

RECOGNISING AND RESPONDING TO ACUTE DETERIORATION PREHOSPITAL CLINICAL ESCALATION AND ACTIONS EVENT HEALTH SERVICES

ALL PATIENTS EWS 0-4	<ul style="list-style-type: none"> • A-E assessment at first practical opportunity • Full set of observations • Regular observations - increase frequency of observations if EWS increasing • Document all assessments, actions, and outcome
AMBER ESCALATION EWS 5-6 Or any single observation in RED (score 3) area	<ul style="list-style-type: none"> • Re-assess A-E and initiate appropriate clinical care • Increase observation frequency • Consider sepsis using appropriate sepsis screening tool • Consult with SOC CSP, or call for paramedic backup where available, recommended
Or any clinical trigger not immediately correctable: <ul style="list-style-type: none"> • Increasing oxygen requirement • Poor peripheral circulation • BSL < 4mmol/l or >20mmol/l with no decrease in level of consciousness • Concern by attending clinician 	
<i>Acute illness or unstable chronic disease, at risk of deterioration</i>	
RED ESCALATION EWS 7+	<ul style="list-style-type: none"> • Re-assess A-E and initiate appropriate clinical care • Continuous cardiac monitoring where available and pulse oximetry along with increased frequency of observations. • Consider sepsis using appropriate sepsis screening tool • Consider requirement for additional resources • Consult with SOC CSP, or call for paramedic backup where available, required at earliest practical opportunity
Or any clinical trigger not immediately correctable: <ul style="list-style-type: none"> • Partial airway obstruction or stridor • Increasing oxygen requirements to maintain oxygen saturation >90% • Only responds to pain on AVPU scale • Sudden decrease in level of consciousness (drop of 2 or more points on GCS) • BSL < 4mmol/l or > 20mmol/l with decrease in level of consciousness • Serious concern by clinician 	
<i>Likely to deteriorate rapidly</i>	
EMERGENCY ESCALATION Any single observation in PURPLE (E) area	<ul style="list-style-type: none"> • Re-assess A-E and initiate appropriate resuscitative care • Consider requirement for additional resources • Consult with SOC CSP, or call for paramedic backup where available, required at earliest practical opportunity
Or any clinical trigger not immediately correctable: <ul style="list-style-type: none"> • Cardiac or respiratory arrest • Complete airway obstruction • Patient unresponsive • Generalised seizure activity • Serious uncontrollable haemorrhage • Any other time critical event of serious concern to clinician 	
<i>Immediately life-threatening critical illness</i>	