



Healthcare  
Improvement  
Scotland

**SIGN**

# Care of deteriorating patients What, when and why?

Plain language summary for patients, carers and families



PLAIN  
LANGUAGE  
COMMISSION  
CLEAR  
ENGLISH  
STANDARD

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# Who is this summary for?

**This summary is for patients who are receiving care in hospital or a setting where they are being assessed before being admitted to hospital.**

This includes general practice (GP), care homes and ambulance services. Partners, friends, family and carers may also find it helpful.

It can be used by healthcare professionals when talking to patients, carers and families.

# What is this summary about?

**This summary explains the recommendations in a guideline produced by the Scottish Intercollegiate Guidelines Network (SIGN), about monitoring and caring for patients over 16 whose health deteriorates (gets worse) in the following settings:**

- Community care (such as rehabilitation facilities).
- Primary care (under a GP's care).
- Hospital and ambulance services.

It does not cover patients who are pregnant or who are receiving palliative care at the end of their life.

It tells you:

- what care should be provided
- when this care should be provided
- why this care is important.

It tells you some key messages from the guideline but in less detail.

The guideline is available on our website [www.sign.ac.uk/our-guidelines/care-of-deteriorating-patients](http://www.sign.ac.uk/our-guidelines/care-of-deteriorating-patients)

# What do we mean by ‘deteriorating patient’?

## Patients may get more unwell as their condition progresses.

Often, deterioration is detected by using observations to monitor patients or through blood-test results. When patients deteriorate, they are at more risk of complications and are more likely to need critical care support. (Critical care includes intensive care, intensive therapy and high-dependency units.) Serious problems can sometimes be avoided by monitoring patients regularly and taking action early if they show signs of getting worse.

### More information

For more information on monitoring and care for specific health conditions, please see [NHS Inform’s website](#)

[ICUSteps](#) provides a range of information and advice on intensive care for patients and their families

### More information

If you need support with your mental health, please see the [SAMH’s website](#)

# Planning and decision making

## What should be done

It is best to have a written anticipatory care plan (ACP). The ACP records your future wishes about your care. Anyone can have an ACP, but it may be particularly relevant if you have a significant chronic health condition, or if you are older and need more support. The ACP is based on a conversation between you and your healthcare professional about your wishes in case your health deteriorates in future. You may want your family to be involved in these discussions.

The following may be included in the conversation:

- Discussion of any current illnesses, including your preferences regarding the purpose of treatment, your options, and which place of care you would choose to go to if your health worsens in future.
- Which treatment options would be in your best interests if you deteriorate and which treatments may not work.
- If your heart stopped, would you want to be resuscitated?

Your ACP should be shared with hospital teams to help them agree with you the best options for you. Your family and carers can be involved in decisions about your care, if you agree.



## When should this be done?

An anticipatory care plan (ACP) can be written down at any point in your care, but especially if it is likely your health may worsen suddenly.

A treatment escalation plan is also used in hospital to help record and communicate your wishes and options in case you deteriorate.

As your condition changes, your anticipatory care plan and treatment escalation plan can change too.



### Why should this be done?

Your treatment escalation plan will be based on your wishes and the realistic options available to you, taking into account your other conditions. This will include a decision on whether or not to do cardiopulmonary resuscitation (CPR) if your heart stops.



### More information

#### NHS Inform

[Anticipatory care planning information](#)

#### Officer of the Public Guardian in Scotland

[Power of attorney information](#)

#### Resuscitation Council UK

[ReSPECT](#)

# Taking observations

## What should be done

To help your healthcare team check how well you are, they will take observations of:

- your heart rate
- your blood pressure
- your breathing rate
- your level of consciousness (how alert you are and whether you are aware of what's going on)
- the amount of oxygen in your blood.

Some hospitals record these observations on paper charts, some record them electronically. Some of these systems automatically let your healthcare team know when the observations have changed, to alert them that you might be deteriorating.



## When should this be done?

The staff will take observations when you arrive at hospital and continue taking them during your stay. When a patient deteriorates, the observations often become more abnormal. If this happens to you, staff may take observations more often.



## Why should this be done?

The observations are used to calculate an early-warning score, which can help show whether you are improving or deteriorating. If your early-warning score shows you are deteriorating, this will prompt hospital staff to change your care.



# Treating infection with antibiotics

## What should be done

Some people develop sepsis from infections. Sepsis is an extreme response to an infection that must be treated quickly. If this happens, antibiotics given through a vein will help fight the infection.



## When should this be done?

If you arrive at the hospital with a suspected serious infection, the staff will decide whether or not you need antibiotics quickly, based on their observations and your symptoms.



## Why should this be done?

The decision to give you antibiotics may change later. This depends on whether you improve or deteriorate, and when the results of other checks are available.



## More information

For more information about sepsis, please see [NHS Inform's website](#)



# Recognising and responding to deterioration

## What should be done

If your condition deteriorates in hospital, your healthcare team will respond in a number of ways. These include increasing the frequency of observations, taking tests to look for the cause, and asking senior staff to help if needed. Some health boards use structured processes. These give staff written guidance on what to do when a patient deteriorates. Staff then provide what's called a structured response.



## When should this be done?

A response to deterioration will happen if your clinical review, observations or blood tests are at certain levels (thresholds) – for example, if your blood pressure drops and heart rate increases.

Tests and observations will identify a lot of ways your health is worsening, but won't identify them all. This is why you should not hesitate to raise concerns with the staff if you or your family members think your condition is deteriorating. Healthcare professionals should give you information you can understand to help you take part in decision making.



## Why should this be done?

Structured responses do not replace the clinical judgement of staff, but can help remind staff what to do if your health worsens.

Identifying and treating deterioration early can help give you the best chance of recovery.



# Sharing your health information

## What should be done

It is important that there is a staff handover when:

- you move from one hospital to another
- you move from one ward to another
- staff change shift.



## When should this be done?

In hospital, it is normal for you to be moved between wards. If you deteriorate, you may need to be transferred to a unit that can offer closer monitoring and specific treatments (if this complies with your wishes and is clinically suitable). It may be a High Dependency Unit or an Intensive Care Unit.

Your healthcare team will agree the best place for your care before you move and will arrange a handover. During the handover, the teams will discuss your health, clinical observations and appropriate care.



## Why should this be done?

Handovers and records with key information are used to help staff make sure that all the relevant information about your care is passed to the relevant staff.



# How are SIGN guidelines produced?

Our guidelines are based on the most up-to-date scientific evidence. We read research papers to find evidence for the best way to diagnose, treat and care for patients. If we cannot find this out from the research evidence, we ask healthcare professionals to use their clinical experience and judgment to suggest treatments.



**1**  
Gather lived  
experience



**2**  
Identify the  
questions



**3**  
Search for the  
evidence



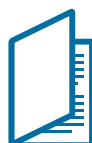
**4**  
Look at the  
evidence



**5**  
Make judgements  
and  
recommendations



**6**  
Ask people for  
feedback



**7**  
Publish



**8**  
Let everybody  
know about our  
guidelines

You can read more about us by visiting [www.sign.ac.uk](http://www.sign.ac.uk) or you can phone 0131 623 4720 and ask for a copy of our booklet 'SIGN guidelines: information for patients, carers and the public'.

The Scottish Intercollegiate Guidelines Network (SIGN) writes guidelines which give advice for healthcare professionals, patients and carers about the best treatments that are available. We write these guidelines by working with healthcare professionals, other NHS staff, patients, carers and members of the public.

We are happy to consider requests for other languages or formats. Please phone 0131 623 4720 or email [sign@sign.ac.uk](mailto:sign@sign.ac.uk)



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