

DETERIORATING PATIENT: Escalation of care

CALL A MET (DIAL 777) ANYTIME FOR URGENT MEDICAL TREATMENT

ORANGE ZONE

OBSERVATION(S) IN THE ORANGE ZONE:

- Assess patient and initiate appropriate clinical care
- Increase frequency of observations
- Notify the AUM then choose one of the following:

1. NURSING REVIEW (Bedside nurse + AUM)

- Document rationale and plan in event/comments section of observation chart

2. NON-URGENT MEDICAL REVIEW

- Stable patient, but breaching parameters
- Page bed-card doctor with ward, bed, patient name, clinical reason
- **AUM can contact consultant responsible for a management plan**
- No stipulated time frame

OR

REMEMBER AT ANY TIME YOU CAN REQUEST A **RAPID REVIEW** OR **MET CALL**

PURPLE ZONE

OBSERVATION(S) IN THE PURPLE ZONE:

YOU MUST ACT: EITHER CALL FOR A **RAPID REVIEW** OR A **MET CALL**

- Assess patient and initiate appropriate clinical care.
- If observations transiently breach purple zone, in an otherwise well or stable child (e.g. sleeping) **discuss with AUM** and repeat observations within 15 minutes. If **TWO SEQUENTIAL OBSERVATIONS** in the purple zone escalate to **RAPID REVIEW** OR **MET CALL**

RAPID REVIEW

Child **STABLE** enough to wait for a medical review by the bed-card team
Rapid Review response within 30 minutes

**ESCALATE TO A MET CALL
IF DETERIORATION IN CLINICAL STATE
OR REVIEW UNABLE TO BE PROVIDED**

**NOTIFY AUM AND CALL BED-CARD
DOCTOR ASCOM**

1. State 'RAPID REVIEW' for patient, room, ward and bed-card team
2. Optimise clinical care
3. Document request on observation chart

MET CALL

A MET call is mandatory for child with:

- Cardiac or respiratory arrest
 - Airway threat
 - Apnoea or cyanosis
 - Severe respiratory distress
 - Sudden decrease in conscious state
 - Prolonged convulsion
- OR for significant clinical concern

HIT EMERGENCY BUZZER - DIAL 777

1. State 'MET CALL' for building, floor, ward, room and bed-card team
2. Optimise clinical care

CODE BLUE: ADULT CRITICAL MEDICAL EMERGENCY RESPONSE FOR MAIN STREET AND CAR PARK

AND ALL PAEDIATRIC CRITICAL EMERGENCIES IN CAR PARKS AND CLINICAL AREAS IN FRONT ENTRY BUILDING (48 FLEMINGTON ROAD)

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RAPID REVIEW ROLES

DOCTOR:

- Direct the team
- Initiate or continue appropriate clinical care
- Document assessment and management plan, share with nursing team and family
- A resident (i.e. surgical) completing a review must discuss the review with their registrar
- MUST inform bed-card consultant

BEDSIDE NURSE:

- Ensure ongoing assessment, appropriate monitoring and clinical care as planned

AUM/NURSE IN CHARGE:

- Ensure appropriate nursing allocation

MET CALL ROLES

ENSURE THERE IS A CLEAR TEAM LEADER

PICU OUTREACH REGISTRAR/ED DOCTOR:

- Take team leader role unless otherwise agreed
- Make post-resuscitation plan with bed-card team
- Document PICU management advice or plan
- Inform PICU consultant

PAEDIATRIC REGISTRAR:

- Deliver appropriate clinical care
- MUST inform bed-card consultant

PICU NURSE/ED NURSE

- Assist, advise and support ward staff
- Communicate with PICU AUM
- Coordinate completion of MET Call record

BEDSIDE NURSE:

- Ensure ongoing assessment, appropriate monitoring and clinical care as planned

AUM/NURSING CO-ORDINATOR

- Assign an experienced staff member to communicate with the child's parents
- Coordinate bed and nursing resources

PICU ROLES

CONSULTATION

Any unit may request a PICU outreach consultation on their patient

Bed-card consultant must have approved the request

Call PICU Outreach team on ASCOM 52327

FOLLOW-UP

Following MET calls, post PICU discharge and PICU consultations

MODIFYING EMERGENCY RESPONSE CRITERIA

EMERGENCY CALLING CRITERIA CAN ONLY BE MODIFIED:

- In a stable patient, where there is a clear underlying clinical reason
- By no more than 20%, unless approved by bed-card consultant
- By a doctor of registrar level or above
- For a defined period of time (not more than 24 hours)
- For transfers from Critical Care Areas (ED, Theatre, PICU, Medical Imaging) for up to 2 hours only

ANY MODIFICATION OF THE PURPLE ZONE EMERGENCY RESPONSE CRITERIA:

- Must inform bed-card consultant
- Must inform PICU outreach of modification on ASCOM 52327

Changes to emergency response criteria must be clearly documented and handed over

- Modify thresholds on the observation chart
- Justify in the events/comments section of the observation chart
- Detail information about assessment in medical notes

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