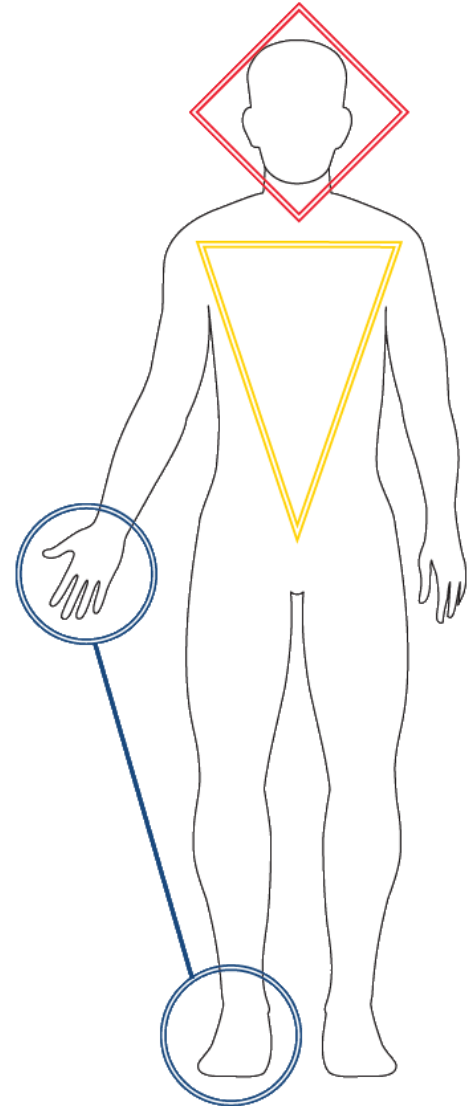


Resident Name:			
Date:		Time:	

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 fever** - 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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Actions taken:	Person completing form:			
	Reported to:			
	Date:		Time:	
Person in charge action taken:				
	Date:		Time:	
Outcome for resident:				

Before calling for help

- ◆ **Check Vital Signs (where possible):** e.g. temperature, pulse, etc.
- ◆ **Review Records:** recent care notes, medications, other plans of care
- ◆ **Have relevant information available when calling:** e.g. care plan, vital signs, advance care plans such as DNACPR and RESPECT, allergies, medication list

Get your message across

Resident Name:	Date of Birth:
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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. 'Hello my name is', I am calling fromabout our resident.....**

- S** **Situation:** e.g. what's happened. How are they?
- B** **Background:** e.g. what is their normal, how have they changed? Any long term medical conditions e.g. COPD, heart failure, diabetes?
- A** **Assessment:** e.g. what have you observed / done? Include signs you spotted from RESTORE2 Mini and any other vital signs if available e.g. temperature
- R** **Recommendation:**
'I need you to...'
- D** **Decision:** what have you agreed? (including any Treatment Escalation Plan and further observations)

Key prompts/decisions

Name of person (you are speaking to):			
Service:		Today's date:	
Signature:		Time of call:	

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