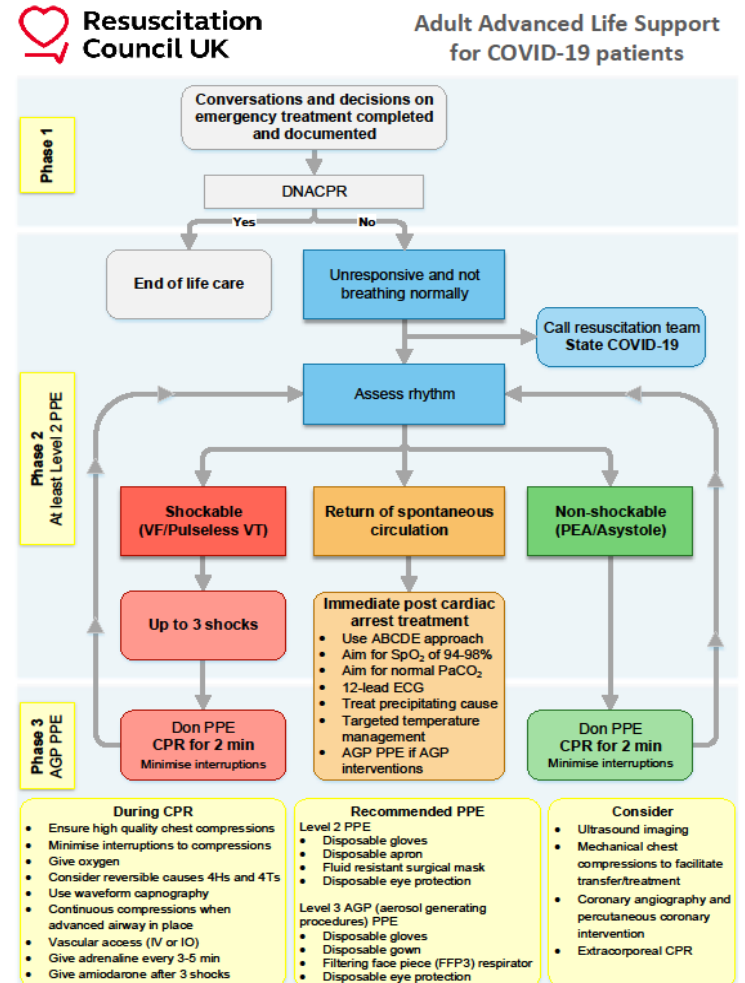
Cardiac Arrest



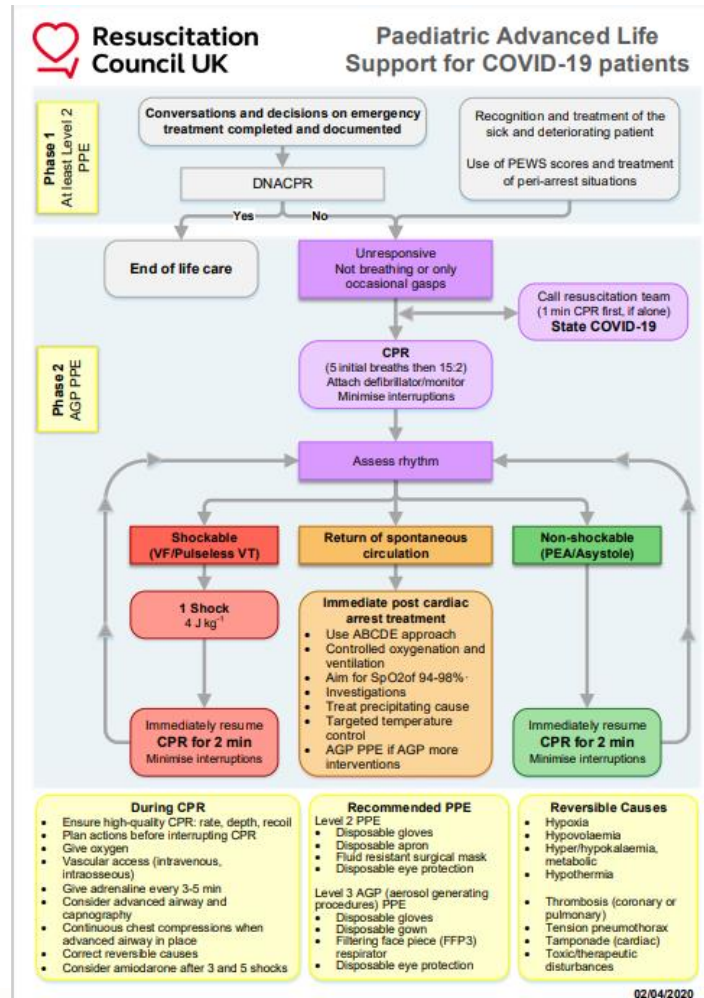
We are currently using the COVID- 19 ALS algorithm this is regularly reviewed and you will be informed when we revert to the standard algorithm.

This MUST be used for all patients irrespective of their COVID status.

PPE packs can be found at the bottom of every resuscitation trolley. 2 members of staff from the ward/department should Don PPE if they are FIT tested and then leave the other 3 PPE packs for the cardiac arrest team when they arrive.



Paediatric COVID-19 algorithm



Documentation

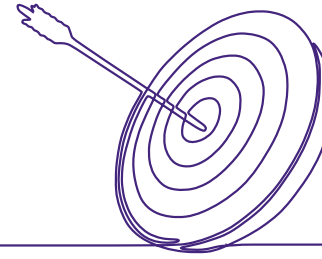


- Medical Emergency documentation form
- Cardiac Arrest documentation form.

- A form must be completed by the team at every emergency call and then filed in the patients notes.

The image shows two overlapping medical forms. The top form is the 'MEDICAL EMERGENCY DOCUMENTATION FORM' with a white background and orange accents. It includes the NHS logo, the text 'Excellence in rural healthcare', and a section for 'Impression:'. The bottom form is the 'CARDIAC ARREST DOCUMENTATION FORM' with a white background and a red vertical bar on the right side. It has a section for 'Any additional information' with horizontal lines for writing. Both forms have their titles printed vertically on the right edge. At the bottom of the forms, there is small text: 'CLSC Approved July 2018 (Chair) ULH/IC2014/520 Review July 2020 Version 2'.

Useful links



Resuscitation Services: [Resuscitation Services - United Lincolnshire Hospitals Intranet](#)

Resuscitation Council UK: [Home | Resuscitation Council UK](#)

ULHT Resuscitation Policy: https://webdocsys/Views/Get_File.aspx?id=34775

ReSPECT Policy: https://webdocsys/Views/Get_File.aspx?id=36171

ReSPECT Process: [ReSPECT for healthcare professionals | Resuscitation Council UK](#)

Intraosseous Needle Insertion Policy: https://webdocsys/Views/Get_File.aspx?id=34548

Observation Policy: https://webdocsys/Views/Get_File.aspx?id=35482

Summary



Approximately 80% of patients will show signs of deterioration prior to their cardiac arrest. Appropriate management of a deteriorating patient will in most cases prevent a cardiac arrest.

Welcome to ULHT and we look forward to working to you.

Resuscitation Services

Lincoln - 573909

Pilgrim - 446622