

Standard Operating Procedure 2 (SOP 2)

Physical Health Monitoring - Crisis Resolution Home Treatment Team

Why we have a procedure?

Black Country Partnership Foundation Trust is intent that all service users will receive a core review of their physical health needs. All patients admitted to Crisis Home Treatment Team will receive a Baseline assessment of their Physical Health. This standard operating procedure (SOP) describes the minimum standard of physical assessment that a service user can expect.

The purpose of this SOP is to provide a framework for baseline physical health assessment and safe practice in detecting physiological deterioration of a patient and acting upon any early warning signs, thereby improving patient outcomes and safety.

This SOP also aims to provide direction and guidance for the planning and implementation of high quality physical health care interventions for service users within Crisis Home Treatment Team.

Underpinning this SOP is the recognition that training and equipment is required at a level which can be effectively utilised by all health care practitioners.

What overarching policy the procedure links to?

Physical Health Policy

Which services of the trust does this apply to? **Where** is it in operation?

Group	Inpatients	Community	Locations
Mental Health Services	x	✓	Crisis Teams
Learning Disabilities Services	x	x	all
Children and Young People Services	x	x	all

Who does the procedure apply to?

All staff in the Crisis Home Treatment Teams

When should the procedure be applied?

When conducting physical health care of a patient under CRHT.

How to carry out this procedure

Minimum Standard for Physical Examination on Admission to CRHT

CRHTT will identify how they will meet the minimum standards described in this SOP and address any additional needs of the patient. The minimum assessment and examination standards include:

- Observation of general appearance
- Any recent changes in physical health (weight loss/gain) patient's perception
- Temperature, Blood Pressure, Pulse, Oxygen Saturation levels, Blood Glucose Monitoring and Respirations

Medical, Nursing and Pharmacy staff have an important role in ensuring that medication reconciliation is completed within 24 hours of admission (see **Medicines Reconciliation on Admission to Hospital Policy**).

It is emphasised that these are minimum standards and in some services a more rigorous examination may be required. Expert advice should be sought from specialist services when specific conditions are already established or identified in the course of assessment, for example, diabetes, coronary heart disease, asthma, Chronic Obstructive Pulmonary disease (COPD), infections and epilepsy. In order to inform care plans, on-going treatment regimens should be regularly reviewed and documented.

Minimum Standards of Equipment

- Sphygmomanometer – digital or manual
- Stethoscope (if using manual Blood Pressure monitor)
- Tympanic Thermometer
- Disposable gloves
- Blood Glucose monitor
- Pulse oximeter

Service Users Refusing Physical Health Care

It is not possible to conduct a baseline physical health assessment or care to a patient if they do not consent. Every attempt must be recorded in the patient notes and updated on Oasis with the reason why this was not achieved.

Staff must make repeated attempts/ offers throughout the patient episode under CRHTT.

Where a patient lacks capacity to consent to the baseline observations this will be recorded on the physical health observation sheet as well as informing the doctor. Any agreed action must be clearly documented.

Physical Health Review

The physical health care of the patient under CRHT will be considered as part of their initial assessment, documented in the notes. CHTT will collaborate with both inpatient and community teams to meet the physical health needs of the patient, MDT will support the patient to access appropriate primary health care services including routine screening programmes, monitoring health promotions as required.

Where do I go for further advice or information?

Matron – Sandwell Acute and Urgent Care

Training

The Trust expectation is that healthcare staff will keep their physical health examination skills and complete self-assessment of medical devices audit yearly. (This will identify any training need for individual staff).

The aims of training should be:

Understanding the links between serious mental illness and physical health

Provision of support and advice to patients in the areas of healthy lifestyles

To have an understanding and awareness of the effects of medication on physical health.

To be competent in clinical skills all staff are expected to utilise health promotion opportunities and should avail themselves to additional training to Champions and promote those skills in their clinical areas and teams

Monitoring / Review of this Procedure

In the event of planned change in the process(es) described within this document or an incident involving the described process(es) within the review cycle, this SOP will be reviewed and revised as necessary to maintain its accuracy and effectiveness.

Monitoring Compliance and Effectiveness

What is being monitored	Method of Monitoring	Monitoring Frequency	Person Responsible for performing the monitoring	Who is Audits reported to
Duties	Audit		Registered Nurses	Matron Group

Equality Impact Assessment

Please refer to overarching policy

Data Protection Act and Freedom of Information Act

Please refer to overarching policy

Standard Operating Procedure Details

Unique Identifier for this SOP is	BCPFT-PH-SOP-04-2
State if SOP is New or Revised	New
Policy Category	Physical Health
Executive Director whose portfolio this SOP comes under	Executive Director of Nursing, AHPS, Quality and Psychology
Policy Lead/Author Job titles only	Matron – Sandwell Acute and Urgent Care
Committee/Group Responsible for Approval of this SOP	Nursing Board
Month/year consultation process completed	June 2017
Month/year SOP was approved	June 2017
Next review due	June 2020
Disclosure Status	'B' can be disclosed to patients and the public

Review and Amendment History

Version	Date	Description of Change
1.0	Jun 2017	New SOP developed to support overarching Physical Health Policy specifically for use by Crisis Resolution Home Treatment Team