Wessex Regional All Cause Deterioration (including Sepsis) Guidance

For Adult (≥ 16 non-pregnant) patients

WACDG v1 – 11th May 2018

Guidance includes models for the following healthcare settings

- Hospital (Acute and Community)
- Primary Care including Out of Hours (In Practice and in Patient’s homes)
- Care Homes (Nursing & Residential)

This document outlines guidance for different healthcare settings and includes templates which organisations can adapt for use in their own local care settings in alignment with Wessex regional guidance.
Wessex Regional All Cause Deterioration (including Sepsis) Guidance
For Adult (≥ 16) non-pregnant patients in Hospital settings (Acute and Community)

Do Physiological observations

NEWS 0
NEWS 1-2
NEWS 3-4
12 hrly obs
4-6 hrly obs
4-6 hrly obs & fluid balance monitoring
Follow organisational NEWS/condition specific protocol

Any concerning clinical features?
• New Confusion
• Worry (Dr/Nurse/Pt/Carer)
• Significant Pain
• Single NEWS parameter of 3
• Mottled/ashen skin/cyanosis/new rash
• Inadequate urine output
• Lactate ≥ 2
• Cap Refill > 2 sec

Follow organisational NEWS protocol or condition specific protocol

Concerning features present

NEWS ≥ 5 or +3 from baseline
1 hrly obs
Urgent (2) Clinical Assessment (3)

NEWS ≥ 7
Continuous monitoring
Emergency (2) Clinical Assessment (3)

Use Clinical Judgement
Is Sepsis Suspected?

No
Yes**

• Commence appropriate Treatment
• Follow organisational NEWS protocol
• Closely monitor patient
• Consider existing End of Life Care Plans/Advanced Directives

Senior Review (4)
Patients reviewed urgently if non-responsive to treatment within 1 hr

**Sepsis High Risk Factors
Age ≥ 75 years
Immunosuppressed
Chemotherapy
IV Drug Abuse
Surgery/Trauma <6/52
Broken Skin
Indwelling line/catheter in-situ
Current/recent antibiotics

1. ABCDE = Airway, Breathing, Circulation, Disability, Exposure;
2. Urgent/Emergency response times to be defined locally by organisation;
3. Clinical assessment/senior review: to be completed by a competent healthcare professional as per organisational protocol.
4. Represents CQUIN time zero in hospitals (If Suspected Sepsis is diagnosed in the community, CQUIN time zero is the time of entry to hospital).

WACDG v1 - 11th May 2018
Indicates parameters which need to be agreed locally (and defined in relevant Trust policies where appropriate)

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Senior Review [4]
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ABCDE [1]

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AN Other NHS Trust
Replace example logo with organisations own logo / branding

This organisational guidance has been developed in partnership with the Wessex Patient Safety Collaborative

AN Other Trust All Cause Deterioration (including Sepsis) Guidance
For Adult (≥ 16) non-pregnant patients in Hospital settings (Acute and Community)

WACDG v1 - 11th May 2018
**Wessex Regional All Cause Deterioration (including Sepsis) Guidance**  
*For Adult (≥ 16) non-pregnant patients in Primary Care settings*

**NEWS 0-2** This score indicates the Patient is at LOW RISK

Follow organisational NEWS protocol. Consider:
- if the patient is safe to be left at home and/or
- safe to be reviewed in 4-12 hrs with safety netting
- Or if clinically appropriate, referral

**NEWS 3-4** This score indicates the Patient is at LOW RISK BUT may require secondary care assessment

Follow organisational NEWS protocol. Consider:
- Early repeat observations until NEWS improves
- Prompt Clinical review & based on judgement:
  - Hospital admission or
  - Planned review in 4-12 hours with open self-referral if deterioration.
*NB. knowledge of previous observations (within last 6 mths) is very important as some patients normally ‘run’ a low BP or hypoxia.*

**NEWS ≥ 5** Patient is at MEDIUM RISK

Pt’s physiological parameters indicates systemic distress & organ dysfunction

OR Concerning clinical features are present (see box)

- It is Likely that Urgent (1hr) hospital assessment will be required based on Clinical judgement
- Consider any existing End of Life Care Plan / Advanced Directive

**NEWS ≥ 7** Patient is at HIGH RISK

Severe systemic distress likely

999 escalation with continuous monitoring until transfer

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**Any concerning clinical features?**
- High Risk Patient (*see box*)
- New Confusion
- Worry (Dr/Nurse/Pt/Carer)
- Significant Pain
- Single NEWS parameter of 3
- Mottled / ashen / cyanosis / new rash
- Not passed urine in 8 hrs
- Feeling short of breath

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*High Risk Patient*

- Age ≥ 75 years
- Immunosuppressed
- Chemotherapy
- IV Drug Abuse
- Surgery / Trauma <6/52
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A NEWS 5 or more in the presence of suspected infection should prompt the clinician to **THINK SEPSIS!**
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Wessex Regional All Cause Deterioration (including Sepsis) Guidance
For Adult (≥ 16) non-pregnant patients in Care Home settings

NEWS 0-2
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Wessex All Cause Deterioration (including Sepsis) Guidance
For Adult (≥ 16) non-pregnant patients

The Wessex All Cause Deterioration (including Sepsis) Guidance has been developed to help expand the use of the National Early Warning Score (NEWS 2) across Wessex as part of Wessex PSCs Local Change Plan for Deterioration.

Our aim in producing this guidance is to encourage the development of a consistent language and approach to the management of physical deterioration across Wessex and to help ensure that escalation pathways within and between healthcare organisations are aligned to a common understanding and set of thresholds. We believe the WACDG is going to make a huge contribution to shaping a consistent approach to Deterioration and the use of NEWS2 across Wessex and thereby, most importantly, improving patient outcomes.

The clinical content of the WACDG is based on the NHSE “Sepsis guidance implementation advice for adults.” (NHSE Sept 2017) and the Royal College of Physicians “Standardising the assessment of acute-illness severity in the NHS.” (RCP Dec 2017)

Please note that providers from non hospital settings may want to seek internal Governance approval for any patient pathway as the RCP NEWS tool has, to date, only been recommended by NHSE for use in hospitals including mental health hospitals and in ambulance services and in prison healthcare.

Authors of the Wessex All Cause Deterioration model are:

- Dr Matt Inada-Kim Consultant, Clinical Lead Deterioration and Sepsis, WPSC & National Clinical Advisor Sepsis & Deterioration, NHSE & NHSI
- Dr Usha Couderc, GP Clinical lead for Primary Care, Wessex PSC
- Geoff Cooper, Programme Lead for Deterioration, Wessex PSC

A special thank you also to those members of the Wessex Deterioration Network who participated in the workshops and have shared their clinical expertise in helping to produce this resource.

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