Sutton Clinical Commissioning Group

Epsom and St Helier University Hospitals NHS Trust

NHS

CARES Escalation Record

To be completed by Care/Nursing Home staff prior to calling GP/111/999/CPAT
(Routine observations to be completed before calling)

Concerns **A**ctions **R**esponse **E**xamination **S**hared Information

Instructions for use:
The form should be used when faced with an incident or urgent health need to support decision making and the assessment process. By completing the form it can become apparent which service would be able to provide the most appropriate response. This form should be used in conjunction with any existing transfer forms/information when handing the resident over to another service.

Date:	Time of call:	Time call returned:
Patient's name:		DoB:
Care Home name: Address:		
Patient's GP:		Caller Name:

CONCERN	What is the concern regarding the patient? List symptoms:
	What has changed from previously?
	Past Medical History /Diagnosis: *Ensure you have care notes to hand*
	Allergies:
ACTION	What actions have you taken to manage the patient's condition?
RESPONSE	What were the notifiable affects from these actions?
EXAMINATION	Level Of Consciousness: Alert / Drowsy / Not Responding To Call
	Cognition Is the person living with dementia? YES / NO Is the person more confused/agitated than normal? YES / NO

In partnership with:
London Ambulance Service NHS Trust
Sutton and Merton Community Services

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EXAMINATION	BP: ..... Normal / Unusual ?	Temp: ..... Febrile / Normal / Hypothermic ?	
	Pulse: ..... Rapid / Slow / Regular ?	Respiration rate: ..... Rapid / Normal / Shallow ?	
	Urine dipstick result:	Blood sugar:	
Shared Information	Is the patient on a palliative care or end of life pathway? YES / NO	Is a DNAR in place? YES / NO	
		Is there a Coordinate My Care (CMC) record? YES / NO	
		Is there an Advance Care Plan? YES / NO	
	Medication: *Refer to MAR Sheet*		
	If going to hospital, have you included the following in the Red Bag: ✓ Standard documentation: - Older Persons Assessment Form YES / NO - CARES Escalation Record YES / NO - MAR Sheet YES / NO ✓ This Is Me leaflet YES / NO ✓ Change of clothes and slippers YES / NO ✓ Glasses YES / NO ✓ Hearing aid YES / NO ✓ Dentures YES / NO ✓ Any other valuables (please list):		
Are the family aware? If so any concerns/beliefs?			
Outcome of call:			

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