

OPS UPDATE

25th November 2020

Extended handover escalation and cohorting

Why

As an expected busy weekend approaches, and during any similar busy times, pressures in the NHS healthcare system are rising. This means there are likely to be occasions where hospital handover times across the region could be extended.

For a majority of your patients, it is unlikely this will cause any significant issue in terms of their condition. However, there can be times when a patient's condition warrants further escalation to hospital staff should they deteriorate.

What to do

The following steps should be followed when arriving at the hospital with **any** patient:

1. Ensure the patient is identified to the nurse in charge on arrival at the hospital
2. A handover provided of the patient's clinical condition and any concerns you may have
3. The patient should remain monitored by EEAST staff until they have been accepted by hospital staff
4. A cardiac arrest responder bag and defibrillator should be available for every patient experiencing an extended handover at the emergency department. This can be shared by more than one patient, but each crew must know the location of the equipment
5. Keep your patient and relatives informed of what is occurring and offer reassurance. Pay particular attention to those patients requiring regular medication (e.g. those with Parkinson's disease) or those patients with diabetes who require regular food intake
6. Patient's property should be kept with the patient where possible to avoid the risk of loss or damage
7. Immunosuppressed patients should be discussed with the hospital staff immediately on arrival for an early review
8. Any patient with mental health issues should be identified to the hospital staff immediately on arrival for an early review.

Cont.

OPS UPDATE

Extended handover escalation and cohorting, continued

If your patient's condition changes or deteriorates, please follow these steps:

1. Inform the lead clinician at the emergency department immediately
2. Provide a NEWS2 score to the lead clinician at the emergency department (see criteria below)
3. If available, inform the HALO (or LOM dependent on locality)
4. Where there is no response to an escalated concern, the HALO/LOM should contact the senior on-call hospital manager. If no HALO or LOM is available, the crew should contact the clinical advice line or clinical coordinator who can escalate in a similar fashion
5. Document any escalation made on your ePCR to demonstrate measures taken to ensure patient safety
6. Any incident where a patient deteriorates or is injured whilst in EEAST's care must be reported via the Datix system and the Tactical Commander notified.

Contemporaneous records are vital in these situations and documentation of the patient's condition should be maintained, at least hourly if the patient appears stable and this should be completed on EEAST patient care records (PCRs.) Hospital documentation should not be used but consideration can be given for an EEAST continuation sheet if necessary.

NEWS2 score criteria.

Physiological parameter	3	2	1	Score 0	1	2	3
Respiration rate (per minute)	≤8		9–11	12–20		21–24	≥25
SpO ₂ Scale 1 (%)	≤91	92–93	94–95	≥96			
SpO ₂ Scale 2 (%)	≤83	84–85	86–87	88–92 ≥93 on air	93–94 on oxygen	95–96 on oxygen	≥97 on oxygen
Air or oxygen?		Oxygen		Air			
Systolic blood pressure (mmHg)	≤90	91–100	101–110	111–219			≥220
Pulse (per minute)	≤40		41–50	51–90	91–110	111–130	≥131
Consciousness				Alert			CVPU
Temperature (°C)	≤35.0		35.1–36.0	36.1–38.0	38.1–39.0	≥39.1	