

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Baseline Observation and Assessment of Adult Inpatients by Nurses

Effective: May 2010

Review: December 2012

1. Introduction

The Newcastle upon Tyne Hospitals NHS Foundation Trust is committed to ensure all patients are assessed appropriately by nurses, using a range of appropriate tools which meet the needs of individual patients and the standards of both local and national guidelines. This policy will provide guidance to nursing staff about the minimum acceptable baseline observations which should be carried out on every adult inpatient and the timeframe within which these should be recorded. This policy should be read in conjunction with Nursing and Midwifery Council Guidance, Record Keeping: Guidance for nurses and midwives (2009) and the Trust Clinical Record Keeping Policy.

2. Policy Scope

Adult patients, including those in emergency areas should have physiological observations recorded at the time of their admission or initial assessment. This policy relates to initial nursing assessments for all patients each time they attend the Trust. Within this policy, the use of the term 'assessment' refers to generic core physiological observations (as defined in section 4) and a standard range of validated tools. This policy will provide guidance for the minimum core assessments and the minimum frequency with which these should be repeated.

3. Policy Aims

- To ensure every patient is assessed appropriately
- To provide guidance in relation to frequency of ongoing observation and assessment
- To ensure each patient receives the highest standard of care

4. Generic Core Assessment

The following table presents the minimum core assessment requirement for adults on admission to the Trust whether as an elective or emergency admission or via an outpatient department. A clear, written monitoring plan should be available for all patients which specifies which observations should be recorded and how often. Physiological observations should be recorded and acted upon by staff that have been trained, and are competent, to undertake these procedures and understand their clinical relevance. The registered practitioner accountable for the care of a patient may delegate this responsibility to a student nurse or nursing healthcare assistant if their level of competence to undertake such observations has been assessed or they are under the supervision of a competent practitioner.

Measurement:	To be undertaken within:	Minimum frequency:
Respiratory rate	One hour of admission	Twice Daily *
Temperature	One hour of admission	Twice Daily *
Heart rate	One hour of admission	Twice Daily *
Blood Pressure	One hour of admission	Twice Daily *
Oxygen Saturation	One hour of admission	Twice Daily *
Level of Consciousness	One hour of admission	Twice Daily *
Modified Early Warning Score (MEWS)	One hour of admission	Twice Daily *
Blood Glucose	One hour of admission	Not required routinely
Urinalysis	24 hours of admission	Not required routinely
Height	24 hours of admission	Not required routinely
Weight	24 hours of admission	Weekly
Nutritional assessment (MUST)	24 hours of admission	Weekly
Falls assessment (SAFE(ST))	12 hours of admission	Weekly or following a fall
Braden score	6 hours of admission	Weekly
Smoking assessment	24 hours of admission	Not required routinely

* To be monitored at least every 12 hours, and documented on the observation chart unless a decision has been made at a senior level (i.e. the Registered Nurse in charge of the ward or following review by the multi-disciplinary team), to increase or decrease this frequency for an individual patient. The frequency of monitoring should increase if abnormal physiology is detected, as outlined in the Modified Early Warning Score (MEWS) which can be found on all observation charts, for many patients this will be four hourly.

Patients may require further specific assessment depending on their presenting condition.

Consider monitoring: biochemistry (for example, lactate, blood glucose, base deficit, arterial pH), hourly urine output and pain.

5. Monitoring

Compliance with this policy will be monitored via the Clinical Assurance Toolkit and reported through Directorate quarterly performance review.

Compliance relating to National standards will be monitored via the Clinical Governance and Risk Department who will provide an annual report to the Clinical Governance and Quality Committee.

Author: Nursing and Patient Services Director

6. References

Department of Health (2009) *NHS Stop Smoking Service & Monitoring Guidance 2009/10*. DoH

National Institute for Health and Clinical Excellence (2005) *The prevention and treatment of pressure ulcers*. NICE, London

National Institute for Health and Clinical Excellence (2006) *Nutrition Support for Adults: Oral Nutrition Support, Enteral Tube Feeding and Parenteral Nutrition* London, NICE

National Institute for Health and Clinical Excellence (2007) *Acutely ill patients in hospital: recognition of and response to acute illness in adults in hospital*. NICE clinical guideline 50 London, NICE

National Institute for Health and Clinical Excellence (2010) *Venous thromboembolism: reducing the risk* NICE clinical guideline 92, London, NICE

National Patient Safety Agency (2009) *Getting the basics right!* London NPSA

The Newcastle upon Tyne Hospitals NHS Foundation Trust (2009) *Policy for the Management and Prevention of Patient Slips, Trips, Falls*.

**THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST
IMPACT ASSESSMENT – SCREENING FORM A**

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Title:	Baseline observation and assessment of adult patients by nurses	Policy Author:	Suzanne Medows
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:	No	This policy does not discriminate against any individual on the basis of race, ethnicity, nationality, gender, culture, religion or belief, sexual orientation, age or disability
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems.	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
4(a).	Is the impact of the policy/guidance likely to be negative? <i>(If "yes", please answer sections 4(b) to 4(d)).</i>	No	
4(b).	If so can the impact be avoided?		
4(c).	What alternatives are there to achieving the policy/guidance without the impact?		
4(d)	Can we reduce the impact by taking different action?		

Comments:	Action Plan due (or Not Applicable):

Name and Designation of Person responsible for completion of this form: Suzanne Medows.....

Date: 26th April 2010

Names & Designations of those involved in the impact assessment screening process: Suzanne Medows.....

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(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)