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| Camden Rapid Response Admission Avoidance – clinical scenario examples – **call 07717 858 081**  |
| **Condition List** | **What Rapid Response would accept onto service** (call 07717 858 081) | **What should go to ED** |
| Asthma | Breathless or wheezy without signs of severe asthma | Signs of severe asthma as per British Thoracic Society guidelines |
| Cellulitis | Unilateral or Bilateral, monitoring and review of bloods | Suspected sepsis, facial and scrotal cellulitis,?diabetic poor control |
| Congestive heart failure (CHF) | SP02 >94%, RR <24, Temp < 38.1 | Suspected sepsisHypotension |
| Dehydration | Reduced intake or fluid status but does not require IV fluids | Patient requires IV fluids Unable to tolerate PO fluids |
| Elderly frail patients who have become symptomatic and are at risk of admission, such as sudden reduction in mobility and new confusion | Patient who requires rapid physio or occupational therapy review to prevent admission.Delirium with treatable cause e.g. UTI | Confusion due to sepsisPatient requiring more than two staff to mobilise  |
| Exacerbations of chronic obstructive pulmonary disease (COPD)  | SP02 >85%, RR <26, Temp < 38.1 | Suspected sepsis |
| Falls without apparent injuries, in particular without hip pain | Patient has had a fall or multiple falls without injury. Patient has got up with or without assistance (LAS). | Patient has suspected fracture |
| Hypertension | Systolic BP < 200mmHg and have started treatment, if no evidence of accelerated or malignant hypertension | Evidence of accelerated or malignant hypertension, i.e. end-organ damage, e.g. encephalopathy, cardiovascular or renal damage |
| Patients at end of life – out of hours and not known to district nurses or palliative care | Patient who requires palliative treatment due to sudden deterioration and is not for admission to hospital – must be documented with DNR  | Patient for admission and treatment |
| Respiratory tract infection, including pneumonia | [NEWS2](https://www.rcplondon.ac.uk/projects/outputs/national-early-warning-score-news-2) < 4,Temp < 38.1 | Suspected sepsis |
| Simple head injury  | GCS > 14 or AVPU – Alert, could have minor wound that could be treated with dressings  | GCS <14 or AVPU < A.Requires head to be sutured or glued. On anticoagulants. Any vomiting. |
| Unstable diabetes | BM’s < 20 without ketonuria | Ketonuria or suspected ketoacidosisBM >20 |
| Urinary tract infection, blocked catheter with pain or haematuria from infection  | UTI requiring treatment and monitoring Urinary Retention requiring catheterBlocked catheter not known to DNs  | Suspected sepsisFrank Haematuria  |

* **District Nursing contact**: please call the ‘Clinician of the Day’ if a query about any patients currently being supported by the home-based service: <https://gps.camdenccg.nhs.uk/service/district-nursing-clinician-of-the-day-cnwl-senior-nurse>
* **Suspected sepsis** – the patient exhibits signs such as high fever, tachycardia or tachypnoea, or acute confusion: <http://www.rcgp.org.uk/clinical-and-research/resources/toolkits/sepsis-toolkit.aspx>
* **Social care packages** – Rapid Response has access to social care packages, e.g. if medical condition is suitable for admission avoidance but due to deterioration in functionality are worried about a patient coping at home.