SOP Template: Escalation and Reassessment Procedures for Deteriorating Patients

This SOP details the **escalation and reassessment procedures for deteriorating patients**, emphasizing timely recognition of clinical deterioration, appropriate communication protocols, systematic patient reassessment, and intervention strategies. It ensures prompt escalation to higher levels of care, multidisciplinary involvement, and continuous monitoring to improve patient outcomes and prevent adverse events.

1. Purpose

To provide a systematic approach for recognizing and responding to clinical deterioration in patients, ensuring timely escalation, effective communication, and timely reassessment to minimize adverse outcomes.

2. Scope

This SOP applies to all healthcare staff involved in the care of inpatients, including nursing, medical, and allied health staff.

3. Responsibilities

- **Nursing staff:** Monitor, document, and escalate patient concerns per protocol.
- **Medical staff:** Respond to escalations and conduct clinical reassessment.
- **Allied health staff:** Report changes in patient status and support escalation procedures.

4. Definitions

- **Deteriorating patient:** Any inpatient showing signs of physiological or mental decline as evidenced by changes in vital signs, consciousness, or clinical presentation.
- **Escalation:** The prompt notification of senior or specialized staff when patient deterioration is identified.

5. Early Recognition of Deterioration

- Regular monitoring of vital signs using standardized track and trigger systems (e.g., Early Warning Scores).
- Awareness of clinical signs: altered consciousness, respiratory distress, hypotension, tachycardia, oliguria, etc.
- Utilize multidisciplinary input and family/carer observations where relevant.

6. Escalation Triggers and Protocols

Parameter	Trigger Value	Action
Respiratory Rate	< 8 or > 30/min	Immediate escalation to senior clinician
Oxygen Saturation	< 90% on oxygen	Call Rapid Response or Code Blue
Systolic Blood Pressure	< 90 mmHg or > 200 mmHg	Notify medical team immediately
Mental Status	New confusion, agitation, or unresponsiveness	Immediate medical review required

7. Communication Protocols

- Use the **SBAR (Situation, Background, Assessment, Recommendation)** framework for all escalation

communications.
- Clearly document time, details, and recipient of communication.
- Repeat back or read back critical information to confirm understanding.

8. Systematic Reassessment

1. Repeat vital signs within 15-30 minutes following any escalation or intervention.
2. Document changes and response to interventions in the medical record.
3. Re-escalate if the patient fails to improve or worsens.

9. Intervention Strategies

- Implement emergency interventions as per clinical guidelines (e.g., oxygen therapy, IV fluids, medications).
- Prepare for possible transfer to higher level of care (e.g., ICU, HDU).
- Involve multidisciplinary teams for comprehensive management.

10. Documentation

- All assessments, interventions, and escalations to be clearly documented in the patient record.
- Include time, personnel involved, and outcome of communication and interventions.

11. Training and Audit

- All staff must undergo regular training on escalation protocols and early recognition of deterioration.
- Regular audits to ensure compliance and to review adverse events for process improvement.

12. References

- National Institute for Health and Care Excellence (NICE)
- Local Escalation and Early Warning System Policy
- Resuscitation Council Guidelines

All staff are responsible for maintaining vigilance and adhering to this SOP to ensure patient safety and optimize care outcomes.