

# Welcome Basic Health Observations



The 'Care To Step Up' programme is part-funded by:

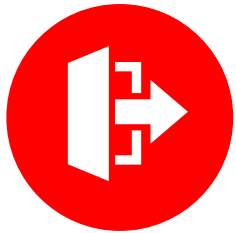


**European Union**

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# Housekeeping



**FIRE  
ESCAPES**



**COMFORT  
BREAKS**



**FACILITIES**



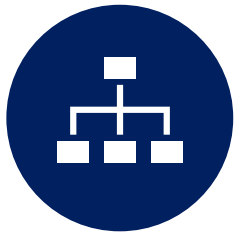
**SMOKE-FREE  
ZONE**



**COVID-19  
SAFETY**



**GREEN  
POLICY**



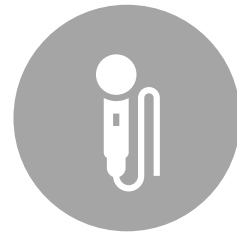
**COURSE  
STRUCTURE &  
EXPECTATIONS**



**QUESTIONS,  
RESPECT &  
COURTESY**



**CONFIDENTIALITY**



**MICS OFF  
CAMERA ON!**



**TIMEKEEPING  
& DEADLINES**



**KEEP  
LEARNING**

# Introductions!



# Learning Objectives

- Identify the different types of Basic Health Observations and their purpose.
- Recognise when an individual may be deteriorating or at risk of physical deterioration, using Restore 2 soft signs tool
- Explain how you would react appropriately to a deteriorating individual taking their advanced care plans into consideration
- Demonstrate or describe how you would obtain a complete set of physical observations using a basic health observations kit.
- Demonstrate how to provide a concise handover to health professionals to support their professional decision using the SBARD escalation tool.
- Describe how to use the Hertfordshire escalation tool to identify the appropriate actions to take with a deteriorating individual

# Where are you now?



What are the 5 different types of  
Basic Health Observations?



# 5 different types of Basic Health Observations

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RESPIRATORY  
RATE



TEMPERATURE



OXYGEN  
SATURATIONS



BLOOD  
PRESSURE



HEART  
RATE

How many times do you think we breathe  
in a minute?







## RESPIRATORY RATE

- A normal range is between 12-20 breaths per minute
- What can cause an abnormal respiratory rate reading?
- What can we do about it?

## Measuring respiratory rate

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- Can you think of some troubleshooting tips?
- Count the number of breaths for one minute by counting how many times the chest rises
- Make sure you have a watch or timer
- Split into groups and practice!





# TEMPERATURE

- The range for a normal body temperature can range from 36.1-38°C for a healthy adult.
- What can cause an abnormal temperature reading?
- What can we do about it?

## Temperature: Ear thermometers

- Can you think of some troubleshooting tips?
- Place a clean cap on thermometer
- Place the ear probe snugly in the ear canal direct towards opposite temple
- Take measurement and then dispose of used hygiene cap.
- Wear correct PPE for close contact



# Comfort break

Your session will resume shortly...



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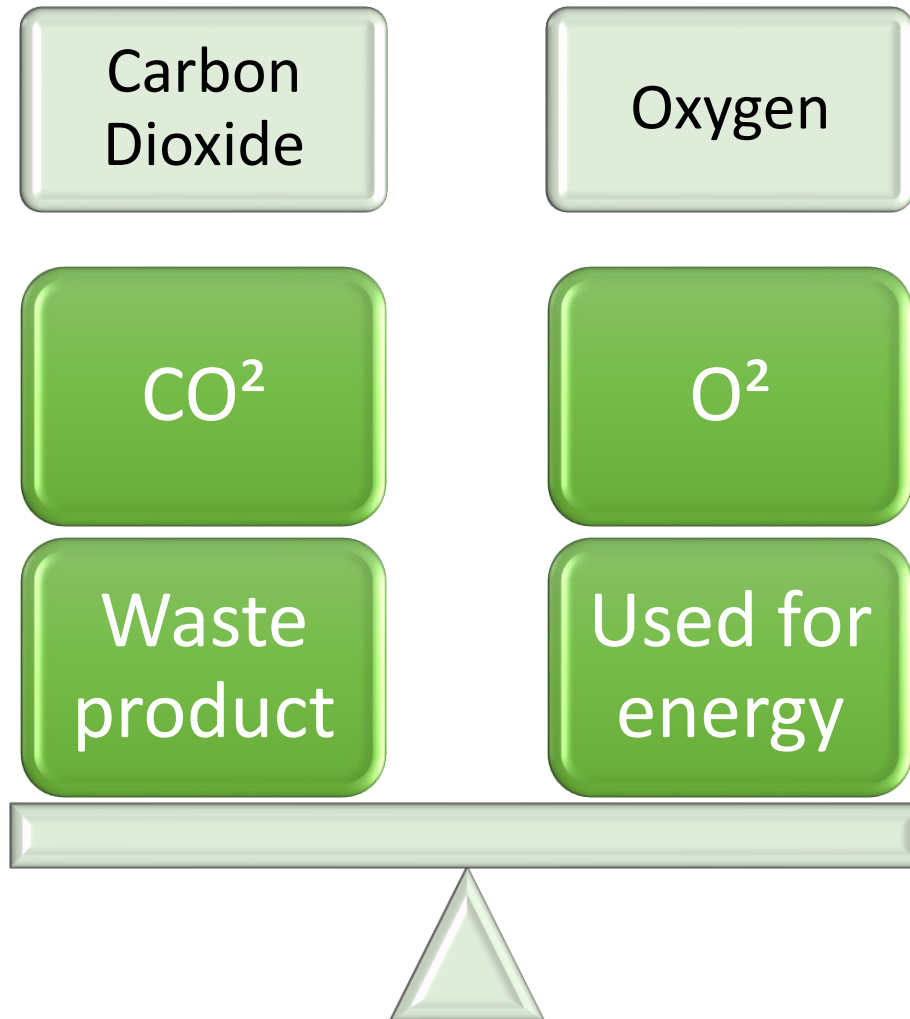




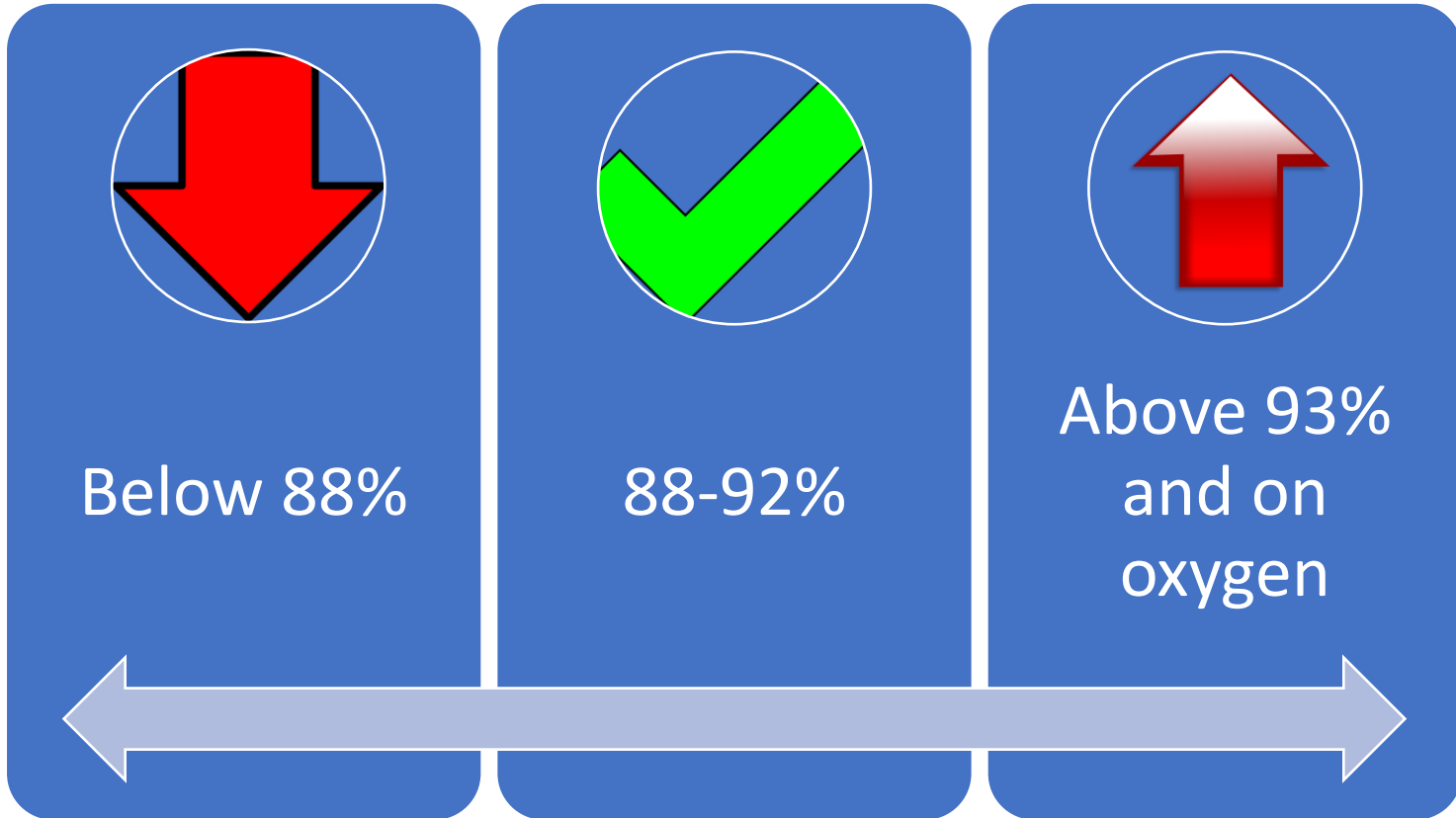
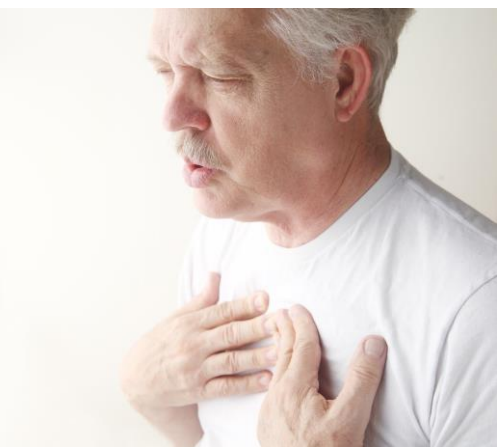
## OXYGEN SATURATIONS

- SCALE 1: 96% above  
SCALE 2: 88-92%
- Oxygen saturations show how efficiently blood is carrying oxygen
- The human body requires a very precise balance of oxygen in the blood.
- What can cause abnormal oxygen reading?
- What can we do about it?

# Scale 2



# Scale 2





# Oxygen Saturations: Pulse Oximeter

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- Can you think of some troubleshooting tips?
- Non-invasive and painless test that will measure your oxygen saturation levels along with your heart rate
- Clip-like device will be placed on your finger or toe.



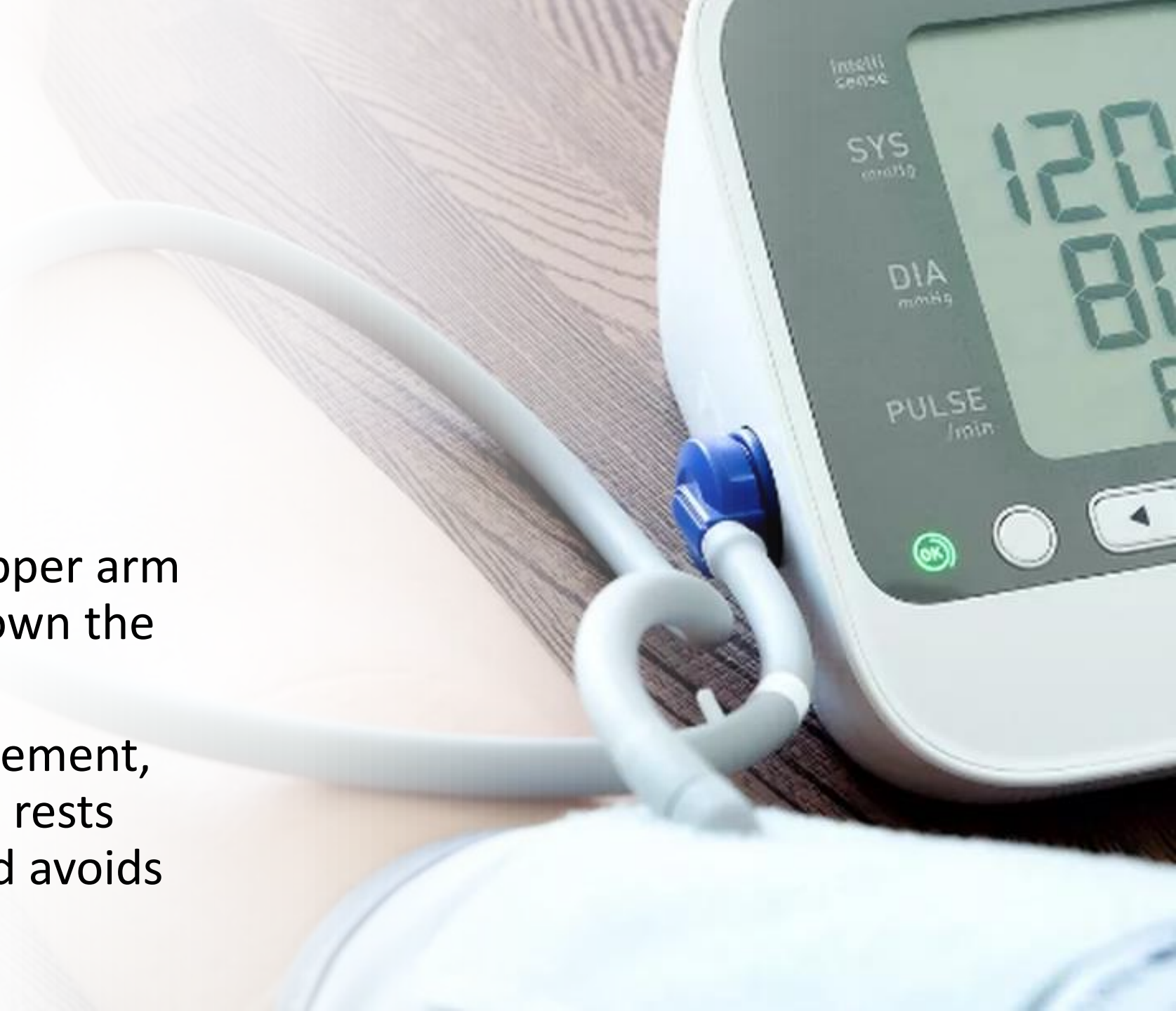


## BLOOD PRESSURE

- A normal reading is between 90/60 or 120/80
- Blood pressure is a measure of the force that your heart uses to pump blood around the body
- Orthostatic hypotension (postural drop)
- What might cause an abnormal BP reading?
- What can we do about it?

# Blood Pressure machine

- Can you think of some troubleshooting tips?
- Place the cuff on your upper arm with the wire running down the middle
- While taking the measurement, make sure the individual rests their arm, keeps still, and avoids talking





## HEART RATE

- A normal resting heart rate ranges from 51-90 BPM
- Heart rate is expressed as beats per minute (BPM)
- Some athletes may have a lower resting heart rate around 40 BPM
- Heart rate will be measured when taking BP and using the pulse oximeter
- What can cause an abnormal reading?
- What can affect the accuracy of the test?

# Basic Health Observations ranges:

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RESPIRATORY RATE 12-20 BREATHS PER MIN

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TEMPERATURE 36.1-38

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OXYGEN SATURATIONS SCALE 1: 96% ABOVE SCALE 2: 88-92%

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BLOOD PRESSURE 90/60 BETWEEN 120/80

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HEART RATE 51-90 BPM

# Prevention of admission

- Early detection of deterioration enables swift intervention
- Prevents unnecessary or inappropriate hospital admissions
- Better outcome for the individual





## Palliative care

- Taking observations can be helpful in identifying individuals that are coming to the end of their life
- Once an individual is identified as receiving end of life care, observation taking should be ceased
- Care professionals need to know where documents are and their individual's wishes



What is an Advanced  
Care Plan (ACP)?



# Advanced Care Plan



“Surprise”  
question

Person  
centred



What is a treatment  
escalation plan?


# Treatment Escalation Plan

NOT a legal document – guidance

Completed by a registered healthcare professional

“Surprise” question

No TEP = assume for full treatment

Hertfordshire Community   
NHS Trust

**Treatment Escalation Plan (TEP)**  
**This form is for clinical guidance it does not replace clinical judgement**

A TEP describes the interventions that would be considered in the event of a clinical deterioration.  
*Review TEP whenever clinically appropriate*

**LIFE EXPECTANCY**  
Would you be surprised if this patient died within the next 12 months?

→ **If No** → Complete TEP form and document patient to be added to the Gold Standard Framework (GSF) if the patient is thought to be in the last days/hours of life, start Last Day of Life Care Plan.

**MENTAL CAPACITY**  
Do you have any reason to doubt the capacity of the individual to be involved in making these decisions?

→ **If Yes** → Complete the Stage 2 Mental Capacity Assessment on SystemOne.

	Yes	No
Is the patient for Cardiopulmonary resuscitation (CPR)? If YES – For full escalation of care If NO – Complete HERTS DNACPR form and complete all sections of TEP below		
In the event of a sudden deterioration should the patient be transferred to an acute hospital?		
Would invasive ventilation be appropriate?		
Would intravenous fluids be appropriate?		
Would artificial nutrition support be appropriate?		
Would intravenous antibiotics be appropriate?		
Would oral antibiotics be appropriate?		
Would blood products be appropriate?		
Would oxygen therapy be appropriate?		
Would subcutaneous fluids be appropriate?		
Would the patient accept urinary catheterisation?		
Does the patient have an advanced decision to refuse treatment? If so, where is it kept?		
Does the patient have a lasting power of attorney for health? Name: _____ Relationship: _____ Contact number: _____ Have you seen a copy of the LPA? Is there anything else to consider?		
Summary of discussion with patient and those that are important to the patient: (if not discussed, document reason) or summary of discussion with NOK/relative/carers if patient lacks capacity.		
Has a discussion with other members of the multi-disciplinary team occurred and documented on system one?		

Has an Advance Care Plan been discussed with patient / NOK?  
YES NO

**ENSURE DO NOT ATTEMPT  
CARDIOPULMONARY RESUSCITATION  
(N/A/CPR) form is completed and with patient!**

**Clinician completing TEP**

Name: _____	Role: _____	Date: _____
Signature: _____		Time: _____

**Review and endorsement by responsible Senior Clinician**

Name: _____	Role: _____	Date: _____
Signature: _____		Time: _____



What is a DNAR?

# Do Not Attempt Resuscitation

DNAR

Does NOT mean  
no treatment

Completed by a  
GP/Hospital  
Doctor

Must be the  
original form

**DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION**

Adults aged 16 years and over DNACPRadul.1(2015)

Name _____ Address _____ Date of birth _____ NHS number _____	Date of DNACPR decision: / /  <div style="border: 1px solid red; padding: 2px; text-align: center; color: red; font-weight: bold;">DO NOT PHOTOCOPY</div>
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In the event of cardiac or respiratory arrest no attempts at cardiopulmonary resuscitation (CPR) are intended. All other appropriate treatment and care will be provided.

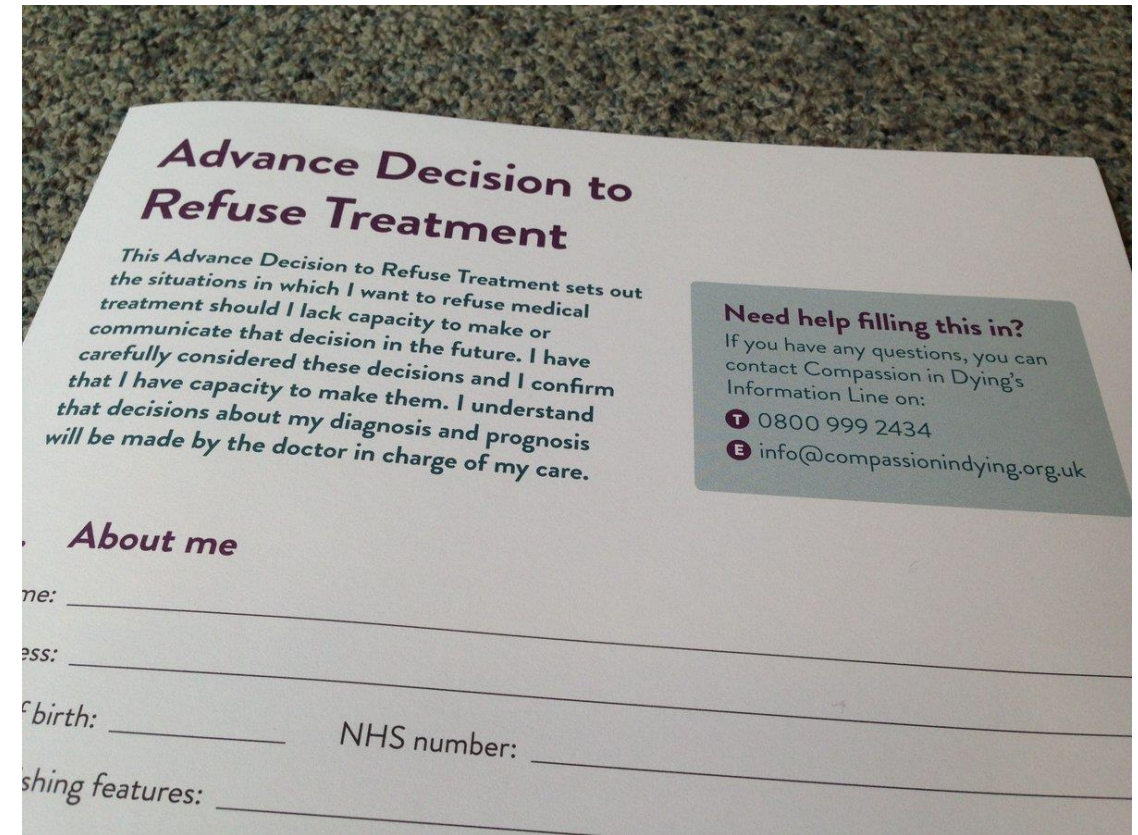
- 1 Does the patient have capacity to make and communicate decisions about CPR?** YES / NO  
 If "YES" go to box 2  
 If "NO", are you aware of a valid advance decision refusing CPR which is relevant to the current condition? If "YES" go to box 6 YES / NO  
 If "NO", has the patient appointed a Welfare Attorney to make decisions on their behalf? If "YES" they must be consulted. YES / NO  
 All other decisions must be made in the patient's best interests and comply with current law. Go to box 2
- 2 Summary of the main clinical problems and reasons why CPR would be inappropriate, unsuccessful or not in the patient's best interests:**
- 3 Summary of communication with patient (or Welfare Attorney). If this decision has not been discussed with the patient or Welfare Attorney state the reason why:**
- 4 Summary of communication with patient's relatives or friends:**
- 5 Names of members of multidisciplinary team contributing to this decision:**
- 6 Healthcare professional recording this DNACPR decision:**  
 Name \_\_\_\_\_ Position \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_
- 7 Review and endorsement by most senior health professional:**  
 Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_  
 Review date (if appropriate): \_\_\_\_\_  
 Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_  
 Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

# Advanced Decision to Refuse Treatment

The individual can refuse some treatments but not others.

A legal document – Kept with the individual

Made by the individual when they have capacity.



**Advance Decision to Refuse Treatment**

*This Advance Decision to Refuse Treatment sets out the situations in which I want to refuse medical treatment should I lack capacity to make or communicate that decision in the future. I have carefully considered these decisions and I confirm that I have capacity to make them. I understand that decisions about my diagnosis and prognosis will be made by the doctor in charge of my care.*

**Need help filling this in?**  
If you have any questions, you can contact Compassion in Dying's Information Line on:  
T 0800 999 2434  
E [info@compassionindying.org.uk](mailto:info@compassionindying.org.uk)

**About me**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ NHS number: \_\_\_\_\_

Other features: \_\_\_\_\_

# Comfort break

Your session will resume shortly...



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## RESTORE 2 Tool

**RESTORE<sup>2</sup>**™

The logo for RESTORE 2 features the word "RESTORE" in a bold, dark blue sans-serif font. The letter "O" is replaced by a circular graphic composed of five colored segments: a large light blue segment, a smaller red segment, a yellow segment, a green segment, and a small white segment. To the right of this graphic is the word "RE" in the same dark blue font, followed by a large, bold red "2". A small "TM" trademark symbol is positioned at the top right of the "2".

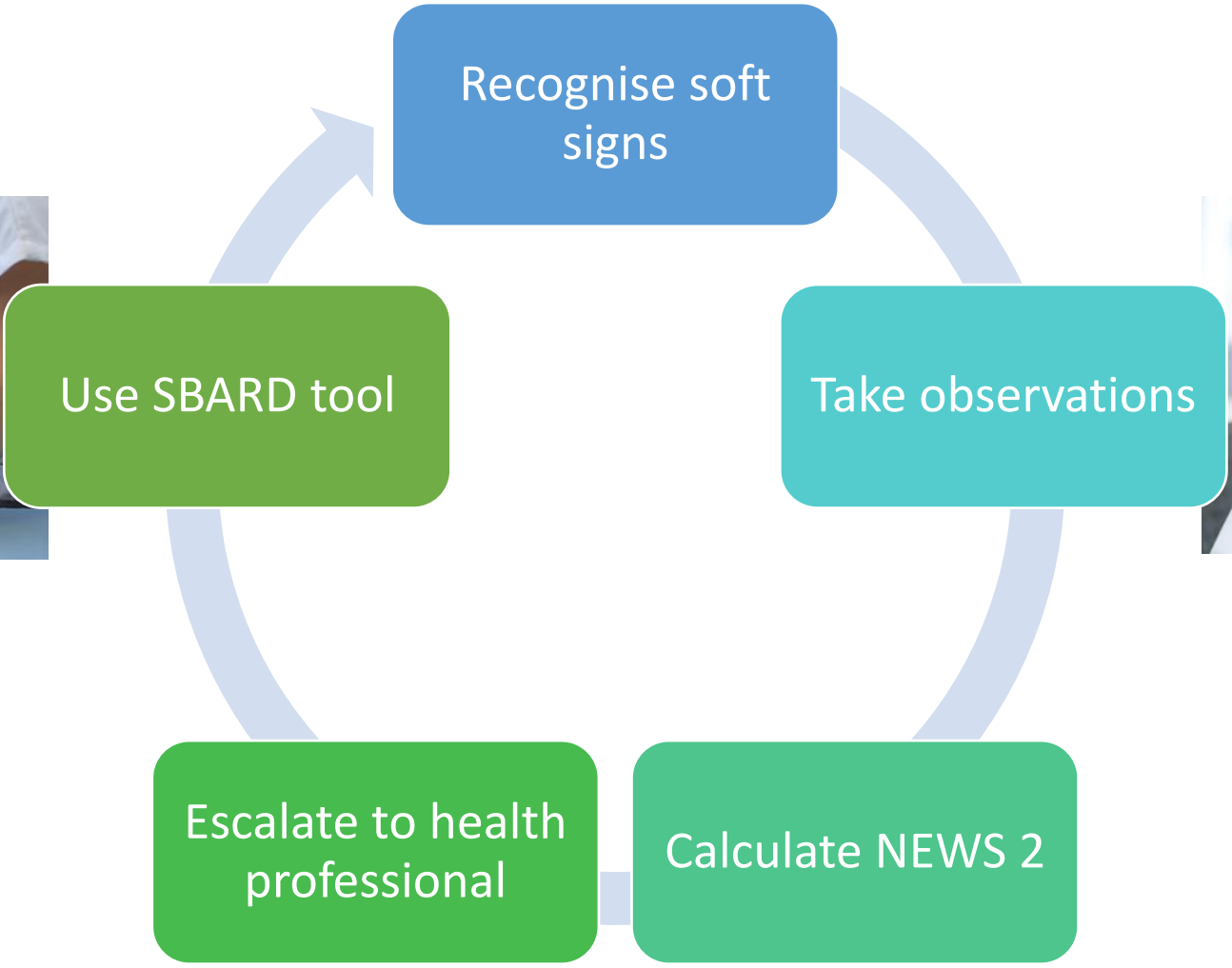
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**Recognise Early Soft Signs, Take Observations, Respond, Escalate**

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# What is Restore 2?



Recognise soft signs

Take observations

Calculate NEWS 2

Escalate to health professional

Use SBARD tool

# RESTORE 2 Tool

## STEP ONE: Recognising soft signs

**RESTORE<sup>2</sup>**™

The logo for RESTORE 2 features the word "RESTORE" in a bold, dark blue sans-serif font. The letter "O" is replaced by a circular graphic composed of four colored segments: blue, green, yellow, and red. The number "2" is in a bold, red sans-serif font. A small "TM" trademark symbol is positioned to the upper right of the "2".

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**Recognise Early Soft Signs, Take Observations, Respond, Escalate**

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What are some signs that an individual is deteriorating?

# Soft signs – stage 1

Mr M

55 year old man with Down's Syndrome

What soft signs might you expect in Mr M?

**RESTORE2**  
Recognise Early Soft Signs, Take Observations, Respond, Escalate

**Adult Physiological Observation & Escalation Chart**

Full Name:   
NHS No.   
DOB:  Room No.

**Does Your Resident Have Soft Signs of Possible Deterioration**

**NEW ONSET OF:**  
Stroke (facial / arm weakness, speech problems)  
Central Chest Pain / Heart Attack / Cardiac arrest  
**CALL 999 IMMEDIATELY**

Worse than normal lethargy or withdrawal or anxiety/agitation/apprehension or not themselves

Increasing (or new onset) confusion or less alert than normal

Extreme tiredness or dizziness

Off food, reduced appetite, reduced fluid intake

New offensive/smelly urine or can't pee/reduced catheter output

Shivery, fever or feels very hot, cold or clammy

New offensive/smelly urine or can't pee/reduced catheter output

Diarrhoea, vomiting or dehydration (dry lips, mouth, sunken eyes, decreased skin tone)

Any concern from the resident, family or carers that the person is not as well as normal

Resident specific soft-signs

Can't walk or 'off legs', less mobile/co-ordinated or muscle pain

Worsening shortness of breath (can't talk in sentences), chestiness or fast breathing, cough/sputum

New or increasing oxygen requirement

Cold hands/feet or worsening skin colour or puffiness, mottling or rash

Observations significantly different from normal, including blood sugars

Increased or new onset pain

**If you answer YES to any of these triggers, your resident is at risk of deterioration. If purple signs are present, think possible COVID-19**

RECOGNISE SOFT SIGNS OF POSSIBLE DETERIORATION → TAKE COMPLETE SET OF OBSERVATIONS AND CALCULATE NEWS → ESCALATE USING ESCALATION TOOL AND SBARD COMMUNICATION

Page 1 of 6 - All pages must be present when printing

Mrs D

89 year old lady with COPD and dementia

What soft signs might you expect in Mrs D?

# Soft signs: *Stage one*

“How are you feeling today?”



Know your  
service  
users!

# Stroke Signs:

Act **FAST** and call 999.



**Facial**  
weakness



**Arm**  
weakness



**Speech**  
problems



**Time**  
to call 999

# Stroke signs

- Medical emergency = “life or limb”
- How many neurons are lost each hour that stroke is left untreated?



**TIME IS BRAIN**

**120 MILLION NEURONS**  
**830 BILLION SYNAPSES**  
**447 MILES OF BRAIN CELL**  
**FIBRE**



## Heart Attack Signs:

- Chest pain
- Weakness/feeling lightheaded or dizzy
- Sweating
- Shortness of breath
- Overwhelming sense of anxiety



# Sepsis

SEPSIS IS A SERIOUS CONDITION THAT CAN INITIALLY LOOK LIKE FLU, GASTROENTERITIS OR A CHEST INFECTION.

SEEK MEDICAL HELP URGENTLY IF YOU DEVELOP ANY ONE OF THE FOLLOWING:

**S** LURRED SPEECH

**E** XTREME SHIVERING OR MUSCLE PAIN

**P** ASSING NO URINE (IN A DAY)

**S** EVERE BREATHLESSNESS

**"I** FEEL LIKE I MIGHT DIE"

**S** KIN MOTTLED OR DISCOLOURED



THE UK  
SEPSIS  
TRUST

EMAIL: [INFO@SEPSISTRUST.ORG](mailto:INFO@SEPSISTRUST.ORG) FOR MORE INFORMATION

# Consciousness Level of alertness

Anything other  
than alert =  
NEWS score 3



**A = ALERT**



**C = CONFUSION**



**V = VERBAL**



**P = PAIN**



**U = UNRESPONSIVE**

# Non-compliance with observations

An individual refuses to have their observations taken due to their confusion.  
What actions would you take in this instance?



# RESTORE 2 Tool

## STEP TWO: Taking observations

**RESTORE<sup>2</sup>**™

**Recognise Early Soft Signs, Take Observations, Respond, Escalate**

# Recording Observations RESTORE 2

- Must be printed in colour
- Cross through the oxygen scale not being used
- Mark the vital signs in the correct place
- Accurately date, time and sign your entry
- Carefully add up the scores for each vital sign
- Always re-check your work

NEWS key		FULL NAME			
0	1	2	3		
		DATE OF BIRTH	DATE OF ADMISSION		
		DATE	DATE		
		TIME	TIME		
<b>A+B</b> Respirations <small>Breathless</small>	≥25		3		≥25
	21-24		2		21-24
	18-20				18-20
	15-17				15-17
	12-14				12-14
	9-11		1		9-11
≤8		3		≤8	
<b>A+B</b> SpO <sub>2</sub> Scale 1 Oxygen saturation (%)	≥96		1		≥96
	94-95		2		94-95
	92-93		2		92-93
	≤91		3		≤91
<b>SpO<sub>2</sub> Scale 2*</b> Oxygen saturation (%) <small>Use Scale 2 if target range is 88-92%. eg in hypoxic respiratory failure</small>	≥97 on O <sub>2</sub>		3		≥97 on O <sub>2</sub>
	95-96 on O <sub>2</sub>		2		95-96 on O <sub>2</sub>
	93-94 on O <sub>2</sub>		1		93-94 on O <sub>2</sub>
	≥93 on air				≥93 on air
	88-92		1		88-92
	86-87		1		86-87
<small>*ONLY use Scale 2 under the direction of a qualified clinician</small>	84-85		2		84-85
	≤83%		3		≤83%
<b>Air or oxygen?</b>	An-Air				An-Air
	O <sub>2</sub> L/min		2		O <sub>2</sub> L/min
	Device				Device
<b>C</b> Blood pressure <small>mmHg</small> <small>Score only, exclude BP only</small>	≥220		3		≥220
	201-219				201-219
	181-200				181-200
	161-180				161-180
	141-160				141-160
	121-140				121-140
	111-120				111-120
	101-110		1		101-110
	91-100		2		91-100
	81-90				81-90
	71-80		3		71-80
61-70				61-70	
51-60				51-60	
≤50				≤50	
<b>C</b> Pulse <small>Beats/min</small>	≥131		3		≥131
	121-130		2		121-130
	111-120				111-120
	101-110				101-110
	91-100		1		91-100
	81-90				81-90
	71-80				71-80
	61-70				61-70
	51-60		1		51-60
	41-50				41-50
31-40		3		31-40	
≤30				≤30	
<b>D</b> Consciousness <small>Score by NCV (not of level of confusion) (not work if altered)</small>	Alert				Alert
	Confusion				Confusion
	V		3		V
	U				U
<b>E</b> Temperature <small>°C</small>	≥38.1*		2		≥38.1*
	38.1-39.0*		1		38.1-39.0*
	37.1-38.0*				37.1-38.0*
	36.1-37.0*				36.1-37.0*
	35.1-36.0*		1		35.1-36.0*
	≤35.0*		3		≤35.0*
<b>NEWS TOTAL</b>					<b>TOTAL</b>
Monitoring frequency					Monitoring frequency
Escalation of care Y/N					Escalation of care Y/N
Initials					Initials



Working in your groups, look at the case study  
and record the observation readings onto the  
RESTORE 2 tool

## RESTORE 2 Tool

STEP THREE: Calculate the NEWS score

**RESTORE<sup>2</sup>**  <sup>TM</sup>

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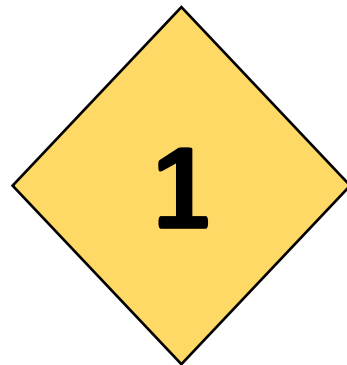
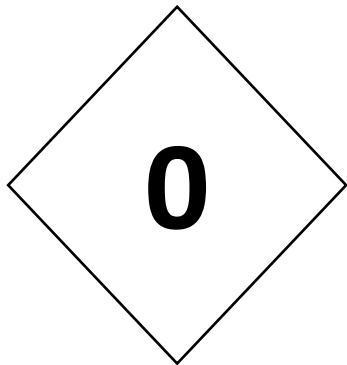
**Recognise Early Soft Signs, Take Observations, Respond, Escalate**

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# How to calculate a NEWS

Each vital sign measurement is given a score.

*The score ranges from zero (normal), and three (very abnormal). Two points are given if someone is on oxygen therapy. In total this gives a NEWS score between 0-20. The higher the score the more unwell the person is likely to be.*





# How to calculate a NEWS

- You must have all six vital signs to calculate a NEWS
- Make sure you consider what the person's normal NEWS is and recognise that a high NEWS is likely to mean the person is unwell
- Carefully add the numbers up to reach the correct score

**NEWS2 supports you to raise a concern but never ignore your gut feeling, even if the NEWS is normal. If you feel a person is unwell, always tell your manager or a senior colleague.**

Suggested Actions (always consider the resident's total NEWS2 in relation to their normal reference score)	
0	Observe – likely stable enough to remain at home Escalate if any clinical concerns / gut feeling
1	Immediate senior staff review, escalate if concerned. Repeat observations within 6 hours. If next observations remain elevated with no obvious cause arrange for GP review suggested within 24 hours. If NEWS is worsening, move to appropriate escalation point.
2	Immediate senior staff review. If no improvement in NEWS for the same within 2 hours, seek GP telephone assessment within 2 hours + GP review within 6 hours. If NEWS is worsening, move to appropriate escalation point.
3-4	<small>Large Observations</small> 3 Repeat observations within 30 minutes. If observations = NEWS +3 or more, seek urgent GP telephone or face to face review within 2 hours. If NEWS is worsening, move to appropriate escalation point.
5-6	Immediate clinical review/advice required. Refer to GP using surgery bypass number or use NHS 111 to contact out of hours. Urgent transfer to hospital within 1 hour may be required
7+	Admission to hospital should be in line with any appropriate, agreed and documented plan of care. Blue light 999 call with transfer to hospital (15 minutes), follow guidance of call handler

# Hertfordshire Escalation Tool

Based upon the NEWS score for each case study, identify the most appropriate course of action

RESTORE2 ESCALATION TOOL

Risk category	Observation frequency	ACTIONS (Normal Operating Hours Mon-Fri 8am-6.30pm): Always consider the resident's total NEWS 2 in relation to their total reference score and other soft signs of deterioration <b>(NOTE: Use this process during NORMAL OPERATING HOURS between Mon-Fri, 8am-6.30pm. For anything outside of these hours please see next column – OUT OF HOURS)</b>	ACTIONS FOR OUT OF HOURS ESCALATION PROCESS <b>(NOTE: Use this process for anything outside of normal operating hours – PLEASE SEE BELOW FOR FULL DETAILS &amp; WHO TO CONTACT)</b>
Low risk Total/aggregated NEWS score of 1-2	Repeat every 12 hours	<ul style="list-style-type: none"> <li>Complete routine observations. If resident's NEWS score remains consistent and they are not showing soft signs of deterioration continue to monitor and arrange for clinical review by most appropriate health care professional</li> <li>If there is a new concern or change in resident's health/soft signs continue to monitor and arrange for more urgent clinical review by most appropriate health care professional</li> <li>Consider contacting other services for further guidance and support e.g. Care Home Practitioners/Frailerly Nurses, HPFT, hospices, ICRS if resident is known to the service</li> </ul>	<ul style="list-style-type: none"> <li>Monday-Sunday, 6.30pm-8am call <b>111 option 6</b> for further support</li> <li>Over weekends between 8am-8pm call the HCT POA service on <b>0300 123 7571 option 2</b> for further support.</li> </ul>
Low to medium risk Total/aggregated NEWS score of 2-4 Or a single score of 3 in any NEWS observation	Repeat every hour	<ul style="list-style-type: none"> <li>Complete observations and look out for early warning signs/soft signs of deterioration</li> <li>If there is a new concern or change in resident's health, new treatment Escalation and Advanced Care Plan</li> <li>Contact GP</li> <li>Consider contacting other services for further guidance e.g. support Care Home Practitioners, Frailerly Nurses, HPFT, hospices, ICRS if resident is known to the service</li> <li>If there is no improvement, observations remain elevated with no obvious cause or NEWS score is +3 or more for any observation seek urgent telephone assessment with POA on <b>0300 123 7571 option 2</b></li> </ul>	<ul style="list-style-type: none"> <li>Monday-Sunday, 6.30pm-8am call <b>111 option 6</b> for further support</li> <li>Between 8am-8pm, 7 days a week call the HCT POA service on <b>0300 123 7571 option 2</b> for further support.</li> </ul>
High risk Total/Aggregated NEWS score 5-6	Repeat every 15 minutes	<ul style="list-style-type: none"> <li>If they want to go to hospital call <b>999</b> and follow guidance of call handler</li> <li>If resident is scoring 5 and 6 with deterioration (with first 15 minutes) seek urgent telephone assessment with POA on <b>0300 123 7571 option 2</b> for further support. If POA unable to respond within appropriate timescale they will call 999</li> </ul>	<ul style="list-style-type: none"> <li>If they want to go to hospital call <b>999</b> and follow guidance of call handler</li> <li>Monday-Sunday, 6.30pm-8am call <b>111 option 6</b> for further support</li> <li>Between 8am-8pm, 7 days a week call the HCT POA service on <b>0300 123 7571 option 2</b> for further support. If POA unable to respond within appropriate timescale they will call 999.</li> </ul>
Emergency Total/Aggregated NEWS score 7	Continuous monitoring and observations until transfer or further intervention from other professionals	<ul style="list-style-type: none"> <li>If they want to go to hospital call <b>999</b> and follow guidance of call handler</li> <li>If resident or family has expressed wishes to remain in home and not go to hospital, contact the patients GP in the first instance. They can organise palliative care and can make onward referrals to other services such as POA who can organise JIC medication, palliative care or make a clinical decision on further treatment/intervention for the resident</li> <li>If you cannot contact the GP please contact the POA on <b>0300 123 7571 option 2</b>. If POA unable to respond within appropriate timescale they will call 999</li> </ul>	<ul style="list-style-type: none"> <li>If they want to go to hospital call <b>999</b> and follow guidance of call handler</li> <li>Monday-Sunday, 6.30pm-8am call <b>111 option 6</b> for further support</li> <li>Between 8am-8pm, 7 days a week call the HCT POA service on <b>0300 123 7571 option 2</b> for further support. If POA unable to respond within appropriate timescale they will call 999.</li> </ul>

Prevention of admission for East and North Herts: 0300 123 7571

## Welcome to the HCPA Members Zone

The Member Zone is here to help all HCPA Members access local and national resources, tools, guides, and contacts in a wide variety of areas.

Search



**REGULATION &  
INSPECTIONS**



**RUNNING YOUR  
CARE BUSINESS**



**SAFEGUARDING  
& CAPACITY**



# RESTORE 2 Tool

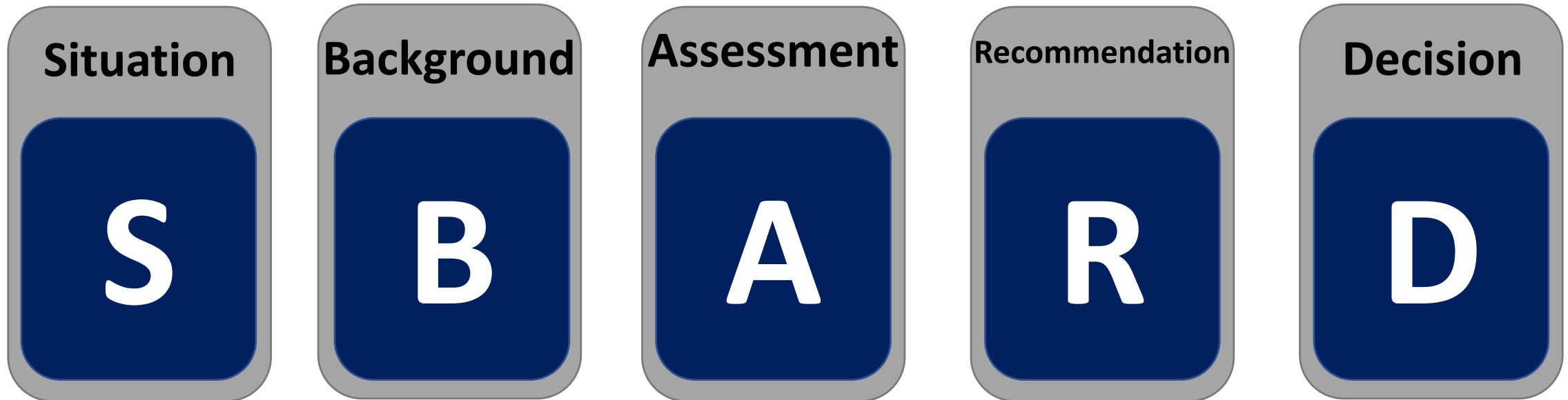
## STEP FOUR: SBARD escalation tool

**RESTORE<sup>2</sup>**™

**Recognise Early Soft Signs, Take Observations, Respond, Escalate**

# SBARD reporting tool

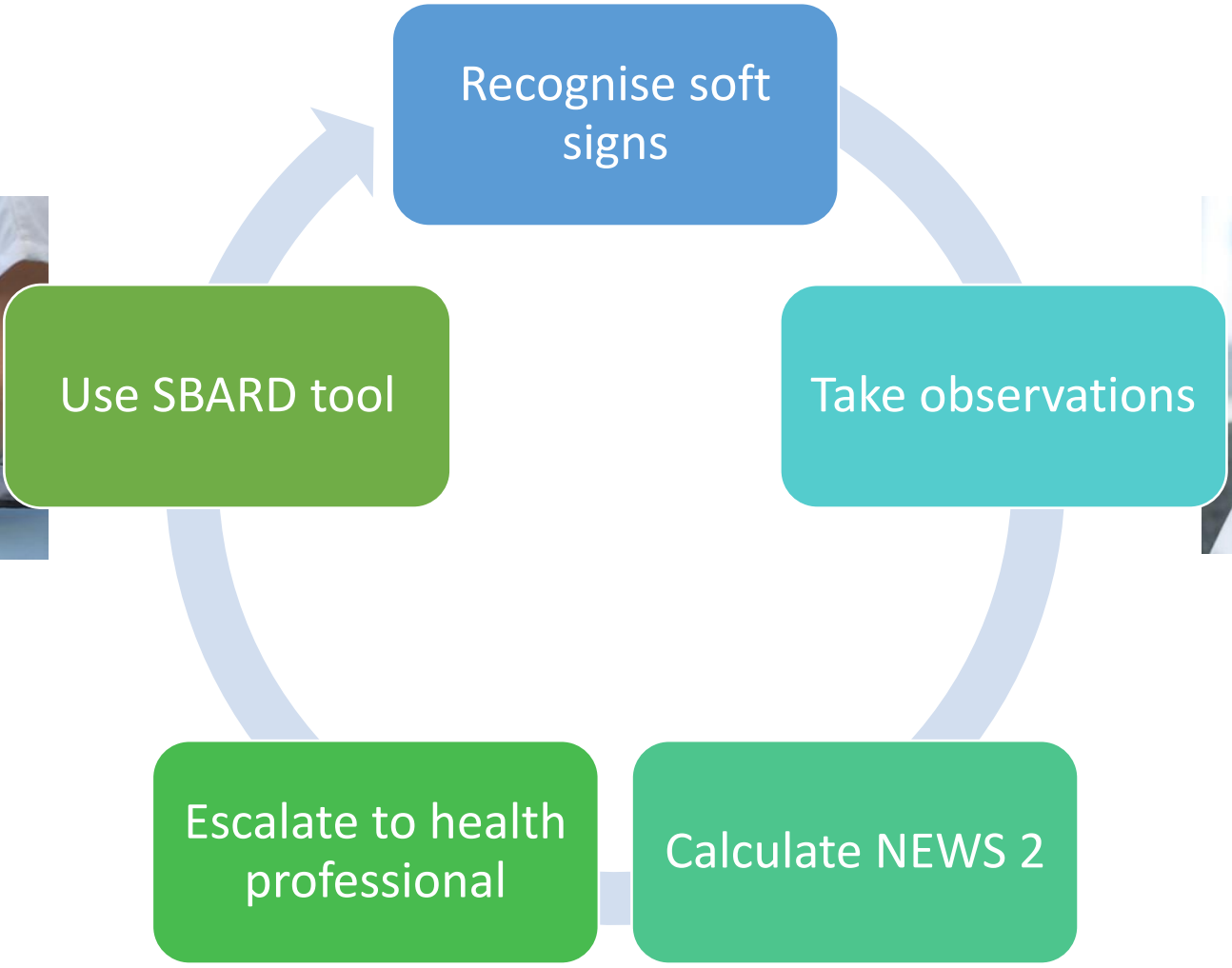
*SBARD is a reporting tool and action tracker to get your message across effectively. Being able to communicate effectively is critical for everyone working with individuals.*





In your groups refer to the case study and use the SBARD tool to practice how you would contact the support required.

# What is Restore 2?



Share something  
you've learnt with the  
group today that you  
will take away into your  
place of work.





# Learning Objectives

- Identify the different types of Basic Health Observations and their purpose.
- Recognise when an individual may be deteriorating or at risk of physical deterioration, using Restore 2 soft signs tool
- Explain how you would react appropriately to a deteriorating individual taking their advanced care plans into consideration
- Demonstrate or describe how you would obtain a complete set of physical observations using a basic health observations kit.
- Demonstrate how to provide a concise handover to health professionals to support their professional decision using the SBARD escalation tool.
- Describe how to use the Hertfordshire escalation tool to identify the appropriate actions to take with a deteriorating individual

# Where are you now? - Recap



# Thank you for joining us

Please remember to leave feedback



The 'Care To Step Up' programme is part-funded by:



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