The Newcastle upon Tyne Hospitals NHS Foundation Trust

Observations and Assessment of Adult Inpatients by Nurses

Version No: 3.0
Effective From: 26 July 2016
Expiry Date: 26 July 2019
Date Ratified: 19th April 2016
Ratified By: Senior Nursing and Midwifery Executive Team

1 Introduction

The Newcastle upon Tyne Hospitals NHS Foundation Trust is committed to ensuring that 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 provides guidance to Nursing staff about the minimum level of 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 Scope

Adult patients, including those in emergency areas, should have physiological observations recorded at the time of their admission or initial assessment. This policy will provide guidance for the minimum core assessments and the minimum frequency with which these should be repeated.

3 Aims

This policy describes a minimum standard in relation to the observation of adult inpatients and will help to ensure that:

- Every patient is assessed appropriately to underpin safe care
- Guidance is provided in relation to frequency of ongoing observation and assessment
- Each patient receives the highest standard of care

4 Duties (Roles and responsibilities)

The Trust Board is responsible for ensuring that a system is in place and is monitored to enable the provision of safe and effective care within the Trust. The Nursing and Patient Services Director and Deputy Directors of Nursing are responsible for ensuring that a strategy is in place to monitor and respond to results from the Clinical Assurance Tool (CAT). The Senior Nursing and Midwifery Executive Team is responsible for the approval of this policy and for ensuring that it remains up to date and evidenced based. The Matrons will be responsible for maintaining compliance with this policy within their area of responsibility.
5 Definitions

Within this policy, the use of the term ‘observation and assessment’ refers to generic core physiological observations, as defined in section 6, and a standard range of validated risk assessment tools.

6 Physiological Observations

6.1 The following table presents the minimum core assessment requirement for adults on admission to an inpatient bed within the Trust whether as an elective or emergency admission or via an outpatient department.

<table>
<thead>
<tr>
<th>Measurement:</th>
<th>To be undertaken within:</th>
<th>Minimum frequency:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory rate</td>
<td>One hour of admission</td>
<td>12 hourly *</td>
</tr>
<tr>
<td>Temperature</td>
<td>One hour of admission</td>
<td>12 hourly *</td>
</tr>
<tr>
<td>Heart rate</td>
<td>One hour of admission</td>
<td>12 hourly *</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>One hour of admission</td>
<td>12 hourly *</td>
</tr>
<tr>
<td>Oxygen Saturation</td>
<td>One hour of admission</td>
<td>12 hourly *</td>
</tr>
<tr>
<td>Amount of inspired oxygen</td>
<td>One hour of admission</td>
<td>12 hourly *</td>
</tr>
<tr>
<td>Level of Consciousness</td>
<td>One hour of admission</td>
<td>12 hourly *</td>
</tr>
<tr>
<td>National Early Warning Score (NEWS) **</td>
<td>One hour of admission</td>
<td>12 hourly * or as required by NEWS algorithm*</td>
</tr>
<tr>
<td>Blood Glucose</td>
<td>One hour of admission</td>
<td>Repetition is not required routinely</td>
</tr>
<tr>
<td>Urinalysis</td>
<td>24 hours of admission</td>
<td>Repetition is not required routinely</td>
</tr>
<tr>
<td>Height</td>
<td>24 hours of admission</td>
<td>Repetition is not required routinely</td>
</tr>
<tr>
<td>Weight</td>
<td>24 hours of admission</td>
<td>Weekly</td>
</tr>
<tr>
<td>Nutritional assessment (MUST)</td>
<td>24 hours of admission</td>
<td>Weekly</td>
</tr>
<tr>
<td>Falls assessment</td>
<td>12 hours of admission</td>
<td>Weekly or following a fall or change in condition</td>
</tr>
<tr>
<td>Skin Assessment</td>
<td>One hour of admission</td>
<td>Weekly or daily if at risk</td>
</tr>
<tr>
<td>Braden score***</td>
<td>2 hours of admission</td>
<td>Weekly or daily if at risk</td>
</tr>
<tr>
<td>Smoking assessment</td>
<td>24 hours of admission</td>
<td>Not required routinely</td>
</tr>
</tbody>
</table>

* To be monitored at least every 12 hours, and documented on the NEWS chart unless the patient’s NEWS score or patient pathway require more regular observations. The frequency of monitoring will increase if abnormal physiology is detected, as outlined in the clinical response to the NEWS score. In specific clinical circumstances, additional monitoring and investigations should be considered as part of the overall patient treatment plan and evaluation of care.

** Except critical care units

*** Patients in Critical Care will have their risk of pressure damage assessed using the Critical Care Risk Factors score. Braden must also be re-assessed within 2 hours on transfer from one ward to another. Patients may require further specific assessment depending on their presenting condition.
6.2 A clear, written monitoring plan should be available for all patients which specifies which observations should be recorded and how often (except within critical care units where monitoring of observations is continuous).

6.3 The registered Nurse accountable for the care of a patient may delegate the taking and recording of observations to a Student Nurse, Assistant Practitioner 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 Registered Nurse.

6.4 Non-Registered Practitioners e.g. Student Nurse, Assistant Practitioner or Nursing Healthcare Assistant who undertake observations must be able to demonstrate their knowledge of when and how to escalate any concerns.

7 Training

It is a requirement that all Registered Nurses and Non-Registered Practitioners will undertake NEWs training on induction and will receive an update within their basic life support training.

All Non-Registered Practitioners who undertake physiological observations will be expected to have their competence assessed and a record of this held at a local (Ward or departmental) level. Where there are changes in processes or documentation e.g. NEWS documentation, staff will be required to attend updates as required.

8 Equality and diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way services are provided to the public and the way our staff are treated reflects their individual needs and does not discriminate against individuals or groups on any grounds. This document has been appropriately assessed.

9 Monitoring compliance

<table>
<thead>
<tr>
<th>Standard / process / issue</th>
<th>Monitoring and audit</th>
<th>By</th>
<th>Committee</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum core assessments recorded within the timeframe</td>
<td>Retrospective Audit of 100 sets of adult notes</td>
<td>Practice Development Team</td>
<td>Senior Nursing &amp; Midwifery Executive Group</td>
<td>Annual</td>
</tr>
</tbody>
</table>

10 Consultation and review

Senior Nursing and Midwifery Executive Team.

11 Implementation

Staff will be made aware of this policy through Nursing Forums and Directorate cascade mechanisms.
12 References

- NICE quality standard [QS82] Smoking: reducing and preventing tobacco use  Published date: March 2015

- NICE quality standard [QS89] Pressure ulcers  Published date: June 2015
- NICE quality standard [QS24] Nutrition support in adults  Published date: November 2012


- NICE guidelines [CG161] Falls in older people: assessing risk and prevention  Published date: June 2013.

13 Associated Documents

- Clinical Record Keeping Policy
- Management and Prevention of Patient Slips, Trips, Falls Policy
- National Early Warning Scores (NEWS) Policy
- Nutrition Policy
- Pressure Ulcers and Moisture Lesions Prevention and Treatment Policy
The Newcastle upon Tyne Hospitals NHS Foundation Trust

Equality Analysis  Form A

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

PART 1

1. Assessment Date: 25/04/16

2. Name of policy / strategy / service:
   Observations and Assessment of Adult Inpatients by Nurses

3. Name and designation of Author:
   Elaine Coghill, Trust Lead NMAHP Research, Education & Practice Development

4. Names & designations of those involved in the impact analysis screening process:
   Senior Nursing & Midwifery Executive Group

5. Is this a: Policy √ Strategy □ Service □
   Is this: New □ Revised √
   Who is affected Employees √ Service Users √ Wider Community □

6. What are the main aims, objectives of the policy, strategy, or service and the intended outcomes? (These can be cut and pasted from your policy)
   The Newcastle upon Tyne Hospitals NHS Foundation Trust is committed to ensuring that 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 provides guidance to Nursing staff about the minimum level of observations which should be carried out, on every adult inpatient, and the timeframe within which these should be recorded.

7. Does this policy, strategy, or service have any equality implications? Yes √ No □
   If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:
8. **Summary of evidence related to protected characteristics**

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Evidence, i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups</th>
<th>Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address (by whom, completion date and review date)</th>
<th>Does the evidence highlight any areas to advance opportunities or foster good relations. If yes what steps will be taken? (by whom, completion date and review date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race / Ethnic origin (including gypsies and travellers)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex (male/ female)</td>
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<tr>
<td>Religion and Belief</td>
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<td></td>
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<tr>
<td>Sexual orientation including lesbian, gay and bisexual people</td>
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<td></td>
<td></td>
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<tr>
<td>Age</td>
<td></td>
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<tr>
<td>Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section</td>
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<tr>
<td>Gender Re-assignment</td>
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<tr>
<td>Marriage and Civil Partnership</td>
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<tr>
<td>Maternity / Pregnancy</td>
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</tbody>
</table>

9. **Are there any gaps in the evidence outlined above? If ‘yes’ how will these be rectified?**


10. **Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.**

    Do you require further engagement?  Yes [ ]  No [√]

11. **Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)**

    No
PART 2

Name:
Elaine Coghill

Date of completion:
25/04/16

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