

Acute Hospital Admission Decision Making for Care Home Patients

Named GP Clinical Lead and telephone number:

The purpose of this pathway is to ensure that deteriorating patients are managed in the most appropriate environment during this level four crisis.

The pathway involves senior clinicians collaborating on the decision making regarding individual patients together with enhanced clinical support for patients best managed outside the Acute Hospital. It is essential that care home staff who are concerned about the clinical condition of a resident and considering involving the Emergency Services should follow this guidance. Dr Ronan Fenton. (System Medical Director Mid and South Essex Health and Care Partnership).

Effective tomorrow 1 Jan 2021 until further notice

Reviewed weekly

When to Dial 999

<u>Patients who are considered to be at the end of life with a limited prognosis e.g. short weeks – months</u>	<u>Patients who are considered not at the end of life</u>
<p>Any patient who is considered to be end of life with a limited prognosis should be discussed with their GP (in-hours) or NHS 111 (out of hours) irrespective of the cause of the emergency.</p> <p>In a time of acute change, the patient's community treatment escalation plan or PeACE document should be referred to.</p> <p>An acute deterioration may be part of the natural pathway for this patient but a reversible condition may necessitate calling 999.</p> <p>Further advice and support may be provided by community palliative care teams, via locality clinical advice lines. These lines are available 24 hours a day</p> <ul style="list-style-type: none"> • South West Essex: St Luke's Hospice One Response: 01268 526259 • Mid Essex: Farleigh Hospice Clinical Advice Line 01245 455478 • South East Essex: EPUT Single Point of Access 0333 0153481 / Havens Hospice 01702 220350 	<p>In non End of Life (EOL) patients the following clinical events should result in calling 999:</p> <ul style="list-style-type: none"> • Airway obstruction or choking • Breathing rate greater than 30 or less than 6 • Pulse greater than 120 or less than 40 • Acute blood loss equal to more than a cup of blood. • Cardiac arrest if no DNACPR in place • Central chest pain if new onset in a patient NOT diagnosed with angina. (If known angina give 2 puffs of GTN, if not settling after 10 mins dial 999) • Unresponsive – if was unresponsive (e.g. after fall) but now conscious do not dial 999, use the pathway provided (Named GP in Hours or NHS 111 Out of Hours) • Suspected stroke • Fitting in a non-epileptic resident • Falls with obvious bone deformity or new loss of power/numbness in arms/legs post fall • If measuring Oxygen Saturations: <ul style="list-style-type: none"> - Saturations less than 90% on air and not COPD (less than 88% with COPD) • If measuring Blood Pressure: <ul style="list-style-type: none"> - BP less than 100 systolic (unless usual baseline known to be lower)

