NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

SHORT CLINICAL GUIDELINE

SCOPE

1 Title

Recognition of and response to acute illness in adults in hospital

1.1 Short title

Acutely ill patients in hospital

2 Background

a) The Department of Health has asked the National Institute for Health and Clinical Excellence ('NICE' or 'the Institute') to 'prepare guidance on the care of acutely ill adults in hospital' for use in the NHS in England and Wales.

3 Clinical need for the guideline

a) There has been increasing recognition that the care provided to patients in hospital who deteriorate clinically, or show signs that they may deteriorate unexpectedly, has a marked impact on patient mortality, morbidity and length of stay both in the hospital overall and in a critical care area should they be admitted to critical care.

b) Clinical deterioration can occur at any stage of a patient's illness, although there will be certain periods during which a patient is more vulnerable, such as at the onset of illness, during surgical or medical intervention and during recovery from critical illness. Patients on general adult wards who are at risk of deteriorating may be identified before a serious adverse event by changes in physiological observations recorded by clinical staff.

c) The interpretation of these changes, and timely institution of appropriate clinical management once physiological deterioration is identified, is of crucial importance if the likelihood of serious adverse events including cardiac arrest and death is to be minimised. Care strategies following a period of critical illness are also likely to have a significant impact on patient outcomes.

d) A recent report from the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) ('An Acute Problem', NCEPOD 2005)[1] identified delayed recognition and referral as prime causes of the substandard care of the acutely unwell in hospital. The report found that on a number of occasions this was aggravated by poor communication between the acute medical, surgical and critical care medical teams. It also identified examples in which there was a lack of awareness by medical consultants of their patients' deteriorating health and their subsequent admission to critical care. Admission to an intensive care unit (ICU) was thought to have been avoidable in 21% of cases, and the authors felt that sub-optimal care contributed to about a third of the deaths that occurred.

4 The guideline

4.1 Population

4.1.1 Groups that will be covered

All adult patients in hospital, including patients in the Emergency Department and those in transition.

4.1.2 Groups that will not be covered

a) Children

b) Dying patients who are receiving palliative care.

[1] Cullinane M, Findlay G, Hargraves C et al. (2005) *An Acute Problem? A report of the National Confidential Enquiry into Patient Outcomes and Death*. London: National Confidential Enquiry into Patient Outcome and Death. Available from: www.ncepod.org.uk/2005.htm

c) Patients in Critical Care areas who are directly under the care of critical care consultants.

4.2 Healthcare setting

All adult acute hospital settings.

4.3 Clinical management and service delivery strategies (including key interventions)

a) Identification of patients who are at risk of clinical deterioration or whose clinical condition is deteriorating. This will include assessment of:

- scoring tools that record physiological parameters and neurological state
- the level of monitoring needed and the recording and interpretation of the data obtained.

b) Response strategies to manage patients who are at risk of clinical deterioration or whose clinical condition is deteriorating , including:

- the timing of response and patient management
- the communication of monitoring results to relevant healthcare professionals, including the interface between critical care and acute specialties.

c) Discharge of patients from Critical Care areas. This will include:

- monitoring requirements.
- timing of transfer.

4.4 Key outcome measures

Key outcomes that will be considered when reviewing the evidence include:

- hospital mortality (survival to discharge), including number of unexpected deaths

- adverse events (for example, cardiac and respiratory arrest and organ failure)
- length of stay on acute wards and in Critical Care Areas
- number of avoidable Critical Care admissions
- number of readmissions into Critical Care Areas
- functional status, health-related quality of life and satisfaction with care.

4.5 Economic aspects

The developers will take into account both clinical and cost effectiveness.

4.6 Status

4.6.1 Scope

This is the final scope.

4.7 Other relevant NICE guidance

4.7.1 Guidelines

Nutrition support in adults: oral nutrition support, enteral tube feeding and parenteral nutrition. *NICE clinical guideline* no. 32 (2006). Available from: http://www.nice.org.uk/page.aspx?o=cg032

4.7.2 Guideline

The development of the guideline recommendations will begin in December 2006.

5 Further information

Information on the guideline development process is provided in:

- 'The guideline development process: an overview for stakeholders, the public and the NHS'
- 'The guidelines manual'.

These booklets are available as PDF files from the NICE website (www.nice.org.uk/guidelinesmanual). Information on the progress of the guideline will also be available from the website.

The development group will work in accordance with the methods set out in the documents above. The process for the short clinical guidelines programme is in development and will be consulted upon.