

**RECOGNISING AND RESPONDING TO ACUTE DETERIORATION
PREHOSPITAL CLINICAL ESCALATION AND ACTIONS
PATIENT TRANSPORT OFFICER
VOLUNTEER AMBULANCE OFFICER**

<p align="center">ALL PATIENTS EWS 0-4</p>	<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
<p align="center">AMBER ESCALATION EWS 5-6</p> <p>Or any single observation in RED (score 3) area</p> <p>Or any clinical trigger not immediately correctable:</p> <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 	<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
<p align="center"><i>Acute illness or unstable chronic disease, at risk of deterioration</i></p>	
<p align="center">RED ESCALATION EWS 7+</p> <p>Or any clinical trigger not immediately correctable:</p> <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 	<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 Priority 1 transport (if in scope) • Consider requirement for additional resources • Consult with SOC CSP, or call for paramedic backup where available, required at earliest practical opportunity
<p align="center"><i>Likely to deteriorate rapidly</i></p>	
<p align="center">EMERGENCY ESCALATION</p> <p>Any single observation in PURPLE (E) area</p> <p>Or any clinical trigger not immediately correctable:</p> <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 	<ul style="list-style-type: none"> • Re-assess A-E and initiate appropriate resuscitative care • Priority 1 transport if not correctable (if in scope) • Consider requirement for additional resources • Consult with SOC CSP, or call for paramedic backup where available, required at earliest practical opportunity
<p align="center"><i>Immediately life-threatening critical illness</i></p>	