

# Wessex Regional All Cause Deterioration (including Sepsis) Guidance

For Adult ( $\geq 16$  non-pregnant) patients

WACDG v1 – 11<sup>th</sup> May 2018

## Guidance includes models for the following healthcare settings

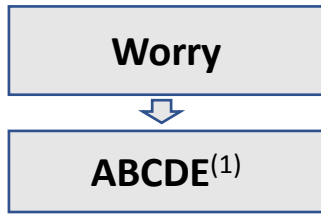
- Hospital (Acute and Community)
- Primary Care including Out of Hours (In Practice and in Patient's homes)
- Care Homes (Nursing & Residential)

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.



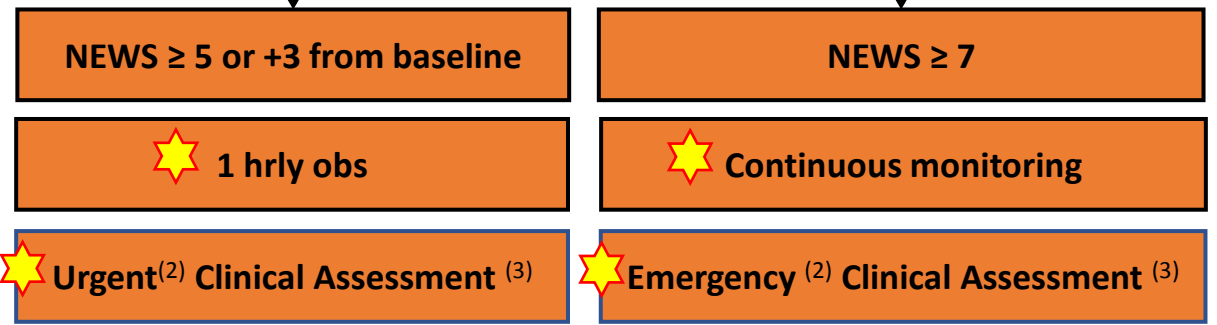
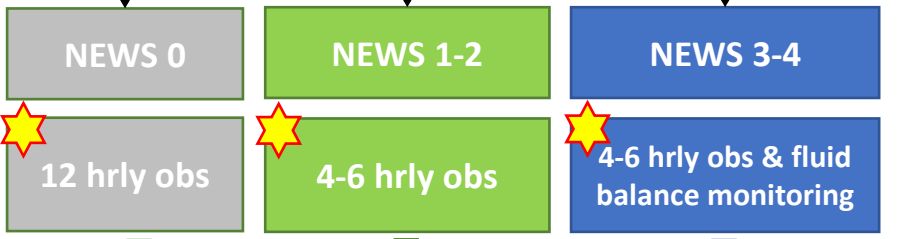
**AN Other Trust All Cause Deterioration (including Sepsis) Guidance**  
 For Adult (≥ 16) non-pregnant patients  
 in **Hospital settings (Acute and Community)**

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



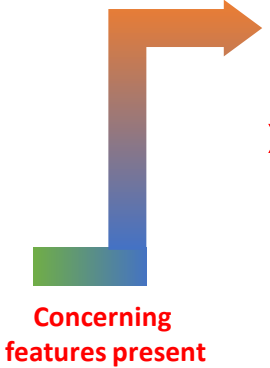
★ Indicates parameters which need to be agreed locally (and defined in relevant Trust policies where appropriate)

**Do Physiological observations**



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



**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

- \*\*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

No concerning features present ↓  
 Follow organisational NEWS protocol or condition specific protocol

**Senior Review<sup>(4)</sup>**  
**Patients reviewed urgently if non-responsive to treatment within 1 hr**

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. \*\* Represents CQUIN time zero in hospitals (If Suspected Sepsis is diagnosed in the community, CQUIN time zero is the time of entry to hospital)

# Wessex Regional All Cause Deterioration (including Sepsis) Guidance

For Adult ( $\geq 16$ ) non-pregnant patients in **Primary Care settings**

Wessex

Patient Safety Collaborative

## NEWS 0-2

**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

**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 $\geq 5$

OR Concerning Features  
(see box)

**NEWS  $\geq 5$  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 $\geq 7$

**NEWS  $\geq 7$  Patient is at HIGH RISK  
Severe systemic distress likely**

**999 escalation** with continuous monitoring until transfer

**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

**\*High Risk Patient**

- Age  $\geq 75$  years
- Immunosuppressed
- Chemotherapy
- IV Drug Abuse
- Surgery / Trauma  $<6/52$
- Broken Skin
- Indwelling line / catheter in-situ
- Current / recent antibiotics

A NEWS 5 or more in the presence of suspected infection should prompt the clinician to **THINK SEPSIS!**

# A N Other All Cause Deterioration (including Sepsis) Guidance

For Adult ( $\geq 16$ ) non-pregnant patients in **Primary Care settings**

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*Replace example logo with organisations own logo / branding*

**NEWS 0-2**

**NEWS 0-2 Patient is at LOW RISK**

**NEWS 3-4**

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

**NEWS  $\geq 5$**

OR Concerning Features  
(see box)

**NEWS  $\geq 5$  Patient is at MEDIUM RISK**  
Pt's physiological parameters indicates systemic distress & organ dysfunction  
OR Concerning clinical features are present (see box)

**NEWS  $\geq 7$**

**NEWS  $\geq 7$  Patient is at HIGH RISK**  
Severe systemic distress likely

## Any concerning clinical features?

- High Risk Patient (\*see box)
- New Confusion
- Worry (Dr/Nurse/Pt/Carer)
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## \*High Risk Patient

- Age  $\geq 75$  years
- Immunosuppressed
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# Wessex Regional All Cause Deterioration (including Sepsis) Guidance

For Adult ( $\geq 16$ ) non-pregnant patients in **Care Home settings**

Wessex

Patient Safety Collaborative

## NEWS 0-2

**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

**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 $\geq 5$

OR Concerning Features  
(see box)

**NEWS  $\geq 5$  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 $\geq 7$

**NEWS  $\geq 7$  Patient is at HIGH RISK  
Severe systemic distress likely**

**999 escalation** with continuous monitoring until transfer

**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

**\*High Risk Patient**

- Age  $\geq 75$  years
- Immunosuppressed
- Chemotherapy
- IV Drug Abuse
- Surgery / Trauma  $<6/52$
- Broken Skin
- Indwelling line / catheter in-situ
- Current / recent antibiotics

A NEWS 5 or more in the presence of suspected infection should prompt the clinician to **THINK SEPSIS!**



# A N Other All Cause Deterioration (including Sepsis) Guidance

For Adult (≥ 16) non-pregnant patients in **Care Home settings**



A N Other  
Care Home



Replace example logo with  
organisations own  
logo / branding

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

**NEWS 0-2**

**NEWS 0-2 Patient is at LOW RISK**

**NEWS 3-4**

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

**NEWS ≥ 5**

**NEWS ≥ 5 Patient is at MEDIUM RISK  
Pt's physiological parameters indicates systemic distress & organ dysfunction  
OR Concerning clinical features are present (see box)**

**NEWS ≥ 7**

**NEWS ≥ 7 Patient is at HIGH RISK  
Severe systemic distress likely**

## Any concerning clinical features?

- High Risk Patient (\*see box)
- New Confusion
- Worry (Dr/Nurse/Pt/Carer)
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**A NEWS 5 or more in the  
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**THINK SEPSIS!****

# Wessex All Cause Deterioration (including Sepsis) Guidance

For Adult ( $\geq 16$ ) non-pregnant patients

Wessex

Patient Safety Collaborative

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:

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- 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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