

Ask your client – how are you today?

Does your client show any of the following 'soft signs' of deterioration?

Increasing breathlessness, chestiness or cough/sputum

= Change in usual drinking / diet habits

= A **shivery fever** – feel **hot or cold** to touch

= Reduced mobility – 'off legs' / less co-ordinated or muscle pain

New or increased confusion / agitation / anxiety / pain

Changes to usual level of alertness / consciousness / sleeping more or less

= Extreme tiredness or dizziness

"Can't pee' or 'no pee', change in pee appearance

= Diarrhoea, vomiting, dehydration

Any **concerns** from the client / family or carers that the person is not as well as normal.

If purple signs are present, think possible COVID-19.

If **YES** to one or more of these triggers – take action!

Get your message across

| Client nam | ne: | NHS No. | | | D.O.B. | |
|--|--|--------------|----------|-----------|--------|--|
| Raise the Alert within your organisation e.g. to a senior carer, supervisor or manager. Report your concerns to a health care professional e.g. Nurse/GP/GP HUB/111/999 using the SBARD Structured Communication Tool. | | | | | | |
| S | Situation e.g. what's happened? How are they? | Key p | rompts / | decisions | i | |
| В | Background e.g. what is their normal, how have they changed? | | | | | |
| A | Assessment e.g. what have you observed / done? | Witz Gestine | | | | |
| R | Recommendation 'I need you to' | | | | | |
| D | Decision what have you agreed? (including any Treatment Escalation Plan & further observations) | | | | | |
| Name of person completing: Signature: | | | | | | |
| Today's date: | | | | | | |
| Don't ignore your 'gut feeling' about what you know and see. | | | | | | |

Give any immediate care to keep the person safe and comfortable.