

Deteriorating Patient Pro forma

For patients with **new** episode of NEWS2 of 5 or above/other cause for concern

Initial escalation	Who contacted:	Reason:
	Date/time/initials:	NEWS2:

Name

Date of birth

Hospital number

District/NHS number

Main problems/diagnoses

- 1.
- 2.
- 3.
- 4.
- 5.

Time/date first seen

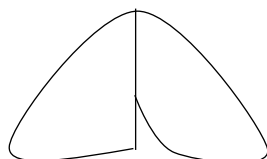
Name / grade / blp (print)

Brief history

Clinical examination

General impression

AIRWAY+BREATHING



RR

SO₂ Air / _____ % O₂

NIV/CPAP settings

CXR findings:

CIRCULATION

Temp

HR

BP

ECG (time/date)

CRT

JVP

Oedema

HS |----| |----|

DISABILITY

A V P U (circle)

GCS (if appropriate) E V M [/ 15]

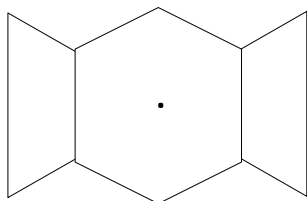
Pupils

Glucose

Known diabetic Y / N - Consider check for ketones if known diabetic/acutely elevated glucose

Confusion / Dementia / MTS:

EXPOSURE



Bowel sounds

NGT Y / N (if no - is one needed?)

Wounds/drains

PR (if appropriate)

Fluid/renal

Urine output past 6 hrs

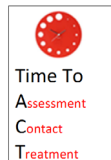
Fluid balance last 24 hrs

Catheterised Y / N (if no, do they need to be?)

Urine dipstick

AKI grade: 0 I II III (CKD / ESRF)

IF AKI REFER TO ACUTE KIDNEY INJURY CARE PATHWAY



SEPSIS Current antibiotics: Y / N *details*
 History/signs of NEW INFECTION? Y / N
IF NEW SEPSIS – FOLLOW TRUST SEPSIS PATHWAY

Recent blood results (*Inc. date + time*)

Other findings

Functional state / current limits of therapy

Evaluation

Plan

ABG / VBG (% O₂)
 Time
 PO₂
 PCO₂
 pH
 HCO₃
 SBE
 LACTATE

Date	Time	Name	Signature
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Further review/senior review

Date	Time
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Escalation plan

PLEASE COMPLETE A TEP FORM

If TEP form not completed:
 For full escalation (*including ICU*): Y / N
 Limitations of treatment (*details*)

DNACPR order: Y / N / Decision not made
If Yes, is DNACPR form completed? Y / N

Name/grade/bleep	Signature
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Remember communication

Senior speciality/other speciality Dr	Ward staff	Patient/family
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Patients named consultant should be made aware of clinical deterioration as soon as possible