Royal Cornwall Hospitals
NHS Trust

Renal Unit RCHT Practice Standards for the Deteriorating Patient Clinical Guideline

V1.0

August 2025

Summary

- The use of News2 to support the recognition and escalation of the deteriorating patient.
- A supporting process for inpatients with a deteriorating condition to return to their base ward.
- A supporting process for outpatients who deteriorate whilst attending the renal unit for Haemodialysis.
- A supporting process for outpatients who attend for Haemodialysis and are unwell **prior** to treatment.

1. Aim/Purpose of this Guideline

1.1. To provide a clear and standardised approach to the identification and management of patients whose clinical condition is deteriorating in the Renal Unit outpatient setting.

1.2. Describe the escalation process and transfer from an outpatient setting to an appropriate place of care within the wider hospital setting.

Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

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2. The Guidance

2.1. **Clinical Observations**

Escalation of a deteriorating patient must occur in line with the Recording of Physical Observations and News2 in Adults Clinical Policy. (Appendices 3 and 4).

2.1.1. All adult patients attending the Renal Unit at Royal Cornwall Hospitals NHS Trust (RCHT) will have physiological observations recorded at the time of their arrival on Nervecentre eObs or on a paper clinical observations chart.

2.1.2. All adult patients attending the Renal Unit at Royal Cornwall Hospitals NHS Trust (RCHT) will have physiological observations recorded at the end of their hemodialysis (HD) session on Nervecentre eObs or on a paper clinical observations chart.

2.2. NEWs2 is not the only indicator of clinical deterioration in patients, and this can be more complex with multiple comorbidities and complex health conditions, therefore ‘soft signs’ of deterioration such as patient not feeling well, relative or family concern must not be ignored (Marthas Rule).

2.2.1. Any patients attending for HD who present with soft signs should be escalated in line with the Recording of Physical Observations and News2 in Adults Clinical Policy**.**

2.3. **Escalation**

Escalations of concern should be communicated using the structured SBAR (situation, background, assessment and recommendation) process. This process should be used to facilitate clear and concise communication and documented in the medical record.

2.3.1. An escalation of care action label CHA 3995 (appendices 5) should be completed and placed in the medical record.

2.4. In hours Mon- Fri 8am- 17:00 escalation should occur to the Renal Unit attending Doctor and Consultant Nephrologist for the Renal Unit.

2.5. Out of hours: After 17:00 weekends and bank holidays escalation is via out of hours teams. Refer to Accessing Emergency Out of Hours Haemodialysis Standard Operating Procedure for patients receiving HD out of hours.

2.6. Out of hours: A Consultant Nephrologist is available via Switchboard.

2.7. Clinical response is as follows and is supported by Nervecentre and available on paper charts for guidance.

2.8. **Inpatient Standard**

In patients attending the Renal Unit to receive HD must return to base ward when clinically stable to do so. Refer to Safe Transfer of Patients Between Care Areas or Hospitals Policy.

2.8.1 The Registered Nursing team must complete a structured handover using the appropriate trust handover form.

2.9. **Outpatient Standard**

Outpatients who deteriorate whilst attending the Renal Unit for HD.

2.9.1. The decision to admit lies with the Consultant Nephrologist who must document request in the clinical record.

2.9.2. The Consultant Nephrologist should refer to the admitting team on the Acute Medical Unit (AMU).

2.9.3. The Renal Unit nursing team must request inpatient bed at earliest opportunity providing estimated time of end of dialysis session.

2.9.4. The Clinical Site Manager (CSM) should aim to allocate the patient a bed in an acute admitting area or base ward within 60 minutes of end of HD treatment.

2.9.5. The Registered Nursing team must complete a structured handover using the appropriate trust handover form.

2.10. Outpatients who attend for HD and are unwell **prior** to treatment.

2.10.1. Registered Nursing team should complete a base line set of clinical observations.

2.10.2. The Consultant Nephrologist for the Renal Unit must be informed of any concerns at any time (to include on call).

2.10.3. Registered Nursing team with support of response team (if required) should support the safe transfer to the Emergency Department (ED). Refer to Safe Transfer of Patients Between Care Areas or Hospitals Policy.

2.11. **Communal Areas**

For non-employees who sustain an injury or become unwell within communal areas whilst on trust premises staff should refer to the **First Aid Policy.**

3. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Deviations from this guideline.
Lead	Clinical Lead Nephrology: Giorgio Gentile. Governance Lead Nephrology: Mihaela Gunjaca. Claudia Mills: Renal Unit Lead.
Tool	Incident reporting system (Datix) .Link Digital clinical record (Nervecentre).Link
Frequency	Ongoing monitoring via Datix. Reported monthly at specialty Business and Governance meetings.
Reporting arrangements	Reported monthly at specialty Business and Governance meetings by Clinical Lead and Clinical Matron. Reported monthly at Care Group Board.
Acting on recommendations and Lead(s)	The Care Group governance systems are responsible for interrogating required actions and to designate a named lead where appropriate.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within negotiated timeframes. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders. Actions will be, where appropriate documented on the incident reporting system with named lead and time frame.

4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the Equality Diversity And Inclusion Policy or the Equality and Diversity website.

4.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Renal Unit RCHT Practice Standards for the Deteriorating Patient: A Clinical Guideline V1.0
This document replaces (exact title of previous version):	New Document
Date Issued/Approved:	July 2025
Date Valid From:	August 2025
Date Valid To:	August 2028
Directorate/Department responsible (author/owner):	Clair Stansfield, Clinical Matron
Contact details:	07385407585.
Brief summary of contents:	Process for recognition and management of patients who deteriorate on the Renal Unit RCHT.
Suggested Keywords:	Renal, renal unit, practice standards, deteriorating.
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Dual Chief Nursing Officer
Approval route for consultation and ratification:	Specialty Business and Governance Meeting Care group governance Meeting.
Manager confirming approval processes:	Ian Moyle Browning, Head of Nursing (HoN), Specialist Services and Surgery (SSS).
Name of Governance Lead confirming consultation and ratification:	Michele Reed.
Links to key external standards:	None required.
Related Documents:	Safe Transfer of Patients Between Care Areas or Hospitals Policy. Recording of Physical Observations and News2 in Adults Clinical Policy. Accessing Emergency Out of Hours Haemodialysis Standard Operating Procedure.

Information Category	Detailed Information
Training Need Identified?	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical / Renal

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
August 2025	V1.0	Initial issue	Clair Stansfield Clinical Matron

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

5. Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy/policy/proposal/service function to be assessed:	Renal Unit RCHT Practice Standards for the Deteriorating Patient: A Clinical Guideline V1.0.
Directorate and service area:	Specialist Services and Surgery.
Is this a new or existing Policy?	New.
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Clair Stansfield Clinical Matron.
Contact details:	07385407585.

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	Renal Multidisciplinary Team, supporting process for the recognition and management of the deteriorating patient.
2. Policy Objectives	Early escalation of deteriorating patients and transfer from outpatient area to base ward.
3. Policy Intended Outcomes	To ensure the safe and timely management of deteriorating patients.
4. How will you measure each outcome?	Incident reporting systems.
5. Who is intended to benefit from the policy?	All users.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/visitors: No • Local groups/system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/groups:** Consultant Nephrology Team. Renal Senior Nursing Team.
6c. What was the outcome of the consultation?	Approved.
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys:** No

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	
Pregnancy and maternity	No	

Protected Characteristic	(Yes or No)	Rationale
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Clair Stansfield, Clinical Matron, Renal, SSS.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis

Appendix 3. NEWS2 Physiological Parameters

National Early Warning Score (NEWS2)

Physiological parameter	Score 3	2	1	0	1	2	3
Respiration rate (per minute)	≤8		9–11	12–20		21–24	≥25
SpO_2 Scale 1 (%)	≤91	92–93	94–95	≥96			
SpO_2 Scale 2 (%)	≤83	84–85	86–87	88–92 ≥93 on air	93–94 on oxygen	95–96 on oxygen	≥97 on oxygen
Air or oxygen?		Oxygen		Air			
Systolic blood pressure (mmHg)	≤90	91–100	101–110	111–219			≥220
Pulse (per minute)	≤40		41–50	51–90	91–110	111–130	≥131
Consciousness				Alert			CVPU
Temperature (°C)	≤35.0		35.1–36.0	36.1–38.0	38.1–39.0	≥39.1	

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Appendix 4. NEWS2 Clinical Response

Clinical response to the NEWS2 trigger thresholds

NEW score	Frequency of monitoring	Clinical response
0	Minimum 12 hourly	• Continue routine NEWS monitoring
Total 1–4	Minimum 4–6 hourly	• Inform registered nurse, who must assess the patient • Registered nurse decides whether increased frequency of monitoring and/or escalation of care is required
3 in single parameter	Minimum 1 hourly	• Registered nurse to inform medical team caring for the patient, who will review and decide whether escalation of care is necessary
Total 5 or more Urgent response threshold	Minimum 1 hourly	• Registered nurse to immediately inform the medical team caring for the patient • Registered nurse to request urgent assessment by a clinician or team with core competencies in the care of acutely ill patients • Provide clinical care in an environment with monitoring facilities
Total 7 or more Emergency response threshold	Continuous monitoring of vital signs	• Registered nurse to immediately inform the medical team caring for the patient – this should be at least at specialist registrar level • Emergency assessment by a team with critical care competencies, including practitioner(s) with advanced airway management skills • Consider transfer of care to a level 2 or 3 clinical care facility, ie higher-dependency unit or ICU • Clinical care in an environment with monitoring facilities

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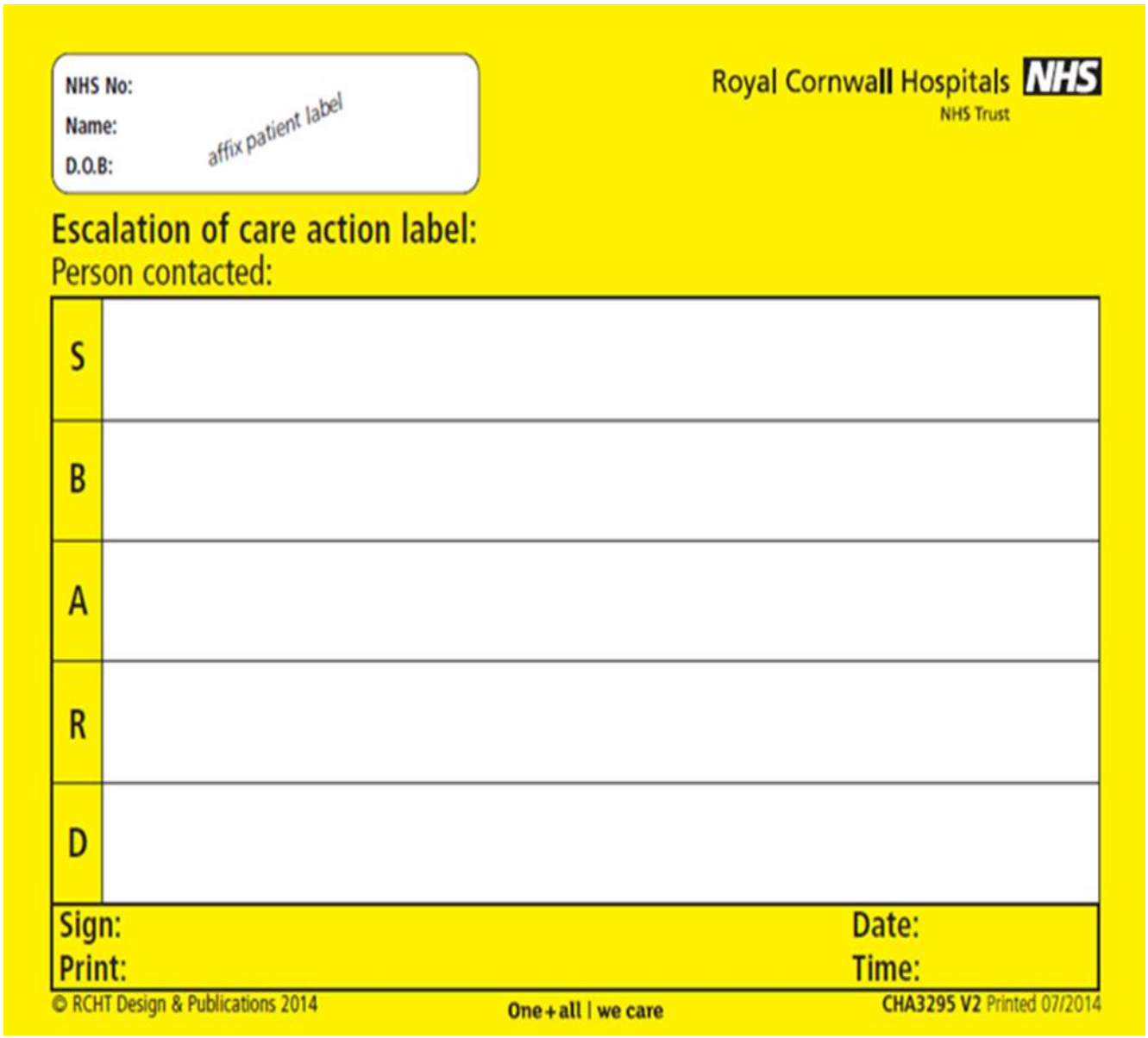
Appendix 5. Escalation of Care Action Label



NHS No:
Name:
D.O.B:
affix patient label

Royal Cornwall Hospitals NHS
NHS Trust

Escalation of care action label:
Person contacted:

S	
B	
A	
R	
D	

Sign: Date:
Print: Time:

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