Get v	vour	messag	e acros	SS
	your	11163349	c aci os	-

det your message across									
Resident/ patient nan	ne:		NHS No			D.O.B.			
Raise the Alert within your home e.g. to a senior carer, registered nurse or manager. If possible, record the observations using a NEWS2 based system. Report your concerns to a health care professional e.g. Nurse/GP/GP HUB/111/999 using the SBARD Structured Communication Tool.									
S	hap	pened? How are they? VS2 score if available	Key	orompts .	/ decision	S			
В	thei	kground e.g. what is r normal, how have v changed?							
A		essment e.g. what e you observed / done?							
R		ommendation eed you to'							
Decision what have you agreed? (including any Treatment Escalation Plan & further observations)									
Name of person completing:			Signature:						
Today's date:									

Don't ignore your 'gut feeling' about what you know and see. Give any immediate care to keep the person safe and comfortable.



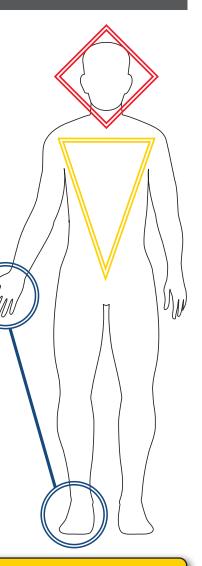


Ask your resident – how are you today?

Does your resident show any of the following 'soft signs' of deterioration?

- = Increasing breathlessness or chestiness
- = Change in usual drinking / diet habits
- **=** A **shivery feve**r feel **hot or cold** to touch
- = Reduced mobility **'off legs'** / less co-ordinated
- = New or increased confusion/agitation/ anxiety / pain
- = Changes to usual level of alertness / consciousness / sleeping more or less
- = 'Can't pee' or 'no pee', change in pee appearance
- Diarrhoea, vomiting, dehydration

Any **concerns** from the resident / family or carers that the person is not as well as normal.



If **YES** to one or more of these triggers – take action!

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