

CC9 Deterioration of a Participant's condition

Purpose

1. A sudden and unexpected deterioration of a participant's mental health, cognitive or physical condition, function or capacity must be quickly recognised and acted upon.

Alignment with Practice Standards

1. Module 2: Provider Governance and Operational Management
2. Module 3: Provision of Supports
3. High Intensity Daily Personal Activities

Legislative Alignment

1. National Disability Insurance Scheme Act 2013
2. Work Health and Safety Act 2011 (Cth)
3. Work Health and Safety Regulations 2011 (Cth)

Key Responsible Executive

Chief Executive Officer

For More Support

Head of Multidisciplinary Care

Policy Statement

1. This policy applies to Management, registered nurses, and care staff.
2. Clinical documentation includes all forms and reports associated with the care of the participant.

Procedures

1. A sudden and unexpected deterioration of a participant's mental health, cognitive or physical condition, function or capacity must be quickly recognised and acted upon. An assessment should cover the following clinical indicators:
 - respiratory rate
 - oxygen saturation
 - heart rate
 - blood pressure
 - temperature
 - level of consciousness

2. Participant assessment should also include information about:
 - fluid balance
 - any pain and responses to analgesia
 - respiratory distress
 - skin colour e.g. flushing or pallor
 - presence of sweating, rigours, nausea or vomiting
 - results of tests e.g. blood, radiology
 - other neurological signs such as pupil size and reactivity

3. Monitoring plan
 - a. The care managers are in charge of developing a monitoring plan that specifies the frequency and nature of observations based on the participant's diagnosis and clinical situation. Any modifications to the monitoring plan need to be documented. The frequency of observations should be modified according to the participant's condition.
 - b. It is the responsibility of all registered nurses to recognise and respond to clinical deterioration of a participant.
 - c. Communication protocols are as follows:
 - i. Care manager to be alerted for any sudden or unexpected change in a participant's condition. These clinicals will direct the clinical monitoring procedure.
 - ii. The participant's GP is to be notified and given a full report on the participant's condition and clinical monitoring outcomes. Follow the GPs directives at this point.
 - iii. The care manager or registered nurse in charge is able to make the clinical decision to transfer the participant to hospital if their clinical assessment warrants this. For example, following a serious fall with suspected fracture or head injury, a loss of consciousness, extreme breathing difficulties, a suspected heart attack, sudden and severe pain with no known cause, an injury resulting in a serious bleed. The participant's GP and participant's representative must be contacted as soon as possible after the transfer.
 - iv. Apart from the clinical observations the clinician must document in a timeline the progress of signs, symptoms, type of monitoring and any treatment in the participant's clinical notes.
 - d. If the condition is from a fall or near miss an incident report must be completed. An incident report must also be completed if the care staff failed to recognise a participant's deterioration so that a thorough investigation can be done to identify the reason why and improvements to be made for any further events. For example, it may mean further education and training is necessary.
 - e. Identifying deterioration early can improve outcomes and mean that participants need less intervention in the future.

References to other SAVVY policies

1. CS3.5 Participant Record Management
2. HR4.17 Information Technology

References to other external materials

1. Personal care and clinical procedures manual

Supporting documentation

1. Includes all clinical information

Version Control

1. 1 April 2023 - New Policy Creation