

## **A TAXONOMY OF SOFT SIGN INDICATORS OF DETERIORATION**

### **INTERSERVE HEALTHCARE**

Interserve Healthcare provide care to people in their own homes, across England, Scotland and Wales, who have a range of care needs and clinical conditions.

They provide care at home towards the more complex end of the spectrum, for conditions that include spinal injuries, motor neuron disease, acquired and traumatic brain injury and they also care for children and adults who have tracheostomy and supported ventilation.

### **WESSEX PATIENT SAFETY COLLABORATIVE (PSC)**

Wessex PSC is one of a network of 15 Regional Collaboratives established to work together to build a culture of continuous learning and improvement.

Our programme partners include: NHS Improvement, NHS England, patient and carer representatives, health and social care professionals engaged in acute trusts, community and mental health trusts, prison health care, General Practice settings, ambulance trusts, Clinical Commissioning Groups, social care staff, universities, voluntary sector personnel and charity organisations.

The PSCs are funded by NHS Improvement (NHSI) and more information about Wessex PSC can be obtained from our website at: <http://wessexahsn.org.uk/PSC>

### **SOFT SIGN INDICATORS OF CLIENT DETERIORATION**

As part of a Wessex Patient Safety Collaborative (PSC) Breakthrough Series, Interserve Healthcare identified a number of flags of “soft signs of deterioration” and incorporated them into their electronic care concern reporting system.

Following implementation they saw an increase in calls to the Registered Nurse team by the care staff and were then able to review deteriorating clients sooner. As a result emergency referrals have been reduced and hospital admissions prevented for some clients whilst length of stay and complexity of treatment in hospital have been reduced for others.

Interserve Healthcare and Wessex PSC are keen to share this work in the spirit of collaborative working and the approach has raised interest from people working in a variety of settings including care homes, community nursing, learning disability and mental health as well as acute hospitals.

Further information about the Soft Signs Taxonomy can be obtained from Geoff Cooper Wessex PSC Programme Manager at [patient.safety@wessexahsn.net](mailto:patient.safety@wessexahsn.net)

## A TAXONOMY OF SOFT SIGN INDICATORS

<b>MAINTAINING A SAFE ENVIRONMENT</b>	Lack of awareness of their surroundings or others – change to normal client presentation
	Lack of awareness of dangers around them - changes to normal client presentation
	Unable to respond to dangers around them – crossing road etc. and managing traffic hazards – change to normal client presentation
	Avoiding carrying out certain activities – e.g. crossing road
	Withdrawn - avoiding public places
	Panic/anxious when left alone
<b>BREATHING</b>	Colour of skin and extremities
	Exhaustion
	Using accessory muscles to breath
	Unable to speak/out of breath
	Change in respiratory rate – increase/decrease
	Wheeze on breathing
	Sweating
	Pale and clammy
	Discolouration of skin
	Chest pain
	Pain down arm
	Cold feet and legs
	Shortness of breath
Abdominal pain	
<b>MOBILITY</b>	Reduced mobility
	Loss of mobility
	Change in mobility
	Need to use walking aids which is not normal for client
	Need to take more rests than normal when mobilising the same as usual
	Increased slips/trips or falls
	Refusing to mobilise/get out of bed

<b>EATING AND DRINKING</b>	Reduced appetite
	No appetite
	Change in what would normally like to eat
	Refusing meals
	Unable to taste
	Increased urgent bowel movements following eating/drinking
	Not doing normal weekly/routine shop
	Buying significantly less than would normally for weekly shop
	Fridge and cupboards empty – change for normal for client
	Food not eaten – left to go stale
	Reduced or increased fluid intake
	Visual signs of weight loss over a short period of time and abnormal for client -clothes loose - skin dry and dehydrated
	Reduced energy levels compared to normal
	Nausea
	Vomiting
Swelling of tongue/throat	
<b>PERSONAL CARE</b>	Lack of interest in personal care – change from normal
	Lack of interest/wanting to get out of bed and get dressed
	Change in presentation – unkempt/unshaven/hair unwashed/clothes not washed and clean – change for client
	Becoming more dependant on others for help with personal care – changes for client normal
<b>ELIMINATION</b>	Urine-Decrease or increase in urination.
	Pain/discomfort when passing urine.
	Increased urgency when needing to pass urine/open bowels
	Offensive smell
	Blood in urine, dark, cloudy etc.
	Change in bowel habits – constipation/diarrhoea
	Pain/discomfort when opening bowels
	Abdominal pain

<b>COMMUNICATION</b>	Refusing to communicate
	Unable to verbally communicate – change to normal presentation
	Unable to understand what is being said – change to normal for client
	Slurred speech
	Unable to use communication aid that the client normally uses
	Any changes to communication
<b>SENSORY</b>	The need to raise your voice so the client can hear
	Client asking others to read a letter/newspaper for them
	Squinting
	Complaints of headaches
	TV/radio on loud
	Distancing self from groups normally attend (Unable to hear or join in because of hearing loss)
	Walking into furniture
<b>MENTAL ABILITY</b>	Changes to normal habits/hobbies – so unable to do crosswords/puzzles etc.
	Withdrawn
	Frustration
	Anger outbursts

<b>BEHAVIOUR</b>	Increased agitation
	Increased confusion
	Lack of interest/motivation
	Wandering – change to client’s presentation
	Disorientated
	Deteriorating low mood
	Out of character behaviour changes
	Focus and fixation on death
	Hyperactivity compared to normal for client
	Paranoia
	Agitation
	Increase in obsessive behaviour – checking that door is locked/checking that they have their purse in their bag/checking the iron/cooker is turned off
	Increased patterns of repetitive behaviour
	Unable to identify people known to them
	Scratching self – non verbal communication of area of irritation/ pain
Increased anxiety levels	
Visual/auditory hallucinations – change for clients presentation or increase if already experiences	

<b>SLEEPING</b>	Change in sleep pattern – increase or decrease
	Increase in waking during the night which is not normal for the client
	Waking early hours of the morning
	Increase fatigue
	Change in sleeping arrangements – i.e. from bed to chair
	Change in sleeping positions to that of normal
	Change in level of consciousness
	Not responding to pain
	Cat napping during the day

Andrew Cook BSc (Hons) RGN  
Chief Nurse  
Interserve Healthcare Ltd

Tracey Jones RN Adult / RN Mental Health  
Clinical Assurance Manager  
Interserve Healthcare Ltd

Geoff Cooper RGN MSc  
Programme Manager  
Wessex Patient Safety Collaborative

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