Recognition of the deteriorating resident*

Any rapid deterioration in condition should be treated with suspicion: the parameters below should not replace clinical judgement and resident's baseline vital signs must be considered when assessing a residents condition and determining actions to take. Change in residents' behaviours may also be an indication of deterioration and should prompt review of vital signs as below; successive vital sign measurements are more sensitive to change; IF YOU ARE CONCERNED ABOUT A RESIDENT CALL THE GP AND DISCUSS

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VITAL SIGN	RED (DANGER) = Potential life- threat, urgent medical review indicated: see Management of residents with unstable vital signs	YELLOW (CAUTION) = Medical review indicated	NORMAL = Medical review as indicated by presenting complaint	YELLOW (CAUTION) = Medical review indicated	RED (DANGER) = Potential life- threat, urgent medical review indicated: see Management of residents with unstable vital signs			
Respiratory rate (breaths per minute)	Less than 6	6 to 9	10 to 24	25 to 29	More than 29			
Respiratory effort	Obvious distress and / or cyanosis (despite oxygen)	Unusually laboured or noisy breathing	Typical for this resident					
Pulse oximetry (oxygen saturations)	Less than 88 per cent despite oxygen	88 to 91 per cent despite oxygen or new oxygen requirement to maintain saturations above 92 per cent	92 to 100 per cent with or without oxygen and usual for this resident					
Heart rate (beats per minute)	Less than 40	40 to 49	50 to 100 (persistently)	101 to 130	More than 130			
Systolic blood pressure (systolic = top; mmHg) (mmHg)	Less than 90	90 to 109	110 to 180 (or in range specified by GP for this patient)	181 to 200 (or higher in an otherwise well resident)	More than 200 with symptoms			
Response and cognition	Responsive to pain only or newly unresponsive or sudden change in mental state	Not alert but responsive to voice	Alert (or cognition that is normal for this resident)					
Blood glucose (mmol/L)**	Less than 4 and unresponsive to treatment	Persistently 4 to 5.9 or less than 4 and responsive to treatment	6 - 15 or in range specified by GP for this patient	Persistently more than 15 and resident well	Persistently more than 15 and resident unwell			
Temperature	Less than 35 degrees Celsius	35 to 35.4 degrees Celsius	35.5 to 37.4 degrees Celsius	37.5 to 39 degrees Celsius	More than 39 degrees Celsius			
Pain	Clearly distressed (despite recent pain-relieving medication)	Obvious discomfort (despite pain-relieving medication)	Nil or tolerable (with or without pain-relieving medication)					

^{*} Vital sign reference ranges should always be interpreted in the context of the individual's baseline vital signs

^{**} Check resident's medical notes for GP documented reportable blood glucose levels

Recognition of the deteriorating resident references

- 1. Hewitt J. Aged Care Emergency Manual. NSW Health. 2013.
- 2. Chester JG, Rudolph JL. Vital signs in older patients: age-related changes. J Am Med Dir Assoc.2011;12(5):337-43.
- 3. Cretikos MA, Bellomo R, Hillman K, Chen J, Finfer S, Flabouris A. Respiratory rate: the neglected vital sign. Med J Aust. 2008;188(11):657-9.
- 4. Campbell V, Conway R, Carey K, Tran K, Visser A, Gifford S, et al. Predicting clinical deterioration with Q-ADDS compared to NEWS, Between the Flags, and eCART track and trigger tools. Resuscitation. 2020;153:28-34.
- 5. Dunning T, Duggan N, Savage S. The McKellar guidelines for managing older people with diabetes in residential and other care settings. Geelong: Centre for Nursing and Allied Health, Deakin University and Barwon Health; 2014.

Recognition of the deteriorating resident version control

Pathway	Recognition of the deteriorating resident						
Document ID	CEQ- HIU- FRAIL- 60001	Version no.	2.0.2	Approval date	16/03/2022		
Executive sponsor	Executive Director, Healthcare Improvement Unit						
Author	Improving the quality and choice of care setting for residents of aged care facilities with acute healthcare needs steering committee						
Custodian	Queensland Dementia Ageing and Frailty Network						
Supersedes	Version 1.0						
Applicable to	Residential aged care facility (RACF) registered nurses and general practitioners in Queensland serviced by a RACF acute care Support Service (RaSS)						
Document source	Internal (QHEPS) and external						
Authorisation	Executive Director, Healthcare Improvement Unit						
Keywords	Recognition of deterioration, vital signs in aged care, deteriorating resident						
Relevant standards	Aged Care Quality Standards Standard 2: ongoing assessments and planning with consumers Standard 3: personal care and clinical care, particularly 3(3) Standard 8: organisational governance						