

Rapid Response Admission Avoidance in Camden



Camden's Rapid Response Admission Avoidance team can help you avoid an unnecessary emergency hospital admission for your patient.

'Rapid Response Admission Avoidance' provides short-term intensive nursing and other clinical support, including therapies and social care, for up to 10 days for patients (18 years and above) who can be managed in their own home but are otherwise at risk of hospital admission.

Core hours: 8am to 9pm, seven days a week
Mobile: 07717 858 081 (accepts referrals 24/7).

Clinical scenario examples

Condition	Rapid Response accepts	Should go to emergency department
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 sepsis Hypotension
Dehydration	Reduced intake or fluid status but does not require IV fluids	Patient requires IV fluids Unable to tolerate PO fluids
Elderly frail patient who has become symptomatic and is 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 sepsis Patient requiring more than two staff to mobilise
Exacerbations of chronic obstructive pulmonary disease (COPD)	SP02 >85%, RR <26, Temp < 38.1	Suspected sepsis
Fall 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, for example encephalopathy, cardiovascular or renal damage
Patient at end of life – out of hours and not known to district nurses or palliative care	Patient 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	NEWS2 < 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 ketoacidosis BM >20
Urinary tract infection, blocked catheter with pain or haematuria from infection.	UTI requiring treatment and monitoring Urinary Retention requiring catheter Blocked catheter not known to DNs.	Suspected sepsis Frank Haematuria.

The list above is not exhaustive. If you're unsure, please call Rapid Response on 07717 858 081 to have a clinician to clinician discussion.

More information

Camden GP website: gps.camdenccg.nhs.uk/service/rapid-response-admission-avoidance

District nursing: gps.camdenccg.nhs.uk/service/district-nursing-clinician-of-the-day-cnwl-senior-nurse

Suspected sepsis: Patient exhibits signs such as high fever, tachycardia or tachypnoea, or acute confusion - rcgp.org.uk/clinical-and-research/resources/toolkits/sepsis-toolkit

Key inclusions: Camden residents

Key exclusions: Patients whose primary needs are mental health services or patients requiring hospital care.

"I was very pleased not to have to go into hospital. I don't want to be on a geriatric ward."

Rapid Response patient