Acutely ill patients in hospital: Recognition of and response to acute illness in hospitalised adults

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What is NICE?
- independent organisation established in 2004.
- preceded by the National Institute for Clinical Excellence, which was set up in 1999 and also known as NICE.
- responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.
- three component centres
  - Centre for Clinical Practice
  - Centre for Health Technology Evaluation
  - Centre for Public Health Excellence
- NICE guidelines are based on the best possible research evidence and expert consensus.

The NICE report

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Not everyone is nice to NICE

The NICEPOD report: An acute problem 2005

- patients often had prolonged periods of physiological instability prior to admission to ICU.
- notes seldom contained written requests regarding the type and frequency of physiological observations.
- instructions giving parameters that should trigger a patient review were rarely documented.
- respiratory rate was infrequently recorded.
- 27% of hospitals did not use an early warning system.
- 44% of hospitals had no Rapid Response Team.
- problems with referral and admission processes to ICU.
- management of ABCs was often poor.

Scope of NICE short guideline

- The identification of patients who are at risk of clinical deterioration or whose clinical condition is deteriorating:
  - scoring tools that record physiological parameters and neurological state
  - the level of monitoring needed
  - the recording and interpretation of the data obtained.
- Response strategies to manage patients who are at risk of clinical deterioration or whose clinical condition is deteriorating:
  - the timing of response and patient management
  - the communication of monitoring results to relevant healthcare professionals, including the interface between critical care and acute specialties.
- Discharge of patients from Critical Care areas:
  - factors relevant to discharge from Critical Care which influence prognosis, including timing of transfer.
Acute hospital settings

All adult acute hospital settings.

Included
- all adult patients in hospital, including patients in the Emergency Department and those in transition

Excluded
- children
- dying patients who are receiving palliative care
- patients in Critical Care areas who are directly under the care of critical care consultants

Key outcomes that will be considered when reviewing evidence

- in-hospital mortality
- unexpected deaths
- cardiorespiratory arrest
- organ failure
- length of stay on acute wards
- length of stay in critical care areas
- number of avoidable critical care admissions
- number of readmissions into critical care areas
- functional status
- health-related quality of life
- satisfaction with care
- cost effectiveness

DRAFT NICE guidance

Adult patients in acute hospital settings should have:
- appropriate physiological observations recorded at time of initial assessment
- subsequent observations at least every 12 hours, but frequency should be related to patient sickness
- observations should be made by trained staff
- a clear monitoring plan

Acute hospital settings should use:
- a multi-parameter or aggregate weighted physiological "track & trigger" system
- systems that measure HR, RR, Temp, BP, SaO2 & conscious level
- an algorithm that relates cut points, scores or clinical concern to a clinical review
- a graded response strategy to patient deterioration

Staff working with acutely ill adult patients should:
- possess competencies in monitoring, recording, interpretation and response
- be provided with education to permit the attainment of such competencies

The decision to admit a patient to critical care:
- should be taken by both the consultant caring for the patient on the general ward and the critical care consultant

Critical Care staff
- should not discharge patients from critical care units between 2200 and 0700 hrs.
- should ensure appropriate handover of discharged patients to ward staff

How does the NICE guidance fit into other work in England?

DRAFT NICE guidance: outline of recommendations (paraphrased)

加大对急性病患者的医院识别和反应。

所有成年急性病医院。

包括
- 所有成年患者在医院，包括急诊部门和那些在转变中的。

排除
- 儿童。
- 临终关怀患者。
- 直接接受重症监护的患者。

关键结果将被考虑在审查证据。

- 院内死亡。
- 不可预见的死亡。
- 心肺复苏。
- 器官功能。
- 急性病房的停留时间。
- 重症病房的停留时间。
- 可避免的重症监护的入院。
- 重症监护的再入院。
- 功能状态。
- 健康相关的生活质量。
- 满意度。
- 效益成本。

DRAFT NICE指导

成人患者在急性医院设置。

应具有适当的生理观察。

后续观察至少每12小时，但频率应根据患者病情。

观察应由受过训练的人员。

一个清晰的监测计划。

急性医院设置应使用：
- 多参数或多重量的生理“跟踪&触发”系统。
- 测量HR、RR、体温、BP、SaO2和意识水平的系统。
- 关联分段、分数或临床担忧的临床审查。
- 患者恶化时的分级响应策略。

工作人员应具备急性病患者的监测、记录、解释和响应。

应进行教育，以允许获得这些技能。

决策。

应由转诊患者在普通病房的顾问和重症顾问。

重症护理。

不应在2200至0700之间出院。

应确保转诊患者的交接。

DRAFT NICE指导：概述建议（引述）

急性医院设置应：
- 给予相应的生理观察。
- 下次观察至少每12小时，但频率应根据患者病情。
- 观察应由受过训练的人员。
- 一个清晰的监测计划。

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