The Association for Clinical Biochemistry & Laboratory Medicine

Better Science, Better Testing, Better Care

Summary of NICE Guidelines

Title	Acutely ill adults in hospital: recognising and responding to deterioration.
NICE Reference	CG50
Date of Review:	August 2017
Date of Publication	July 2007 (Reviewed March 2016)
Summary of Guidance (Max 250 words)	Identifying patients whose clinical condition is deteriorating or is at risk of deterioration ▪ Employ a multiple parameter scoring system with cut off points to trigger a response. ▪ "Track and trigger response systems" should measure physiological parameters such as: heart rate, respiratory rate, systolic blood pressure, level of consciousness, oxygen saturation and temperature. ▪ Additional monitoring may be required: ○ Hourly urine output ○ Biochemical analysis (lactate, blood glucose, base deficit & arterial pH) ○ Pain assessment ▪ Thresholds for track and trigger systems should be set locally and reviewed regularly to optimise sensitivity and specificity. Graded response strategy for patients at risk of clinical deterioration ▪ Strategy should be agreed and delivered locally. ▪ Three score groups: ○ Low: Increased frequency of observations and the nurse in charge alerted. ○ Medium: Urgent call to team with primary medical responsibility for the patient. ○ High: Emergency call to team with critical care competencies and diagnostic skills - an immediate response. ▪ For patients in the high- and medium-score groups: initiate appropriate interventions, assess response and formulate a management plan including location and level of care. ▪ Clinical emergency patients should bypass this grading system Transfer of patients from critical care to general ward ▪ Avoid transfer between 22.00 and 07.00 -document as an adverse incident if this occurs. ▪ A formal structured handover of care should include a summary of the critical care stay, a plan for ongoing treatment together with the physical and emotional needs of the patient.
Impact on Lab (See below)	☐ Moderate
Lab professionals to be made aware	✓ Clinical Scientist ✓ Biomedical Scientist

Please detail the impact of this guideline (Max 150 words)	Patients whose clinical condition is deteriorating or is at risk of deterioration may require additional monitoring in the form of biochemical analysis. Analytes such as lactate, blood glucose, base deficit & arterial pH can be measured via point of care blood gas analysers, on the ward, or samples may be sent directly to the laboratory. Healthcare scientists should be aware that acutely ill patients can deteriorate rapidly and that laboratory investigations may provide an early indication of this. However, these are relatively routine biochemical investigations that will have minimal impact on the laboratory services currently on offer. It is imperative that laboratory turnaround times are adhered to for samples from surgical, A&E, neonatal or intensive care wards as these patients may deteriorate rapidly.

Impact on Lab

- **None**: This NICE guideline has no impact on the provision of laboratory services
- **Moderate**: This NICE guideline has information that is of relevance to our pathology service and may require review of our current service provision.
- **Important:** This NICE guideline is of direct relevance to our pathology service and will have a direct impact on one or more of the services that we currently offer.

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