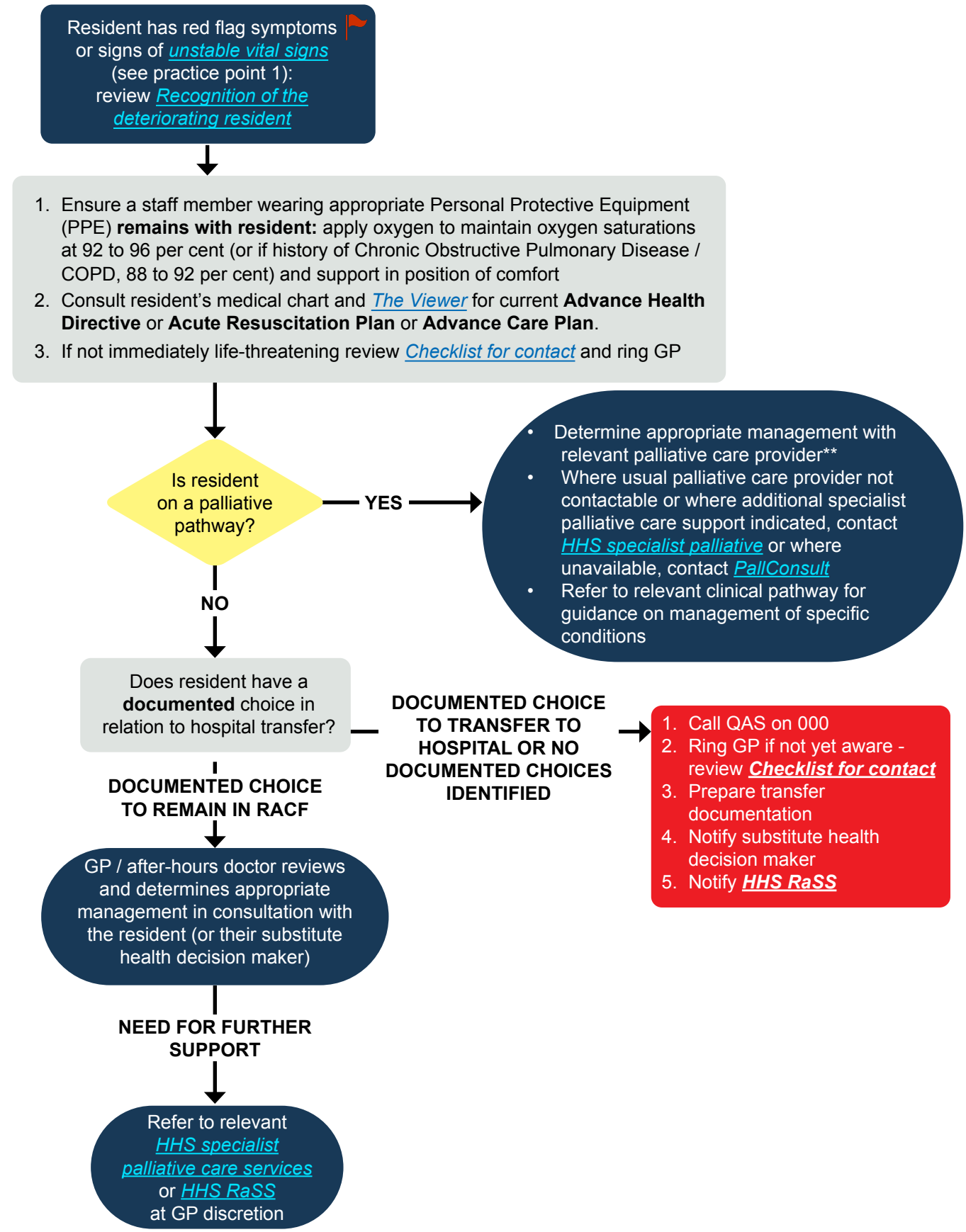
Management of residents with unstable vital signs



** Palliative care provider is the nominated clinician over-seeing the resident's palliative care - this may be, for example, the resident's GP or a nominated palliative care service

Management of residents with unstable vital signs practice points

1) Assessment of an unstable resident

1. Ensure that appropriate PPE is used when assessing unwell residents
2. Perform a primary survey and assess vital signs - review *Recognition of the deteriorating resident pathway*
3. Consult resident's medical chart and *The Viewer* for:
   - Current Advance Health Directive or Acute Resuscitation Plan or Advance Care Plan
   - Evidence that the resident is on a palliative pathway
   - If the resident is on a palliative pathway, determine the usual palliative care provider from the clinical documentation

If vital signs are unstable progress immediately to *Management of the unstable resident* (practice point 2)

Where vital signs are stable, progress to taking a history, particularly looking for red flag symptoms (see relevant clinical pathways for red flags) - where resident's are not able to communicate or are significantly cognitively impaired, seek a collateral history from carers and / or relatives about any observed changes in resident's condition over recent times and review recent clinical documentation

Recheck vital signs after performing a history as successive vital sign measurement is more sensitive to change than a single measure. If vital signs remain stable, perform an examination of the resident in order to assist in identification of the cause of the deterioration and to identify red flag signs.

2) Management of the unstable resident

1. Ensure that staff member wearing appropriate PPE **remains with resident**: apply oxygen to maintain oxygen saturations at 92 to 96 per cent (or if history of COPD, 88 to 92 per cent) and support in position of comfort
2. If immediately life threatening refer to *Escalation and referral* (practice point 3)
3. If not immediately life threatening review *Checklist for contact* and ring resident's GP to consult on management
4. Refer to relevant clinical pathway for guidance on management of specific conditions or symptoms

3) Escalation and referral

Not immediately life-threatening

Consult *Checklist for contact* and call residents GP and collaboratively develop management plan in consultation with resident or substitute health decision maker - refer to relevant clinical pathway to guide further management specific to the presenting symptoms or signs.

Unstable residents who are not on a palliative pathway and who have a documented choice to transfer to hospital or no documented choices are identified:

1. Call QAS on 000
2. Ring GP if not yet aware
3. Prepare transfer documentation - review *Checklist for contact*
4. Notify substitute health decision maker
5. Notify *HHS RaSS*

Unstable residents on a palliative pathway:

1. Call resident's usual palliative provider and determine appropriate management in consultation with palliative provider
2. Where usual palliative provider is not contactable or where additional specialist palliative care support is indicated, contact *HHS specialist palliative care service* or where unavailable, contact *PallConsult*
3. Provide condition-specific care guided by the relevant clinical pathway, where such care is aligned to the resident's goals of care.

Management of residents with unstable vital signs version control

Pathway	Management of residents with unstable vital signs				
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