

Deterioration in Physical Health

Delivered by Jessica Wenner
(Community Learning Disabilities
Nurse)



Introduction

- Your name
- Where you work
- Experience of working with individuals with Complex Physical Health
- Any previous physical health training?
- Housekeeping – Mobile Phones, Fire escapes, toilets, online functions etc

Aims and Objectives

- Identify common health conditions associated with individuals with a Learning Disability and why they're common.
- Understand what Sepsis is and why we need to act.
- Understand and recognise when someone may be unwell or getting worse ("deteriorating") using soft signs.
- Demonstrate SBARD (situation, background, assessment, recommendation, decision) to inform someone that you are worried in order to get the right help.
- Introduce the 'Red bag'.
- Understand the importance of documentation: Hospital Passports and Respect Document.



Why are we talking about physical health?

People with Learning Disabilities have poorer health than other people and die younger. (Public Health England, 2017).

The Confidential Inquiry into premature deaths of people with a learning disability found that 38% of people with a learning disability died from an avoidable cause, compared to 9% in a comparison population of people without a learning disability (Heslop et al. 2013, p. 92).

Health inequalities are unfair and avoidable differences in health across the population and between different groups within society. People with a learning disability are under served in access to healthcare and experience high levels of health inequality. Most of the avoidable deaths in people with a learning disability were because timely and effective treatment was not given. (NICE,

Common health problems in individuals with a Learning Disability

- Epilepsy.
- Respiratory Disease.
- Dysphagia.
- Constipation.
- Diabetes.
- Mental Health Problems.
- Dementia.

(Public Health England, 2018).

Sepsis

Sepsis Awareness

Sepsis is a rare but serious reaction to an infection. If you get an infection, your body's immune system responds by trying to fight it. Sepsis is when this immune system response becomes overactive and starts to cause damage to the body itself.

Sepsis needs to be treated urgently because it can quickly get worse and lead to septic shock. Septic shock is very serious, as it can cause organ failure and death.

Anyone with an infection can get sepsis. But some people have a higher chance of getting it than others.

(NICE, 2017).

OPEN WIDE AND JUST ASK ‘COULD IT BE SEPSIS?’

Sepsis is a life-threatening condition triggered by an infection anywhere in the body – including a dental or throat infection. **It kills 44,000 people a year in the UK, yet can be treated easily if caught early.** So if someone on antibiotics, or who has a fever or flu-like symptoms, becomes very unwell, always ask ‘could it be sepsis?’

ANY ADULT WHO HAS:

- S**lurred speech or confusion
- E**xtrême shivering or muscle pain
- P**assed no urine in a day
- S**evere breathlessness
- I**llness so bad they fear they are dying
- S**kin mottled or discoloured

ANY CHILD WHO:

- Is breathing very fast
- Has a ‘fit’ or convulsion
- Looks mottled, bluish or pale
- Has a rash that does not fade when you press it
- Is very lethargic or difficult to wake
- Feels abnormally cold to touch

**MIGHT HAVE SEPSIS:
CALL 999 AND JUST ASK ‘COULD IT BE SEPSIS?’**

For symptom cards and information,
visit www.sepsistrust.org



THE UK
SEPSIS
TRUST

The UK Sepsis Trust registered charity number (England & Wales) 1158843. Company registration number 8644039. Sepsis Enterprises Ltd. Company number 9583335. VAT reg. number 225570222

<https://www.youtube.com/playlist?list=PLrVQaAxyJE3cJ1fB9K2poc9pXn7b9WcQg>



with you, for you

What is the problem ?

Deterioration, including Sepsis, is often recognised late, sometimes too late, and can have life changing consequences.

But what if we could identify it sooner?



or in the
Care Home



at the GPs



in the
Ambulance



in the Emergency
Department



in hospital

and what if we all spoke the same language and could communicate our concerns better?

Soft Signs

(Early indications of
"unwellness")

SBARD

(Situation- Background - Assessment
Recommendation – Decision)

Why is this important?

We know that people with a learning disability:

- ☐ Have poor health outcomes and carers may find it difficult to communicate with GPs
- ☐ May have health problems which make them more vulnerable to infection
- ☐ May have difficulty saying when they are unwell, so we want to help families and carers be 'their voice'.
- ☐ Statistically die from COVID-19 are much younger than in the general population
- ☐ Are greatly impacted by COVID-19, so carers will benefit from understanding the signs which will really make a difference in this pandemic.



Signs someone may be unwell and what should I do?

Ask the person you support – how are you?

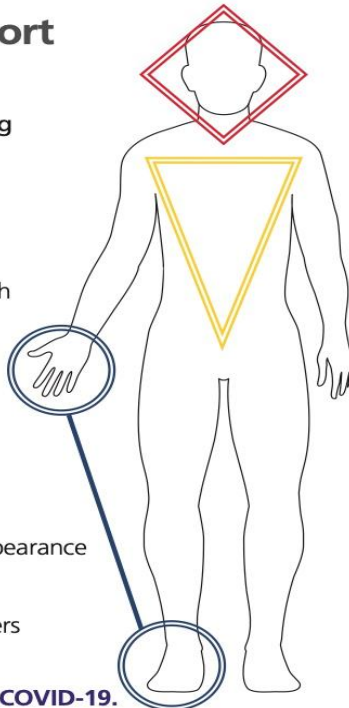
Does the person show any of the following 'soft signs' of deterioration?

- = Increasing **breathlessness**, **chestiness** or **cough/sputum**
- = Change in **usual drinking / diet habits**
- = A **shivery fever** – feel **hot or cold** to touch
- = Reduced mobility – '**off legs**' / less co-ordinated or **muscle pain**
- = New or increased confusion / agitation / anxiety / pain
- = Changes to usual level of **alertness / consciousness / sleeping** more or less
- = **Extreme tiredness** or **dizziness**
- = '**Can't pee**' or '**no pee**', change in pee appearance
- = **Diarrhoea**, **vomiting**, **dehydration**

Any **concerns** from the person / family or carers that the person is not as well as normal.

If purple signs are present, think possible COVID-19.

If YES to one or more of these triggers – take action!



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Get your message across

Client name: NHS No. D.O.B.

Raise the alert. If you are a family carer or friend and are worried about the person you support talk to their nurse or GP. In an emergency you may need to call NHS 111 or 999. Support workers or home carers can also do this or consult a colleague or manager. **Try using the SBARD Structured Communication Tool** (below) to support reporting your concerns.

<p>S Situation e.g. what's happened? How are they?</p> <p>B Background e.g. what is their normal, how have they changed?</p> <p>A Assessment e.g. what have you observed / done?</p> <p>R Recommendation 'I need you to...'</p> <p>D Decision what have you agreed?</p>	<p>Key prompts / decisions</p>
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Name of person completing: Signature:

Today's date:

If you are worried about the person, don't just think about it, seek advice.

CS52291 NHS Creative 1/2021

Activity 1: Sharing Experience

Think of a time when you or someone you support became unwell.

- ☐ How did you **first** know you were unwell?
- ☐ What did you see, hear, feel etc.?



Early “Soft Signs” of deterioration

<https://www.youtube.com/watch?v=JYafrPgAUL4&list=PLrVQaAxyJE3cbdJCYYsIZgHrhY9PtINIA&index=2>



Soft signs of being unwell



What are “Soft Signs”?

- They are the early indicators that someone may be becoming unwell
- Sometimes it can be obvious that someone is unwell, but at other times it might be much harder to spot.
- Often families and friends will pick up on the subtle changes in a person’s behaviour, manner or appearance. Therefore family concerns should always be taken seriously, even if you think the person is fine.
- Soft signs are unique to the individual, it is about knowing what is normal for them.



Examples of 'soft signs'

Changes in physical presentations

- being short of breath
- not passing much urine
- being hot, cold or clammy to touch
- being unsteady while walking

Changes in behaviour or ability

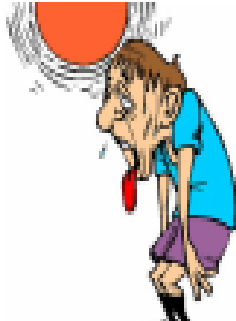
- increased tiredness
- altered sleep pattern
- reduced inhibitions
- Being very restless or hyperactive

Changes in mental state

- having new or worse confusion
- feeling more anxious or agitated
- Being more withdrawn than normal



Spot the soft signs



High levels of
excitement,
anxiety or
stress



Feeling very poorly or
like something is really
wrong with your body.



Constipation



Being sleepier than
normal or being hard
to wake up.



Finding it hard to breathe
or breathing very fast.

Scenario 2: Shanna

Shanna is a 40yr old lady who lives alone in a 2 bedroom flat with support from carers. She is known to be prone to chest infections and often has antibiotics for it.

Last night Shanna looked more tired, less interactive and tearful. She has remained asleep for most of this morning and was reluctant to get up to eat, wash or do any of her usual daily activities. On occasions you felt she was drifting back to sleep mid conversation and was difficult to arouse. You also noticed she was slightly wheezy but has refused the offer of medication. You contacted the GP who prescribed antibiotics as in previous episodes. However Shanna was not keen to take them, choosing to remain asleep. By the evening Shanna had developed a fever and beginning to loose colour.



Q:What would worry you about Shanna today?

What soft signs can you spot in Shanna?

What could you do to get Hillary the right help early?

Scenario: Charlie

Charlie is 67 yrs old gentleman admitted to care home as unable to cope. Charlie has full capacity but reduced mobility. Charlie has been with the home for 3 months and is generally fit and well. He is on medication for hypertension but no other medication and has not required medication review since joining the home.

One morning you notice that Charlie is reluctant to eat his breakfast and feels he needs to go back to bed for a rest. When you check on Charlie an hour later you feel his hands are colder than normal and he is beginning to shiver. Charlie has also informed you he does not feel very well.

Soft signs: What soft signs can you recognise in Charlie?

What would you do next?



Medical Emergencies

There may be occasions when the early signs of deterioration may be a medical emergency. In these cases contact the emergency services immediately. Such situations include:

- ❖ Chest pain or suspected heart attack
- ❖ Where the person is displaying signs consistent with having a stroke
- ❖ Prolonged seizure where the person does not have a care plan in place to manage it
- ❖ Where the person has sustained a significant injury – e.g. a fracture or head injury
- ❖ Where the person is unable to breathe



If in doubt, get it checked out! Do not be afraid to call 999 for support.

Communicating and Escalating concerns (SBARD)

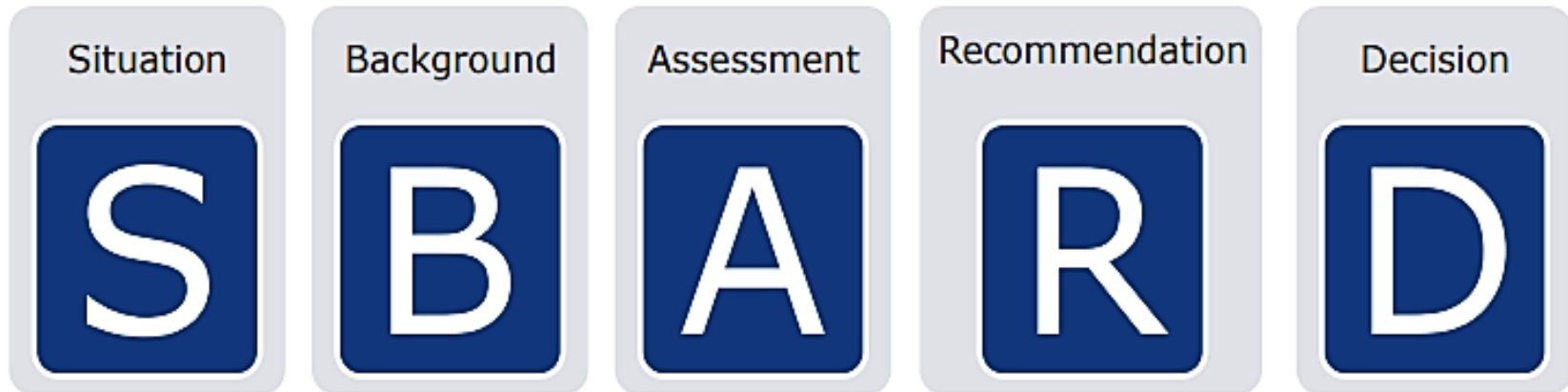


[Telling someone you are worried
\(SBARD\) - YouTube](#)



Telling someone
you're worried
(SBARD)





SBARD is a structured method for communicating critical information that requires immediate attention and action effectively with medical professionals.

Evidence shows that using SBARD helps with Communication, Confidence and promoting safety

Communication/Handover Tools

S	Situation: I am (nurse X) on ward (X), I am calling about patient (X), I am calling because I am concerned that..... (e.g. patient's mood is very low and expressing suicidal ideation)
B	Background: Patient (X) was admitted on (X date) following (X) but has until today been well. Patient has a diagnosis of (X condition) and their Mental Health Act status is (X) and he/she is receiving (medication/therapy) The patient has deteriorated in the last (X) AND/OR following (X)
A	Assessment: I think the problem is (X) and I have (e.g. Put the patient on higher level observation) OR I am not sure what is wrong but patient (X)'s mental state has deteriorated and I am worried they are at higher risk of X OR I do not know what is wrong but I am worried and concerned
R	Recommendation: I need you to (eg. come and see the patient by X time) in order to (X)
D	Decision: So we have agreed you will visit the ward in the next (X mins), and in the meantime we will (X) (eg. Place the patient on enhanced observation and engagement)
Ask receiver to repeat key information to ensure understanding	

SBAR Information Tool

S	Situation I am (name), (job title) I am calling about (patient X) I am calling because I am concerned that... (e.g. BP is low/high, pulse is XX, temperature is XX, National Early Warning Score is XX)
B	Background Patient (X) was admitted to service on (XX date) with (e.g. UTI/chest infection) Patient (X)'s condition has changed in the last (XX mins/hours/since last visit) Their last set of obs were (XX) Patient (X)'s normal condition is... (e.g. alert/drowsy/confused, pain free)
A	Assessment I think the problem is (XXX) And I have... (e.g. given O ₂ , analgesia, stopped the infusion) OR I am not sure what the problem is but patient (X) is deteriorating/needs assessment OR I don't know what's wrong but I am really worried
R	Recommendation I need you to... Come to see the patient in the next (timescale) AND Is there anything I need to do in the mean time? (e.g. stop the fluid/repeat the obs)

Get your message across

Client name: NHS No. D.O.B.

Raise the alert. If you are a family carer or friend and are worried about the person you support talk to their nurse or GP. In an emergency you may need to call NHS 111 or 999. Support workers or home carers can also do this or consult a colleague or manager. **Try using the SBARD Structured Communication Tool** (below) to support reporting your concerns.

	Key prompts / decisions
S Situation e.g. what's happened? How are they?	
B Background e.g. what is their normal, how have they changed?	
A Assessment e.g. what have you observed / done?	
R Recommendation 'I need you to...'	
D Decision what have you agreed?	

Name of person completing: Signature:

Today's date:

If you are worried about the person, don't just think about it, seek advice.

SBARD



Telling someone you are worried

Thinking about a SBARD form:

- Could it be worth collecting the information so you know where it is when needed?
- Do you know who to call if you are worried? How about finding the telephone numbers and keeping them near the SBARD form.
- Keep the information in one place and tell people where it is – e.g. with other important documents such as on the fridge door or even in your mobile phone.

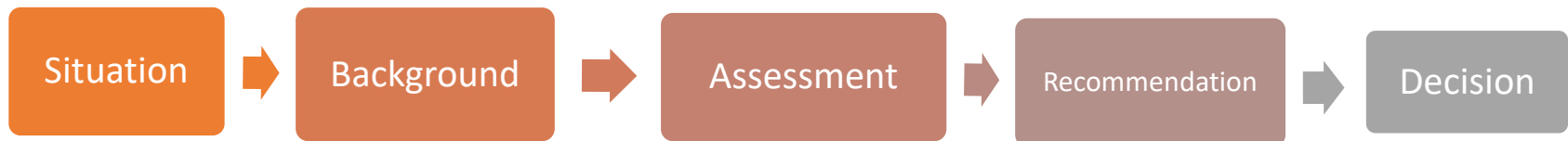


Example Practice

One morning you notice that 67yr old Charlie is reluctant to eat his breakfast and feels he needs to go back to bed for a rest. When you check on Charlie an hour later you feel his hands are colder than normal and he is beginning to shiver.

Charlie is generally fit and well. He is on medication for hypertension but no other medication and has not required a medication review since starting this. Today Charlie has informed you he does not feel very well.

Using the SBARD framework, how would you communicate your concerns about Charlie to the 111 or the GP?



Example Practice

Situation

I am ringing because I am worried about a person I am a carer for. Charlie is generally fit and well.

I became concerned as he is off his food, unusually lethargic, cold and shivering and is complaining of feeling unwell.

Background

Charlie is 67yrs old and has a moderate learning disability.

He is on medication for hypertension but no other medication.

He has not required medical review since starting this.



Example Practice

Assessment

I am not sure what the problem is but Charlie's condition is deteriorating.

Recommendation

Please could you review Charlie?

Is there anything you recommend I do to help Charlie?

GP- Advice please give 1g of paracetamol, plenty to drink, and continue to monitor Charlie

Decision

GP – advises to come in

Continue to monitor and call back if Charlie's condition changes before appointment



Scenario 2: Shanna

Shanna is a 40yr old lady who lives alone in a 2 bedroom flat with support from carers. She is known to be prone to chest infections and often has antibiotics for it.

Last night Shanna looked more tired, less interactive and tearful. She has remained asleep for most of this morning and was reluctant to get up to eat, wash or do any of her usual daily activities. On occasions you felt she was drifting back to sleep mid conversation and was difficult to arouse. You also noticed she was slightly wheezy but has refused the offer of medication. You contacted the GP who prescribed antibiotics as in previous episodes. However Shanna was not keen to take them, choosing to remain asleep. By the evening Shanna had developed a fever and beginning to loose colour.



Example Practice

Situation

Background

Assessment

Recommendation

Decision

Summary

You are often the expert on the person you look after and you know when something is not right.

Think about soft signs for that person, and share them with other people.

Think about how to tell others when you are worried.
Remember, **if you are worried about someone, don't just think about it, seek advice.**



The Red Bag



Hospital Traffic Light Passport

My Health

Date Completed:

My

Health

Passport

Gloucestershire Health Community

PHOTO

Please read this assessment to get to know me. It contains important information about me.

Name

My name is

I like to be known as

My DOB and NHS no.

This health passport belongs to me. Please return it when I am discharged.

FOR HOSPITAL ADMISSIONS: Please keep a copy of my health passport with my nursing file at the end of the bed. Please also inform the Hospital Liaison Nurses that I am here and record the date in my notes.

<p>Communicate</p>	<p>My preferred communication method to help me understand:-</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Speaking <input type="checkbox"/> Using objects </div> <div> <input checked="" type="checkbox"/> Signing <input type="checkbox"/> Inform Others </div> <div> <input type="checkbox"/> Pictures <input type="checkbox"/> Easy Read </div> </div> <p>Other communication methods I find helpful:-</p>
<p>Help</p>	<p>I have difficulty with:-</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Writing <input type="checkbox"/> Moving </div> <div> <input checked="" type="checkbox"/> Self-care <input type="checkbox"/> Controlling my behaviour </div> </div>
<p>Anxious</p>	<p>How to help me if I am anxious:-</p>

CAPACITY TO CONSENT – [PAGE 6](#) CURRENT PRESCRIBED MEDICATION – [PAGE 6](#)

1

ReSPECT Document

Recommended Summary Plan for
Emergency Care and Treatment for:

Preferred name

1. Personal details

Full name

Date of birth

Date completed

NHS/CHI/Health and care number

Address

2. Summary of relevant information for this plan (see also section 6)

Including diagnosis, communication needs (e.g. interpreter, communication aids) and reasons for the preferences and recommendations recorded.

Details of other relevant planning documents and where to find them (e.g. Advance Decision to Refuse Treatment, Advance Care Plan). Also include known wishes about organ donation.

3. Personal preferences to guide this plan (when the person has capacity)

How would you balance the priorities for your care (you may mark along the scale, if you wish):

Prioritise sustaining life, even at the expense of some comfort

Prioritise comfort, even at the expense of sustaining life

Considering the above priorities, what is most important to you is (optional):

4. Clinical recommendations for emergency care and treatment

Focus on life-sustaining treatment as per guidance below
clinician signature

Focus on symptom control as per guidance below
clinician signature

Now provide clinical guidance on specific interventions that may or may not be wanted or clinically appropriate, including being taken or admitted to hospital +/- receiving life support:

CPR attempts recommended
Adult or child
clinician signature

For modified CPR
Child only, as detailed above
clinician signature

CPR attempts **NOT** recommended
Adult or child
clinician signature

5. Capacity and representation at time of completion

Does the person have sufficient capacity to participate in making the recommendations on this plan?
Yes / No

Do they have a legal proxy (e.g. welfare attorney, person with parental responsibility) who can participate on their behalf in making the recommendations?
Yes / No / Unknown

If so, document details in emergency contact section below

6. Involvement in making this plan

The clinician(s) signing this plan is/are confirming that these recommendations have (circle at least one):

A been recorded after discussion involving this person, who has sufficient mental capacity to participate in making relevant decisions

B where appropriate, been discussed with a person holding parental responsibility

C in the case of a person who does not have sufficient mental capacity to participate in relevant decision-making, been made in accordance with capacity law

D been made without involving the patient (or best interests/overall benefit meeting if the patient lacks capacity)

If D has been circled, state valid reasons here. Document full explanation in the clinical record.

Date, names and roles of those involved in discussion, and where records of discussions can be found:

7. Clinicians' signatures

Designation (grade/speciality)	Clinician name	GMC/NMC/ HCPC Number	Signature	Date & time
Senior responsible clinician				

8. Emergency contacts

Role	Name	Telephone	Other details
Legal proxy/parent			
Family/friend			
GP			
Lead Consultant			
Other			

9. Confirmation of validity (e.g. for change of condition)

Review date	Designation (grade/speciality)	Clinician name	GMC/NMC/ HCPC number	Signature

Aims and Objectives Revisited

- Identify common health conditions associated with individuals with a Learning Disability and why they're common.
- Understand what Sepsis is and why we need to act.
- Understand and recognise when someone may be unwell or getting worse ("deteriorating") using soft signs.
- Demonstrate SBARD (situation, background, assessment, recommendation, decision) to inform someone that you are worried in order to get the right help.
- Introduce the 'Red bag'.
- Understand the importance of documentation: Hospital Passports and Respect Document.





with you, for you



Gloucestershire Health and Care
NHS Foundation Trust



**Thank you for listening.
Any questions?**



working together | always improving | respectful and kind | making a difference