

# Monitoring patients in hospital and caring for them if their health becomes worse

Information for the public

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## About this information

NICE clinical guidelines advise the NHS on caring for people with specific conditions or diseases and the treatments they should receive. The information applies to people using the NHS in England and Wales.

This information explains the advice about monitoring patients in hospital and caring for them if their health becomes worse that is set out in NICE clinical guideline 50.

## Does this information apply to me?

Yes, if you are an adult who is a patient in hospital, including if you are in an emergency department being admitted to hospital, or are being moved between departments.

No, if you are:

- a child, or the parent or carer of a child, who is in hospital
- a patient in a critical care area, for example in an intensive care or high dependency unit
- having treatment for symptoms and pain in the final stages of a terminal illness.

## Your care

If you think that your care does not match what is described in this information, please talk to a member of your healthcare team.

Your treatment and care should take into account your personal needs and preferences, and you have the right to be fully informed and to make decisions in partnership with your healthcare team. To help with this, your healthcare team should give you information you can understand and that is relevant to your circumstances. All healthcare professionals should treat you with respect, sensitivity and understanding. They should explain simply and clearly how patients in hospital are monitored and how they are cared for if their health becomes worse.

The information you get from your healthcare team should include details of the possible benefits and risks of particular treatments. You can ask any questions you want to and can always change your mind as your treatment progresses or your condition or circumstances change. Your own preference for a particular treatment is important and your healthcare team should support your choice of treatment wherever possible.

Your treatment and care, and the information you are given about it, should take account of any religious, ethnic or cultural needs you may have. It should also take into account any additional factors, such as physical or learning disabilities, sight or hearing problems, or difficulties with reading or speaking English. Your healthcare team should be able to arrange an interpreter or an advocate (someone who supports you in putting across your views) if needed.

If you agree, your carers and relatives should have the chance to be involved in decisions about your care. Carers and relatives also have the right to the information and support they need in their roles as carers.

If people are unable to understand a particular issue or are not able to make decisions for

themselves, healthcare professionals should follow the advice that the Department of Health has produced about this. You can find the Department of Health's advice on consent at [www.gov.uk/government/publications/reference-guide-to-consent-for-examination-or-treatment-second-edition](http://www.gov.uk/government/publications/reference-guide-to-consent-for-examination-or-treatment-second-edition) and information about the Mental Capacity Act at [www.justice.gov.uk/protecting-the-vulnerable/mental-capacity-act](http://www.justice.gov.uk/protecting-the-vulnerable/mental-capacity-act).

## Monitoring patients in hospital

Sometimes, the health of a patient in hospital may get worse suddenly (this is called becoming acutely ill). There are certain times when this is more likely, for example following an emergency admission to hospital, after surgery and after leaving critical care. However, it can happen at any stage of an illness. It increases the patient's risk of needing to stay longer in hospital, not recovering fully or dying.

Monitoring patients (checking them and their health) regularly while they are in hospital and taking action if they show signs of becoming worse can help avoid serious problems.

## Arriving on the ward or in the emergency department

When you first arrive on the ward – either as a new patient or from a critical care area such as the intensive care unit – a healthcare professional should:

- measure your pulse, blood pressure and temperature, how fast you are breathing, and the amount of oxygen in your blood
- look at how alert you are and whether you are aware of what is going on around you.

You should also have these 'vital signs' measured if you are in the emergency department and it has been decided you need to stay in hospital.

The staff should write a plan for which of your vital signs should be monitored and how often. The plan should take into account:

- why you are in hospital
- any other illnesses or health problems you have

- what you have agreed about your treatment.

## Monitoring your health

While you are in hospital, you should have your vital signs measured at least every 12 hours. In some cases, a senior doctor may decide that you need to be monitored more or less frequently. You may also be offered other tests, such as a blood test, and asked about any pain you have.

## What happens if there are any concerns?

If your vital signs show that your health might be getting worse, or if a healthcare professional has concerns, the staff should respond according to how serious the problem is. The hospital or ward should have a plan for the response, which should consist of three levels.

- For a minor problem, the nurse in charge should be told and you should be monitored more often to keep a closer watch on your condition.
- For a moderate problem, your consultant's team should be called urgently. Healthcare professionals trained in assessing and treating patients whose health has become suddenly worse should be called at the same time.
- For a serious problem, there should be an emergency call to a critical care team. The team should include a critical care doctor trained in resuscitation.

If the problem is moderate or serious, your healthcare team should review your condition and make the necessary changes to your treatment. They should revise your care plan and consider whether you should be cared for in another unit, such as a critical care area.

### Questions you might like to ask your healthcare team

- Please tell me more about the tests I should have.
- What do these tests involve?

- What steps will be taken if my health gets worse?
- Please tell me why you have decided to offer me this treatment.
- Please tell me what the treatment will involve.
- What are my options for taking treatments other than the recommended treatment?

## Critical care

### Admission to a critical care area

If your consultant's team think you may need to be moved to critical care, your consultant and the consultant in critical care should agree the best place to care for you before you're moved.

### Leaving critical care

When you leave critical care, you should be taken back to the general ward as early as possible during the day. You should normally only go back to the ward between 7 am and 10 pm, when there will be more staff available.

The critical care team and the ward team should jointly:

- write a plan for your care, so the ward staff know what you need
- make sure that the ward (with help from the critical care team if needed) is able to provide the care agreed in the plan.

When you go back to the ward, the critical care staff should have given the ward staff:

- a summary of your critical care stay, including your diagnosis and what treatment you had
- a plan for monitoring and investigating your condition

- a plan for your treatment, including drugs and therapies, diet and whether you have an infection.

The staff should also know about and take into account:

- what additional help you may need with getting well again
- if you have any mental health or emotional needs
- if you have difficulty communicating or if your first language is not English.

A stay in critical care is often distressing and can leave people physically weak and feeling confused. When you go back to the ward, the staff should explain your condition and encourage you to get involved in making decisions about your care. They should understand the physical, emotional and mental health needs of patients who have been in critical care.

## Questions about critical care

- Why have you decided I need to go to critical care?
- How does being treated in critical care differ from being treated on a general ward?
- What sort of treatments and equipment are used in critical care?
- What will happen when I go back to the general ward?
- What sort of help and support can I have when I leave critical care?
- Can you provide any information for my family/carers?

## More information

The organisations below can provide more information and support, especially about critical care. Please note that NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

- CritPal. 020 7280 4350 [www.ics.ac.uk/about\\_us/critpal](http://www.ics.ac.uk/about_us/critpal)

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- ICUsteps, 0870 471 5238 [www.icusteps.com](http://www.icusteps.com)

You can also go to NHS Choices ([www.nhs.uk](http://www.nhs.uk)) for more information.