

Situation

- Patient referred to the rapid response team with exacerbation of COPD for past 7 days.

Background

- Patient had a history of COPD and was a smoker of 20 - 40 cigarettes a day for 60 years.

Assessment

- The Patient's clinical observations were checked which produced a NEWS of 7. This score guided the completion of the SIRS and Sepsis screening tool.

Response

- The Sepsis score was 2 which prompted me to escalate this information to the Advanced Nurse Practitioner on call who advised hospital admission for sepsis 6 treatment.

If I had not used an early warning score in this situation I would not have completed the sepsis screening tool. The outcome for this patient could have got much worse as both the Community Matron and the GP had seen this patient prior to my visit. Escalation into acute care may therefore not have happened if an early warning score had not been used.

Bristol Community Health Nurse

Situation

- A patient was referred to the rapid response team with a chest infection following a visit from their GP, who prescribed them with a seven day course of amoxicillin (an antibiotic)

Background

- The patient had reduced mobility, vascular dementia, and several other chronic issues. The patient was able to mobilise through the help of a carer - usually their family, who lived with the patient at home.

Assessment

- The rapid response team made several visits over the course of the week and measured their early warning score with each visit. By following Bristol Community Health's escalation procedure when required the sepsis screening tool was used, and after three days the tool came back to say that sepsis was suspected.

Response

- This information was relayed to the Advanced Nurse Practitioner who dialled 999. The ambulance service arrived promptly, as sepsis was suspected, and the patient was transported to hospital.

The Early Warning Score assisted the rapid response/community staff in deciding the frequency of clinical observations, recognising patient deterioration promptly, and appropriate escalation to senior clinician then escalation too paramedics and appropriate hospital admission.

Bristol Community Health Rapid Response Team

Situation

- A patient's long term catheter was accidentally removed, causing them severe pain and rigors and prompting the residential home staff to call an ambulance

Background

- A NEWScore of 8 was calculated, and the ambulance suspected that the patient might be septic, so they pre-alerted ED. Upon arrival the NEWScore was now 11, and the patient was admitted into the resus area of ED.

Assessment

- A urinary tract infection and chest infection was identified, the sepsis 6 was delivered within 9 minutes of arrival, and senior medical attention given to the patient in ED.

Response

- A post-take medical consultant review was made within 6 hour, by which point NEWS returned a score of 6.

He was discharged back to his care home after 5 days in hospital having returned to his normal level of function, had his 95th birthday, and is still surviving more than 90 days after this episode.

Situation

- Patient was referred to the physio team with a swollen foot and reduced mobility. On initial assessment the patient had an early warning score of 3. The SIRS screen was triggered and sepsis was suspected. The decision was made for follow up the following day as it was not possible to arrange a blood test the same day.

Background

- The patient had dementia, which made their history unclear. Patient lived at home with their wife.

Assessment

- The following day, the patient's temperature had dropped to 35.3 degrees, the pulse was 45 BPM, and blood pressure was 94/46 - this produced an early warning score of 4. The patient had not passed urine in 8 hours.

Response

- Time to call 999! The patient was admitted to the Bristol Royal Infirmary and treated with IV antibiotics and IV fluids for cellulitis/sepsis. After a week's stay he was discharged and is well at home.

Having the early warning score in place helped us to recognise the seriousness of the situation. It caused us to consider sepsis when the clinical presentation initially may not have led to that conclusion (before taking standing blood pressure the patient would have scored 0 on EWS). When his observations deteriorated there was a clear protocol in place that enabled us to get him into hospital as soon as possible.

Situation

- Patient presented themselves to the rapid response team feeling generally unwell. During the initial telephone triage the patient was presenting symptoms that sounded like it may have been a stroke, and therefore an ambulance was called. Meanwhile, a member of the community team was sent out to visit.

Background

- The patient had returned from walking their dog feeling with confusion and muscle weakness. The previous day, they had experienced several episodes of Diarrohea and Vomiting and attended the out of hours GP service. No onward treatment was planned as the condition was thought to be viral.

Assessment

- We immediately identified that the patient had a NEWScore of 18 and called for an immediate response from the ambulance service. Upon arrival of the ambulance, we handed over that the patient had a NEWScore of 18 and a positive sepsis screening from using the sepsis screening tool.

Response

- Using this information, we were able to explain the necessity for immediate conveyance to the acute sector for treatment. The patient was then transferred to the Bristol Royal Infirmary where they received the sepsis 6 and was diagnosed with para influenza, CAP, and probably bilary sepsis

The Early Warning Score empowered us to explain the necessity for immediate referral to the acute sector. The good news is that thanks to NEWS and the sepsis screening tool, the right response was received at the right place enabling the patient's life to be saved.

Situation

- An older female patient became acutely unwell in our inpatient area.

Background

- Health care assistants complete daily physical observations as a routine intervention.

Assessment

- Vital and physiological signs were measured and upon reading a NEWScore of 4 appropriate action was triggered which required medical intervention.

Response

- A Doctor was called and sepsis suspected, which led to an emergency transfer to Gloucester Hospitals Trust.

This situation demonstrates how NEWS can be used to improve physical health in a mental health setting and how it is a critical tool towards achieving the right treatment, in the right place, at the right time.