STOP LOOK CARE

NHS Sussex

Supporting you to deliver great care.

Sussex Health&Care

Supporting you to deliver great care.

This booklet is designed to support Care Workers/Carers working across health and social care. It will support them to feel confident that they have reached the right level to provide the care they are giving. Alternatively, it can be used as a reference guide for families and personal assistants to promote awareness of certain needs and encourage a referral, if concerns are identified.

Care Workers / Carers are in the ideal position to identify changes in a person's condition by monitoring them and/or recognising any deterioration in a person's wellbeing. This booklet highlights:

- **Why different aspects of observation and care are important.**
- **What to look for**
- **What action to take**

The actions are colour coded like a traffic light system providing a STOP LOOK CARE approach:

GREEN – ACTION – None

ORANGE – ACTION – Monitor and Document

RED – ACTION – REFER – Seek further support and advice

The Stop Look Care booklet also acts as a hand held record of attainment by supporting paid workers with undertaking the National Care Certificate. The National Care Certificate Standards are included at the back of the booklet, which your manager can sign once completed.

We have taken every care to create content for this booklet and ensure it is accurate. However; the material is intended to only provide general information and is not intended to be regarded as a substitute for medical advice, which you would normally receive from your GP or any other healthcare professional. If you are concerned about a person's health please contact 111 or encourage the person to seek medical help themselves.

Are you concerned about a individual?*

*Please check Anticipatory Management Plan before ringing

 **Adult Social Care**	 **Local Community Pharmacy**	 **GP/Paramedic Practitioners/ Nurse Practitioners**	 **NHS 111**	 **999**
Consideration of personal social care needs and eligibility as outlined in the Care Act (2014) Help to source appropriate services to help support the cared for person. **West Sussex County Council Adult Social Care, CarePoint: 01243 642121** **East Sussex Adult Social Care: 0345 6080191** **Brighton & Hove Council, Adult Social Care, Access Point: 01273 295555** **Surrey County Council, Adult Social Care: 0300 200 1005**	**Advise, recognise and treat common illnesses** • Minor skin conditions • Coughs and colds • Bruises, sunburn and minor burns • Constipation and piles • Hay fever • Aches and pains, including earaches, headaches, migraines and back pain • Vomiting, heartburn, indigestion, diarrhoea and threadworm • Period pain • Head lice • Conjunctivitis • Nappy rash and teething • Warts and verruca	**Available on telephone advice during surgery hours, home visits and surgery appointments** General medical concerns Medication concerns On-going medical/ psychiatric problems **GP Out of Hours** Mon-Fri 6:30pm-8am Weekends and Bank Holidays – call **NHS 111**	**Medical help that is not for a 999 emergency, which could include:** Unwell client (not normal to client) Breathing problems Worsening confusion Worsening pain Need health information **Note: Where known to ECHO, Hospice or MacMillan – please contact these services first.**	**24 hours** Chest pain Choking Fitting (new or prolonged) Severe breathing problems Stroke Unconscious Severe loss of blood Diabetic emergency (Hypoglycaemia with other symptoms such as drowsiness, or Hyperglycaemia with increased thirst and urination) Head injury – on anticoagulant medication

For medication issues, please contact your community pharmacy before contacting the above services

If you need to refer someone, use this chart to help you remember all the important information to hand over:

SBARD TOOL **S**ituation **B**ackground **A**ssessment **R**ecommendation **D**ecision

This tool can be used to help you when you are referring someone to another service – when action is needed	
S Situation	I am a carer (Name) working for (Organisation) I am calling about Mr / Mrs Name I am calling because I am concerned that / I am unsure about / I need advice
B Background	Their normal condition is (e.g. alert / drowsy / confused / self-caring) How has this changed? Their relevant history includes (e.g. asthma, dementia, ischaemic heart disease) Current medications include (e.g. x, y, z)
A Assessment	I have found that he / she is (e.g. struggling to breathe / walk / has pain / has injured / confused) Vital signs if equipment available (e.g. blood sugar, temperature, blood pressure, pulse) I think the problem is / may be OR I don't know what's wrong but I'm really worried
R Recommended	I now need your assistance I would like you to visit the resident (when is it urgent or routine?) I would like your advice as to what to do next / in the meantime
D Decision	We have agreed that the following decisions were made and the following action(s) that will now be taken I will record the decision and action in the service users/patients record or communication sheet Record decision and action where appropriate

SBAR was developed for healthcare by Dr M Leonard and colleagues from Kaiser Permanente in Colorado, USA

Top Tips for Recognising the rapidly deteriorating person

Continuous assessment, both visually and audibly, of people being cared for is a really important skill. If they have any changes in the areas listed below, ask more probing questions/ report changes.

N.B Check what is normal and then consider the items listed below

Is the individual drinking	Yes	No
Is the individual eating	Yes	No
Any changes in mobility (i.e., less mobile)	Yes	No
Do they appear in pain (i.e., a change from normal)	Yes	No
Do they appear distressed (i.e., a change from normal)	Yes	No
Are they vomiting	Yes	No
Are they confused or muddled (i.e., changed mental state)	Yes	No
Is there any change in urine output (i.e., passing more or less)	Yes	No
Is there any change in bowel habits	Yes	No
Are there any signs of skin infection or deterioration. (i.e., redness, broken skin)	Yes	No
Any new skin damage	Yes	No
Any cough (i.e., change in the normal)	Yes	No
Any change in breathing (i.e., change from the normal)	Yes	No
Are they hot to touch (i.e., have they got a temperature)	Yes	No

Remember: Action is appropriate.

When to Raise Concerns with Senior Colleague or Manager:

- If any one item is red
- Any new or increase in symptoms
- Any change in symptoms
- Abnormal observations

Consider using the S.B.A.R tool when reporting changes

S **Situation** – Identify service user, concern, location of problem

B **Background** – Patient's Medical History & any background information

A **Assessment** – Concerns

R **Recommendations** – Explain what you need i.e.. seek advice/guidance from Health Care Professional

D **Agree the decisions/actions** to take and record where appropriate

SEPSIS (Severe Infection)

SEPSIS – COMMUNITY SCREENING AND ACTION TOOL

- Sepsis is a life threatening condition that arises when the body's response to an infection injures its own tissues and organs
- Sepsis leads to shock, multiple organ failure and death especially if not recognised early and treated promptly
- Screening, early intervention and immediate treatment saves lives

1. Could this be a severe infection?

For example:

- Chest / lung infection
- Water / bladder / kidney infection
- Does the person have new tummy / belly pain
- A new severe headache or neck pain
- A new red rash or swollen joint

2. Are any of the 2 present?

- Feverish, hot or cold with uncontrolled shaking
- Fast or irregular breathing
- A fast heart beat or palpitations
- New confusion or difficult to wake up

3. Is any red flag present?

- Unable to feel a pulse at the wrist
- Very fast breathing (more than one breath every 2 seconds)
- Blue lips
- Responds only to voice or pain / unresponsive
- Non-blanching rash or mottled skin

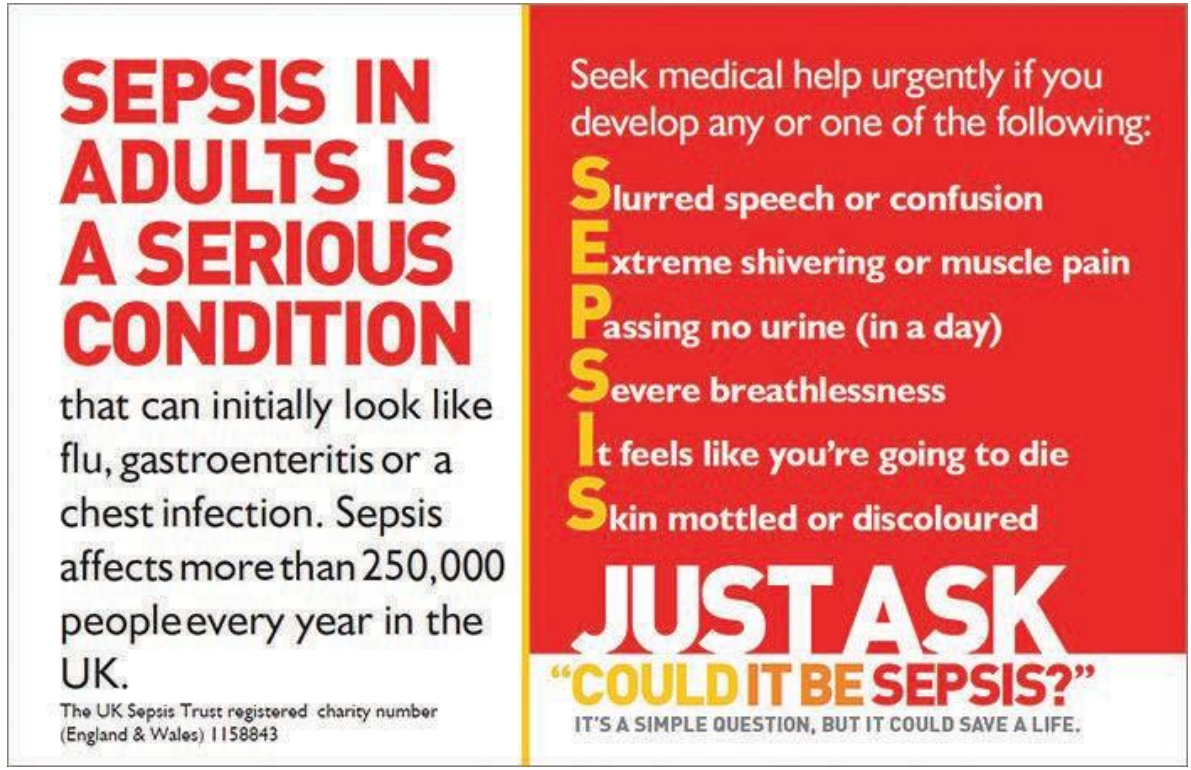
RED FLAG SEPSIS

- This is a time critical condition, immediate action is required.
- Communication: Phone 999
- Inform ambulance call taker that the person has 'Red Flag Sepsis'
- Tell the paramedic team about any allergies the person may have (especially antibiotic allergies)

If time allows:

- Find all the client's medication they currently take and give them to the paramedic
- Inform next-of-kin what is happening and where the patient is going

GREEN – ACTION – None ORANGE – ACTION – Monitor and Document RED – ACTION – REFER – Seek further support and advice

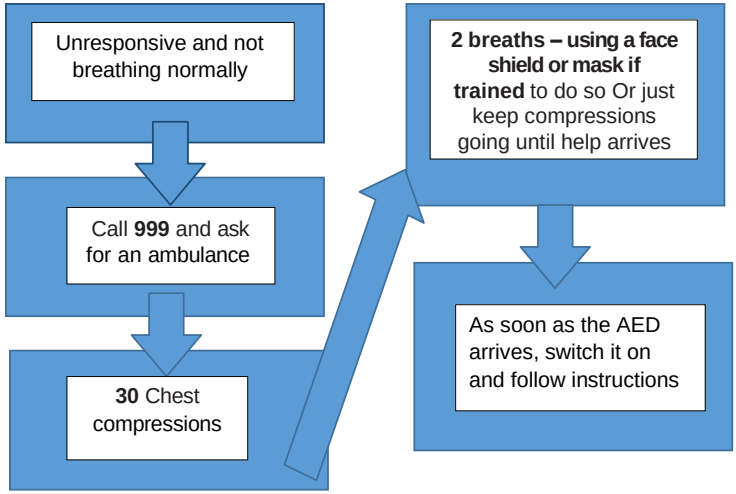

SEPSIS IN ADULTS IS A SERIOUS CONDITION
that can initially look like flu, gastroenteritis or a chest infection. Sepsis affects more than 250,000 people every year in the UK.
The UK Sepsis Trust registered charity number (England & Wales) 1158843
Seek medical help urgently if you develop any or one of the following:
Slurred speech or confusion
Extreme shivering or muscle pain
Passing no urine (in a day)
Severe breathlessness
It feels like you're going to die
Skin mottled or discoloured
JUST ASK
"COULD IT BE SEPSIS?"
IT'S A SIMPLE QUESTION, BUT IT COULD SAVE A LIFE.

Adult Basic Life Support

Resuscitation Council (UK) GUIDELINES 2015

Chain of Survival

Figure 1. The Chain of Survival



Rescuers who have not been trained to give rescue breaths using a face shield or pocket mask should do compression-only CPR as this can still help save a life.

Rescuers who have been trained **should** perform chest compressions **and** rescue breaths, as this can provide additional benefit for children and those who have sustained a cardiac arrest due to not being able to breathe e.g. airway obstruction, choking, drowning and depressed respiratory drive.

Urinary Tract Infection (UTI)

What is a UTI?

A urinary tract infection (UTI) is an infection in any part of the urinary system – the kidneys, ureters, bladder and urethra.

Causes

UTIs typically occur when bacteria enters the tract through the urethra and travels to the bladder and multiplies. The defenses sometimes fail and the bacteria can spread to the kidneys.

Common signs of a UTI

- **Strong and frequent urge to urinate**
- **Cloudy, bloody urine**
- **Strong smell**
- **Pain or burning when passing urine**
- **Nausea and vomiting, muscle aches / pain**
- **New or worsening agitation or confusion**

Based on NHS England advice and the Eatwell guide, drink six to eight glasses of fluid a day. [https://www.nhs.uk/live-well/eat-well/water-drinks-nutrition/]

Preventing & Managing Urinary Tract Infections (UTIs)

Complications of a UTI are not normally common, but can be serious for older people and can lead to kidney failure or septicemia. Complications can affect people with pre-existing health problems, such as Diabetes or weakened immune system. A sudden change in behaviour is one of the best indicators of a UTI in older people.

Preventing UTIs

Encourage **regular bladder emptying** and **mobilise** as much as able

Prevent dehydration
Encourage people to drink 6-8 glasses of fluids every day *(unless advised not to by the GP)*

Act quickly to resolve **constipation** and **continence** problems

ALSO

- Regular good catheter care – make sure you have been shown how to do this properly
- Wash hands and wear gloves when handling urinary catheters
- Empty catheter bags into clean containers
- When supporting females with continence care, wipe from front to back
- Good Diabetes and diet management

Urine dipsticks should **NOT** be used to diagnose UTIs in older people; instead diagnosis should be based on symptoms of infection, which include 2 or more of the following;

- Pain on passing urine
- New or worsening incontinence
- Lower tummy pain
- Passing urine more frequently
- Blood in urine
- Inappropriate shiver or chills
- Temperature <36˚c or > 38˚c
- New or worsening agitation or confusion

UTI suspected seek additional advice and support from GP, on day identified and document

GREEN – ACTION – None ORANGE – ACTION – Monitor and Document RED – ACTION – REFER – Seek further support and advice

Preventing UTIs by recognising signs of dehydration

Complications of a UTI are not normally common, but can be serious for older people and can lead to kidney failure or sepsis. Complications can affect people with pre-existing health problems, such as Diabetes or weakened immune system. A sudden change in behavior is one of the best indicators of a UTI in older people.

Urine Colour Chart

- Good
- Good
- Fair
- Dehydrated
- Dehydrated
- Very Dehydrated
- Severely Dehydrated

Be aware some medications can change urine colour, so it is important look for symptoms of dehydration too.

If urine colour either of the first 2 colours on urine colour chart, with no symptoms of dehydration
No further action required

If urine colour matches either of the middle colours (3 and 4) on the urine colour chart, and person is starting to show symptoms of dehydration, offer more water or fluid to drink. Keep a fluid chart so you can observe fluid intake.
Monitor and Document

If urine colour matches the last 3 colours on the urine colour chart (5,6, and 7), and the person is showing symptoms of dehydration. The person needs to be encouraged to drink more fluids. Keep a strict fluid chart, document fluid intake and urine output
Seek additional support

http://www.enhertsccg.nhs.uk/sites/default/files/TDONTD%20NHS%20Poster_Oct20171.pdf

Dehydration

Dehydration occurs when our bodies don't have enough water.

Water helps to lubricate the joints and eyes, aids digestion, flushes out wastes and toxins, and keeps the skin healthy.

Dehydration can directly contribute to:

- **Increased risk of Urinary Tract Infections (UTIs)**
- **Feeling lightheaded which might cause the individual to fall**
- **Confusion and irritability**
- **Constipation**

Some signs of dehydration include:

- **Feeling thirsty, dry mouth, lips**
- **Lightheaded, tiredness, changes in mental health**
- **Only passing small amounts of urine and urinating infrequently**
- **Dark coloured, strong-smelling urine (but remember that some medications and foods will alter the colour and smell of urine)**

http://www.nhs.uk/Conditions/Dehydration/Pages/Symptoms.aspx

Who is at risk of dehydration?

- Aging itself makes people less aware of thirst
- Older people may be anxious about drinking due to continence issues
- People with certain diseases have increased water requirements, e.g. fever, diarrhoea, vomiting, kidney stones
- When the weather is hot, and in homes with high central heating, people will lose more fluid through sweating,
- People with oral discomfort and or swallowing difficulties

https://www.slideshare.net/WessexAHSN/toolkit-improving-hydration-among-older-people

Fluids

In climates, such as the UK, it is recommended we drink about 1.5 - 2 litres **(six to eight glasses)** of fluid every day, to stop us from getting **dehydrated**.

Sometimes an individual may be on a restricted fluid intake due to a health condition, but all others should be encouraged to drink the recommended amount. If thickened fluids have been recommended by Speech and Language Therapy please ensure all fluids are thickened to the correct consistency.

Record the daily intake of fluids if a person is a risk of dehydration (which would include those on thickened fluids) or is dependent on full support.

If fluid charts are used, please ensure fluid levels are totaled at the end of each day. If total is less or more than recommended amount, escalate and take action as per individuals care plan.

There are a range of foodstuffs that are rich in fluid and can be offered to help with fluid intake, including:

- Custard
- Jelly
- Ice-cream
- Yoghurt
- Soup
- Fruit and vegetables
- Gravies and sauces

Please note: Some of these foodstuffs may not be appropriate for those requiring thickened fluids.

Drinks the recommended six to eight glasses of fluid daily and independently
No further action required

Drinks only five cups daily
Monitor amount, may require some additional support and encouragement to drink. Refer if concerned

Drinks two cups or less daily, with signs of dehydration
Seek advice from GP on day identified and document

https://www.nhs.uk/live-well/eat-well/water-drinks-nutrition/

https://www.gp.brightonandhoveccg.nhs.uk/file/13976

A good diet is important for maintaining general good health. If a person is underweight or overweight, they may need to alter their diet.

If an older person's appetite has decreased it is important to try and increase the amount of energy and protein in their diet using full-fat foods and lots of sources of protein

There are three ways to do this:

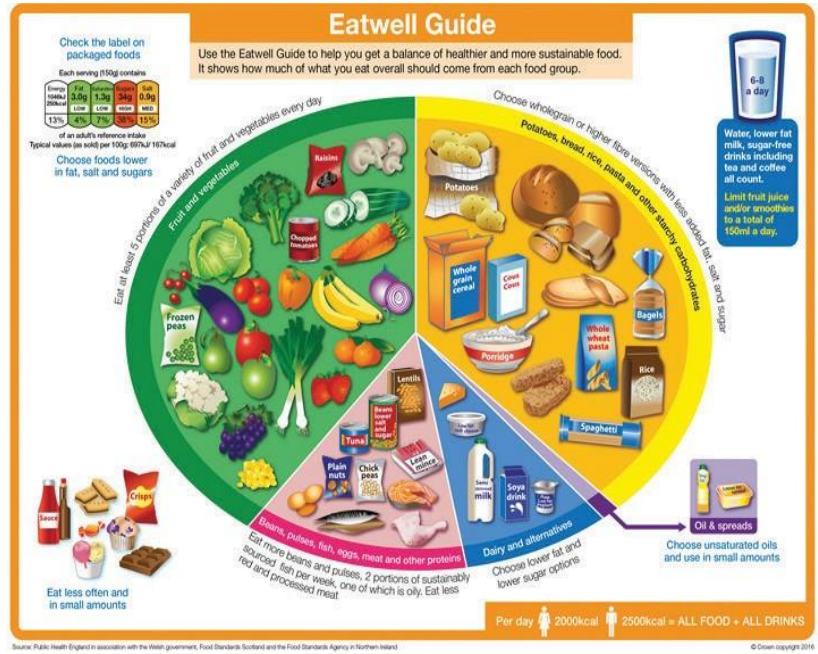
- Encourage small, high-energy meals and frequent snacks, fortified with extra butter/oil, cheese or milk powder (this is high in protein)
- Offer nourishing drinks (eg: Horlicks, Ovaltine and Hot Chocolate, made up with full fat milk and extra milk powder)
- Avoid filling up on liquids that contain little but sugar (eg: fizzy drinks) and offer nourishing drinks or high quality snacks (below) instead

Some high-energy meal and snack ideas:

- Porridge made with whole (full-fat) milk and extra milk powder, with fruit or dried fruit on top
- Sardines on toast
- Peanut butter on toast
- Soups with pulses, pasta or meats
- Cottage/shepherds' pie
- Beans on toast with cheese sprinkled on top
- Milky drinks as a bedtime snack
- Unsalted nuts

If the individual cannot chew well soft or pureed food may be preferred

The Eatwell Guide shows the food groups, and the proportions in which we should eat them, to create a balanced diet when we are a healthy weight or overweight. **BUT** if a person is **underweight** it is important to increase the energy in their diet by increasing the amount of fats and protein that they eat each day*.



*Food as Treatment information: https://www.gp.brightonandhoveccg.nhs.uk/file/8156
Nutrition and Hydration Resource Pack for Care Homes: https://www.gp.brightonandhoveccg.nhs.uk/file/760

Nutrition

Being **underweight** can be especially serious for older people and can increase their risk of health problems, eg:

- **Bone fractures if they fall**
- **Pressure damage**
- **Weakened immune system with increased risk of infections**
- **Increased risk of vitamin and mineral deficiencies**

Being very **overweight** can cause problems, such as:

- **Breathlessness / Difficulty with physical activity**
- **Swollen legs**
- **Feeling very tired a lot of the time**
- **Joint and back pain**

And can increase the risk of:

- **Type 2 Diabetes**
- **High blood pressure**
- **Asthma**

You may be asked to record a person's daily intake if there are concerns about dietary intake. Make sure you record what is eaten AND the amount eaten.

Eats a healthy diet, independent with eating, weight is normal
No further action required

Eating less than normal. May need limited support to alter their diet.
Overweight or underweight.
Monitor and document.

Eats a poor diet, sudden weight loss or gain
Seek additional advice and support from their GP and document

To help reduce weight use smaller portion sizes, avoid high energy snacks (eg: crisps, cakes, biscuits, fizzy drinks) and increase intake of fruit and vegetables

https://www.bda.uk.com/foodfacts/home#healthy_eating

http://www.nhs.uk/Livewell/over60s/Pages/Underweightover60.aspx
http://www.nhs.uk/Conditions/obesity/Pages/complications.aspx

Swallowing

Swallowing difficulties (also known as “dysphagia”) are common in frailty and in a number of medical conditions including, but not limited to, stroke and other neurological disorders, head and neck cancer and respiratory illnesses.

Some signs and symptoms of swallowing difficulties include:

- Wet or ‘gurgly’ sounding breathing and/or voice during or after eating or drinking
- Food, drink or saliva spilling from the mouth
- A feeling of food sticking in the throat and/or regurgitation or significant reflux.
- Discomfort during eating/drinking
- Holding food in the mouth
- Coughing during or after eating/drinking
- Choking (airway blocked by food and not able to breathe)

Swallowing difficulties can be very serious and in some cases life threatening:

Choking – food lodged in the airway may prevent breathing and immediate action must be taken*.
Aspiration – some swallowing disorders may result in food or fluid entering the lungs. If the person affected is unable to prevent this occurring it may ultimately result in chest infections or pneumonia which will require medical treatment and possibly a hospital stay. Silent aspiration occurs when there is no audible sign of food/fluid entering the lungs (eg no coughing) and this should be considered in the case of recurrent unexplained chest infections.

People who have associated risk factors (e.g. not mobile, poor oral health etc.) may be more vulnerable to aspiration pneumonia.

Swallowing difficulties may also impact on the amounts of food and drink that people can manage. This can lead to malnutrition, dehydration and reduced quality of life.

First-Line Safer Swallowing Strategies

(For mild swallowing difficulties / when awaiting specialist assessment)

If the person is sufficiently alert to eat and drink, you can try the following First-Line Safer Swallowing Strategies.
Successful use of these strategies may mean that referral for specialist assessment by Speech & Language Therapist is not required.
Close monitoring will be important.

If the person is not sufficiently alert to eat and drink, contact the GP.

Positioning	Make sure the person is **sitting as upright as possible** to optimise their swallowing safety Try to keep the head in a neutral position or with the chin slightly tucked-down. **Reduce distractions** in the environment (e.g. consider turning off the television)
Mouthful size	**Small sips** are generally safer than large mouthfuls. Try a smaller spoon for food
Equipment	**Wide-brimmed open cups** or **Kapi-Cups** (nosey cups) are helpful as these encourage a neutral head position. **Avoid using lidded beakers, medicine cups, sports bottles, drinking straws, tall/narrow cups.**
Support	**Support the person to be independent as possible** but provide **partial or full assistance if required** Encourage small mouthfuls of food and small sips of drinks. Allow plenty of time between mouthfuls Ensure that no food is left in the mouth after meals, support with mouth care may be required
Mouth Care	Ensuring that the mouth is healthy, moist and comfortable will help with eating and drinking. Complete an oral health assessment and ensure the person maintains a clean, **healthy mouth** (see next section)
Food	If concerned about choking, discuss/consider **avoiding high-risk foods (dry, crumbly, chewy, fibrous, hard foods and bread-like products)**. If there are problems with chewing, discuss/consider **choosing softer/moister foods**. Add extra sauce. Ensure that the food is liked!

Swallowing

Being able to eat and drink safely is fundamental to maintaining health and wellbeing.

Support Workers are in an ideal position to **identify concerns** about people's difficulties with eating and drinking and to **use first-line safer-swallowing strategies** to help improve comfort and safety. Some people will require a specialist assessment of swallowing by a Speech & Language Therapist.

If the first-line swallowing strategies are not helpful or you are concerned that a person is at risk of harm from their swallowing difficulties, refer to Speech & Language Therapy.

Following specialist Speech & Language Therapy assessment, some individuals may require texture-modified diet and/ or drinks as described in the International Dysphagia Diet Standardisation Initiative (www.IDDSI.org) descriptors.

It is important to follow the Swallowing Management Plan to reduce the risk of serious complications.

What to do if someone doesn't want to follow the Swallowing Management Plan:

- Explain why the recommendations have been made
- Discuss with your supervisor and ensure that the Speech and Language Therapy Team are contacted for further advice/support.

Person is able to swallow with no identified problems
Monitor for any change

Person is managing mild swallowing difficulties by using First-line Safer Swallowing Strategies.
No concerns about chest infection / dehydration / weight loss OR
Swallowing has been assessed by a Speech and Language Therapist and specialist recommendations are in place.
Monitor for any change

First-line Safer Swallowing Strategies or Speech & Language Therapy guidelines are not helpful
OR
Person has new difficulties and is at high risk (e.g. susceptible to chest infection)
Seek specialist support as appropriate:

- Contact the GP if person unwell / at high risk of potential harm
- Refer to Speech and Language Therapy

Mouth Care

Good oral health care enables people to take a normal diet without difficulty. Carers play an important role in supporting people to maintain good oral health. Carers are ideally placed to monitor changes in individual's mouths and refer on as appropriate.

Gum disease and poor oral health may increase the risk of all kinds of other health complications, including:

- **Lack of appetite**
- **Malnutrition**
- **Heart disease**
- **Pneumonia**

Mouth is healthy, clean and moist
No further action required

Mouth is dry, food and bits remain around teeth **Monitor, document and support individual with mouth care if needed and explain the importance of mouth care to the individual**

Mouth is inflamed, dry and sore or ulcerated **Seek additional support on day identified from GP, or their own Dentist and document**

Guidance on Supporting Mouth-Care

■ Explain how you are going to support them, as some people can feel anxious. Encouraging individuals to look in the mirror whilst being supported will enable them to see what is happening. It can be easier for the carer to stand slightly behind, or to the side, when supporting individuals with oral health care	● Some individuals gums may bleed when brushing, this is a sign that their gums are unhealthy. The only way to improve gum condition is to gently brush the bacteria away ● Teeth should be brushed in a circular motion with a small amount 'pea sized' toothpaste	● Ensure dentures are labeled in a denture pot, as these can go missing when individuals are admitted to hospital ● Loss of dentures may cause great distress and can be expensive and time consuming
● Ensure the person is comfortable and ensure that you are not rushed. Remember you may not be able to support brushing the person's whole mouth in one go	● Encourage people to spit out after brushing and not to rinse ● It is better to leave a little toothpaste residue in the mouth to maintain fluoride concentration levels	● Support individuals with false teeth to clean them daily ● Dentures should be removed at night and soaked in plain water
● Support the person twice a day to clean their teeth ● Replace the tooth brush every three months or sooner if required	● The frequency and amount of sugary food and drink should be reduced and where possible, kept to mealtimes	● Ensure when the person's dentures are removed they do not have any residual food left in their mouth
● Dentures which do not fit well can affect eating, drinking and speaking and can be uncomfortable	● **Frequent oral health care is important for those who are unable to take any food or drink orally. It is important to minimise oral bacteria that might be aspirated, as well as optimising oral comfort**	https://www.dentalhealth.org/tell-me-about/topic/caring-for-teeth/caring-for-my-teeth

GREEN – ACTION – None **ORANGE – ACTION – Monitor and Document** **RED – ACTION – REFER – Seek further support and advice**

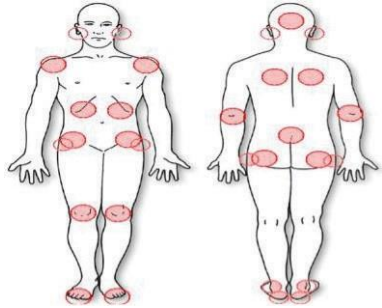
Skin

Preventing Pressure Ulcers (bed sores/ pressure sores)

Maintaining good skin condition is really important; pressure ulcers can have a huge impact on individual's wellbeing, causing pain, distress etc.

Carers are ideally situated to monitor an individual's skin condition; the parts of the body that are at higher risk of developing pressure ulcers are:

- **Shoulders or shoulder blades**
- **Elbows**
- **Back of the head**
- **Rims of the ears**
- **Knees, ankles, heels or toes**
- **Spine**
- **Tail bone (the small bone at the bottom of the spine)**



Wheelchair users, are at risk of developing a pressure ulcer on:

- Buttocks
- The back of arms and legs
- The back of the hip bone

Assess Risk
Holistic assessment: Use of validated tool to support clinical judgements.

Skin Assessment & Skin Care
Early inspection means early detection – does their skin look red or sore?

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Early inspection means early detection – does their skin look red or sore?

Keep Moving
Encourage your patients to mobilise and move. Assist those who are unable to move.

Incontinence & Increased Moisture
Has the person that you are caring for become incontinent? Keep the skin clean and dry.

Nutrition & Hydration
Assess nutritional and fluid intake with validated tools & take action where necessary. Reduced intake increases the risk of pressure damage

Giving Information
Communicate effectively & provide accurate supporting information to patients, carers and Multi-Disciplinary Team.

Skin

If you see discoloured skin that does not turn white when pressure is placed on it or any of the below signs, the person could be starting to develop a pressure ulcer
Seek further advice and support

At the start of a pressure ulcer, you may see:

- Skin that appears discoloured
  - It is red in people with paler skin
  - It is purple or blue in people with darker skin
- The skin is intact, but it may hurt or itch
- It may feel either warm and spongy, or hard
- Individual complains of pain to the area
- **The skin does not turn white when PRESSURE IS PLACED ON IT**

https://www.nhs.uk/conditions/pressure-sores/

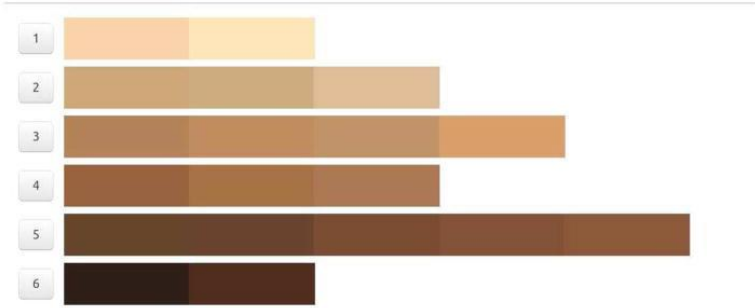
Skin intact and good colour
No further action required, follow skin-care guidance on previous page (see hand picture)

Skin is painful, swollen, discoloured (for a short time only and returns to normal quickly) or sweaty. If the individual has reduced mobility or is unwell or has very thin skin or poor nutrition / hydration, they are at increased risk of pressure damage – permanent / temporary
Follow skin care guidance
Refer on for further support, monitor and document as needed

Skin is red, blistered or broken / open
Seek additional support on day identified from GP, or Community Nurse if known to them and document

Skin

The skin tone tool (Ho and Robinson, 2015) is a validated skin tone classification tool. Using this tool, skin tone can be selected that most closely matches the patient's inside upper arm. The skin tone tool is a simple way of assessing skin tone and can be used across care settings. The tool encompasses more options other than light and dark generalisations so is more useful. It is worth noting that skin tone may differ across different areas of the body.



By determining a person's skin tone, it can be easier to recognise and monitor for any changes.

When assessing the skin for changes, compare similar anatomical locations (e.g., Heels)

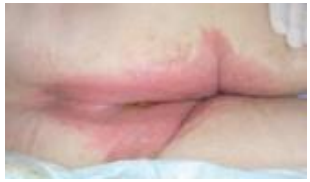
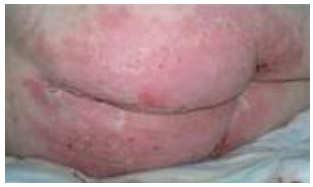
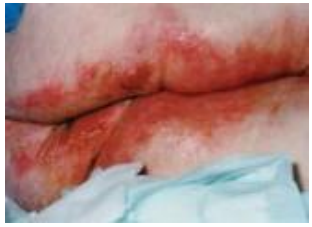
If you see something unusual or not right about the individual's skin – React!

Supporting and encouraging a person with regular changes of position is important to prevent and maintain good skin condition. They may need prompting to do this, assisting or need your help. How often to reposition either in bed or in a chair / wheelchair is based on individual assessments. Ask if you are not sure.

If the person has pressure-relieving equipment, check it - if you have any concerns, contact the equipment store where it was delivered from. Equipment should be regularly serviced. Remember individuals with Alternating (Air) Mattresses still need regular repositioning.

http://nhs.stopthepressure.co.uk/care-homes.html

Skin Excoriation Tool

Image	Skin Condition	Treatment	Remarks
	**Healthy Skin** No evidence of tissue damage, no erythema (redness)	Skin can be cleaned with mild soap and water, soap substitute or skin cleanser. Apply small amount of moisturiser to keep skin healthy and hydrated	
	**Mild Excoriation** Erythema (redness) no broken skin. No Moisture lesions but area may be uncomfortable to clean and apply creams	Clean area gently with soap substitute or skin cleanser. **Apply barrier product as advised by Registered Nurse (RN), Tissue Viability Nurse (TVN) or GP.**	Consider the cause. If erythema is diffuse and satellite lesions present, consider fungal infection and treat accordingly. Consider allergy or contact dermatitis.
	**Moderate Excoriation** Extensive erythema with diffuse broken skin and moisture lesions Moderate exudate and may bleed on contact. Painful to clean and apply cream	Gently clean with soap substitute or skin cleanser. **Apply barrier product as advised by RN, TVN or GP**	Consider: Fungal infection, Allergy Continence issues and pad absorbency. **Refer to Tissue Viability if not improving**
	**Severe Excoriation** More than 50% broken skin and moisture lesions. Bleeds easily Extremely painful on movement, passing urine or faeces, when cleaned and creams applied or exposed to air	Gently clean with soap substitute or skin cleanser. Pat dry as much as possible. **Apply barrier product as advised by RN, TVN or GP**	Consider faecal management system and / or short term urinary catheter. Consider fungal infection **Refer to Tissue Viability**

Falls Prevention

Environmental	• Keep rooms and stairways lit, using the brightest bulb available, try low energy light bulbs to reduce bills, but remember they take a minute or two to warm up • Remove clutter, trailing wires and frayed carpet • Mop up spillages • Use non-slip mats and rugs, or ensure they are tacked down or removed • Make sure there are suitable grab rails around the house if needed • Ensure easy access to commode or toilet • Ensure nightlight • Advise not to rush • Make sure cats or dogs have bright collars or bells to help prevent tripping over them
Impaired Sight and hearing	• Support those who wear glasses to keep them on or have them close by, ensure they are clean and in good condition and they can see out of them and are the right prescription • If vision seems to be deteriorating, check they have had a recent eye test. If not refer to optician. • Advise annual eye tests • Is hearing reduced? Check hearing aids for wax, check for cleanliness, do they need a hearing test?
Unsteady on feet	• Support clients with recommended exercises and equipment • Ensure aids are well maintained • Promote physical activity and mobility • If unsteadiness is new – seek support from Community nurse or GP
Feet, footwear and clothing	• Check condition of feet, check for pain, problematic bunions or toenails – may need to see a podiatrist • Check footwear is suitable, fits well, is in good condition and supports the ankle • Ensure shoes have non-slip soles • Ensure clothing allows the person to move their legs and feet freely. Encourage people not to wear clothes that are too tight or too loose-fitting, trailing clothes that might trip them up • Footwear to have Velcro or laces, so shoes can be adjusted if feet swell
Illnesses and medication	• If known to have low blood pressure when standing (Postural Hypotension), advise to stand for 10-12 seconds. • If complaining of dizziness, ensure eating and drinking adequately, may need to seek support from Community Nurse, GP or Pharmacist • Medications may cause imbalance, be aware if on 4 or more medications or started new medication; including medication bought over the counter or online from a pharmacy, supermarket, or health food shop, herbal or alternative medicine or recreational drugs – seek support from pharmacist • If you are taking several medicines, or you have a long-term condition, or you are an older person, a health professional – for example, your GP, practice nurse or a pharmacist may arrange a meeting with you to discuss whether you are getting the best from your medicines.

Mobility and Falls

Mobility and prevention of falls is fundamental in supporting people to retain their independence.

- **Falls can have a significant effect on people's health**

Keeping people mobile can reduce the incidence of

- **Infections**
- **Pressure damage**

It is important that people seek early intervention from specialists to maintain mobility. A fall may affect confidence levels; it may also increase anxiety and reduce mobility levels.

If the answer is yes to any of the 3 questions below, consider a referral to your local Falls Prevention Team:

1. Has the person fallen in the last year?
2. Do they have problems with their strength and balance when walking?
3. Do they have a fear of falling?

www.nhs.uk have advice on exercises for older people,which can be undertaken in the home – including exercising when seated and exercises to improve balance, flexibility and strength.

Mobility Independently mobile with or without aids
No further action required
Falls Risk Good mobility, good mental status and good continence
No further action required
Encouraging people to increase their strength and balance through exercises will help maintain mobility and reduce the risk of falls. Consider introducing the "Get up and Go Booklet" and signposting to local exercise groups.

Mobility Needs assistance beyond their usual level
Monitor and document, consider further advice and support
Falls Risk Near misses, unsteadiness, reduced confidence **Monitor and document, consider further advice and support from GP, or Community Nurse/Physiotherapist or Community Falls Prevention Team.**

Mobility Can no longer move independently when could before **Seek additional support and advice on the day identified and document**
Falls Risk Recent falls, falls causing injury, dementia or medication affecting balance and coordination
Seek additional support and advice on the day identified from GP, and document. Consider 999… if fallen and injured

Rockwood Clinical Frailty Scale

Is a toolkit to measure how frail someone is and can be used to monitor any deterioration.

1. **Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

2. **Well** – People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally.

3. **Managing Well** – People whose medical problems are well controlled, but are not regularly active beyond routine walking.

4. **Vulnerable** – While not dependent on others for daily help, often symptoms limit activities. A common complaint is being "slowed up", and/or being tired during the day.

5. **Mildly Frail** – These people often have more evident slowing, and need help in high order Instrumental Activities of Daily Living Scale (IADLs) (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

6. **Moderately Frail** – People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.

7. **Severely Frail** – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~6 months)

8. **Very Severely Frail** – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

9. **Terminally Ill** – Approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail.

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

Rockwood et al 2005 K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005; 173:489-495.

© 2007-2009. Version 1.2. All rights reserved. Geriatric Medicine Research, Dalhousie University, Halifax, Canada.

Frailty

Frailty varies in severity, people should not be labeled as 'frail' rather described as living with frailty.

Signs of frailty can include:

- **Falls** – collapse, legs giving way
- **Immobility** – sudden change in mobility
- **Delirium** – sudden change in levels of confusion
- **Incontinence** – change or worsening in continence
- **Medication –** change or increase in side effects

People living with frailty can have a fine balance between vulnerability and resilience.

Encouraging people to:

- Maintain physical activity can improve strength and balance
- Eat a healthy diet, and drinking enough fluids can help minimise the impact of frailty. Carers should check how much fluid people have had, particularly those dependent for support.

Although these symptoms can indicate frailty there can sometimes be a straight forward explanation with no further problems, however, it is best to get the person reviewed by a GP if concerned.

Person fit and active, independent with most activities of daily living, washing, dressing, provision of food
No further action required

Person less fit and active, requires some support with activities of daily living, monitor and support in a person centered way
Document as this enables better detection of increased frailty

Change in person's level of independence; appears frailer
Seek additional support and advice from GP or Community Nurse on the day identified and document

https://www.bgs.org.uk/resources/introduction-to-frailty

Respiratory – Breathing

There are a number of different respiratory problems which can affect people, these include:

- **Asthma**
- **Chronic Obstructive Pulmonary Disease (COPD)**
- **Fibrosis**

People with respiratory problems may require extra time, support, and patience with their activities of daily living, particularly activities which may cause them to become breathless.
Breathlessness can increase anxiety and confusion in some people, so being calm and understanding can help.

People may use inhalers, nebulisers and / or oxygen to support their breathing.

- **Correct inhaler and nebuliser use can prevent exacerbations, which can potentially cause admissions to hospital.**
- **People should be using their oxygen and nebuliser as per their prescription, this should be written in their yellow folder in the oxygen section. If in doubt phone and check with respiratory team or GP.**

Inhaler technique is really important to ensure the correct amount of medication reaches the lungs.

Breathing is a normal rate and depth for individual
No further action required

Know how to support individuals with inhaler /nebuliser if they require this, ensuring this is in line with their respiratory care plan. Monitor and document.

Breathing is abnormal for individual above 20 or below 10 breaths per minute, they could have blue lips /nails.

Seek additional support from GP or Community Respiratory Team if known consider dialing 999 and document

Inhaler Technique

There are many different types of inhalers, below are some examples of how to use the main ones. Asthma & Lung UK have videos which demonstrate how to use each type, these can be found on their website https://www.asthma.org.uk/advice/inhalers-medicines-treatments/using-inhalers/

Advice on how a person should use their inhalers

'Press and breathe' Metered Dose Inhalers (MDIs) are often called 'puffers'.

- Shake the MDI inhaler, breathe out gently, then put the mouthpiece in your mouth and wrap your lips around it.
- Breathe in **SLOW AND STEADY**, press the canister down to release the medicine and continue to inhale deeply.
- Remove the inhaler from your mouth and hold your breath for up to 10 seconds before breathing out slowly.
- Repeat process for second doses.

MDIs should be used with spacers. Spacers collect the medicine inside them, so you don't have to worry about pressing the inhaler and breathing in at exactly the same time. This makes these inhalers easier to use and more effective

Encourage the person to 'Breathe in hard' Dry Powder Inhalers (DPIs) release medicine in a very fine powder form instead of a spray

- When they breathe in through the mouthpiece, they need to breathe in quite QUICK and DEEP to get the powder into their lungs.

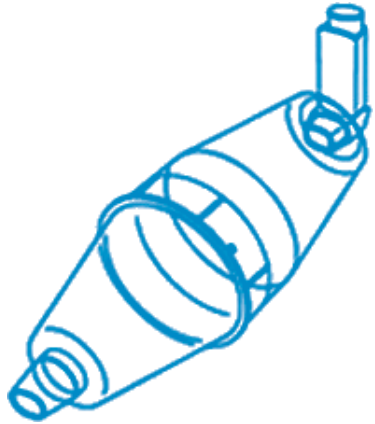
Examples of DPIs include Accuhalers, Clickhalers, Easyhalers, Handihalers,Turbohalers, Diskhalers, Genuair and Twisthalers.

Breathe in normally 'breath actuated' inhalers are usually given to people who have difficulty using a standard 'puffer'.

- These inhalers are activated by your breath, so when you breathe in **SLOW and STEADY** through the mouthpiece, it releases the medicine in a fine spray form.
- With this inhaler you don't have to push the canister to release a dose. Autohaler and Easi- breathe are examples of breath actuated MDIs.

People should be encouraged to rinse their mouths or have a drink after using inhalers as this can reduce the incidence of oral thrush.

Supporting use of a Spacer



Improper inhaler technique is associated with poor control of disease.

- The use of a spacer helps to overcome the problem of pressing the inhaler and coordinating breathing in.
- Using a spacer allows the user to press the inhaler first and then take a breath, as the medicine will stay in the spacer until it is inhaled.
- Using a spacer also reduces the risk of oral thrush as more medicine reaches the lungs and less medicine hits the back of the throat and is swallowed.
- **People with COPD sometimes can find it difficult to take in a deep breath. Using a spacer means the inhaler can be pressed and then the user can put their lips around the spacer and then just breathe normally for 5 breaths.**

IMPORTANT ADVICE ABOUT CLEANING A SPACER

- Spacers should be cleaned regularly – at least once a month.
- They should be washed in warm soapy water using a mild detergent without rinsing.
- **Leave parts to dry at room temperature** **DO NOT rub the inside of the spacer with a cloth as this causes static electricity.** The static electricity attracts the medicine to the sides of the spacer and sticks there and reduces the amount available to be inhaled in the lungs.

Inhaler Technique

Person competent and able to use inhaler correctly
No further action necessary

Person requires some support to use inhaler or nebuliser correctly
Seek further support from Community Pharmacist, Practice Nurse, GP, Respiratory Team for advice, monitor and document

Person unable to use inhaler and has no support in place to help them using their inhaler
Seek additional support and advice on day identified and document

Continence

Urine

Problems with continence both bladder (urine) and bowels (faeces) are relatively common; however embarrassment can often cause people to not ask for help.

Carers are again in a perfect position to support and refer people on for help and advice.

- People generally go to the toilet to pass urine four to seven times in a day.

However, some people may develop incontinence; some of the common signs that indicate people may need to have a proper continence assessment include:

Common Signs that indicate people may require some additional support	
Stress Incontinence	**Urge Incontinence**
Leaking when exercising	Described as having a sudden urge to pass urine and often described as unable to get to the toilet in time
Leaking small amounts of urine when sneezing	Going to the toilet frequently, either during the day or overnight
Leaking small amounts of urine when laughing	
Leaking urine when lifting heavy objects	

The colour of urine can indicate dehydration; however, some foods and medicines can also cause urine to become discoloured. If the person is drinking the recommended six to eight glasses per day and urine appears an unusual colour or darker, please monitor and seek advice if necessary.

https://www.nhs.uk/conditions/urinary-incontinence/

CATHETER CARE

- It is recommended that all carers who support individuals with a catheter, should undertake some sort of formal training, but here is some advice.

HOW TO CHANGE A LEG BAG

- Always wash your hands with soap and water first and dry hands well and wear gloves and apron
- Empty the existing leg bag as you usually would, remembering to close outlet tap
- Remove existing leg bag
- Remove cap from new leg bag and quickly attach to catheter
- Ensure the outlet tap is closed
- Leg drainage bag will need to be changed according to manufacturers instructions, usually every 7 days unless there is a problem sooner
- Wash hands with soap and water and dry hands well

CATHETER CLEANSING

- Cleansing around the catheter is recommended twice daily and following any bowel action. Use a cloth with mild soapy water
- Catheters should be cleaned by wiping away from where the catheter enters the body. In females, ensure you wipe front to back only. This is to reduce the risk of infection
- Any discharge from around the catheter should be noted and observed. The frequency of cleansing may need to also be increased.

If you feel you need further advice or support please contact the community bladder and bowel service

https://www.nhs.uk/conditions/urinary-catheters/

Urine Continence Care Urine light in colour, continent

No further action required

Catheter Care Flowing clear urine light in colour

No further action

Urine Continence Care Urine dark or cloudy – encourage fluids. Long term urinary incontinence, support with appropriate pads

Monitor, document and support individual

Catheter Care Cloudy with sediment Encourage fluids monitor

Document and refer on to Community Nurses if concerned

Urine Continence Care New urinary and faecally incontinent

Seek further ADVICE AND SUPPORT

Catheter Care Catheter blocked, pus, blood, dark urine

Seek additional support from GP or Community Nurses immediately and document

Continence

Bowels

Different people have different bowel habits

- Most people have a bowel movement more than 3 times a week and pass good textured faeces (not too hard or soft) without straining.
- Since it can be hard to state what is normal and what is abnormal, some health professionals use a scale to classify the type of stool passed.

Type 1 is described as a constipated stool this has spent the longest time in the bowel, and type 7 has spent the least amount of time in the bowel, which could be described as diarrhoea.

An ideal stool should be a type 3 or 4, and depending on the normal bowel habits of the individual, should be passed every one to three days without straining.

If stools are very dark (black) or very pale encourage the person to speak with their GP. Some medication can change the colour of stools, this can be discussed with a pharmacist.

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on the surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges
Type 6		Fluffy pieces with ragged edges, a mush stool
Type7		Watery, no solid pieces. Entirely Liquid

Continence

Bowels

People may require additional support and personal care due to incontinence issues with their bowels for example, people may be incontinent of faeces, or have a stoma bag.

The colour of stools can vary; however, if someone has very dark stools (black) it may be related to medication (iron) or something more serious. Ensure care plans document any medication that may affect the colour of stools.

Continence Pads

- Continence pads should be stored out of bright light and in a damp free environment – not in the bathroom
- Peoples skin should be clean and dry before support with pad application
- Only use a pea sized amount of barrier / cream should be used as more may interfere with absorbency (unless advised otherwise by a professional)
- Pads should be opened for a minute or two prior to application to allow pad to expand
- Pad should be folded in half and inserted from the front to back, this prevents faeces coming to the front if a stool is passed during application

Bowels normal for individual
No further action required

Change in bowel habit, constipation without pain, make a routine referral to GP

Monitor, document and support individual with continence care if needed

If stools are very dark (black) or very pale encourage the person to speak with their GP.

Some medication can change the colour of stools, this can be discussed with a pharmacist.

www.bladderandbowelfoundation.org/resources/bristol-stool-form-scale/

Diabetes

It is important that people with diabetes receive regular check-ups to help manage their condition. Supporting people to keep their blood glucose, blood pressure and blood fat levels under control will greatly help to reduce the risk of developing complications in diabetes.

The short-term complications can include:

Low-blood sugar (Hypoglycaemia)

Signs: Feeling shaky, sudden change in mood, pale, sweating, tiredness, reduced or lack of concentration, anxiety, possibly blurred vision.

High-blood sugar (Hyperglycaemia)

Signs: Feeling thirsty, tiredness, headaches, passing more urine, possible abdominal pain, nausea, reduced or lack of concentration.

The long-term complications can include problems with:

- Vision
- Heart (cardiovascular disease)
- Kidneys (nephropathy)
- Nerves and feet (neuropathy)

No diagnosis of diabetes – follow health lifestyle, eat varied diet and exercise regularly
No further action required

Diagnosed with diabetes – well controlled and managed with no problems
Monitor, document and support individual and refer on if concerned to the GP or Practice Nurse

Diagnosed with diabetes – poorly managed, presenting unwell or with hypoglycaemic (low – blood sugars) / hyperglycaemic (high-blood sugars) episodes.
Seek additional support and advice on the day identified from the diabetes team the person is under, GP, Practice Nurse or Community Nurse and document.
Consider 999 … if confused or a change in normal symptoms

Further information can be found at:
https://www.nhs.uk/conditions/diabetes/

Diabetic Foot Care

Foot Care is particularly important, as people with diabetes can have reduced feeling and sensation or abnormal feelings in the feet (Peripheral Neuropathy).

People with Diabetes can also have a reduced blood supply to the feet due to narrowing of the arteries in the legs (Peripheral Arterial Disease).

Legs

Carers, who support diabetic individuals, should check their feet on a regular basis when supporting with personal care. Refer on if any concerns for example red areas, inflammation, or blisters, corns / callus or open areas.

Here are some top tips for the promotion of good foot care:

- Check feet daily for redness, swelling, pain or hard skin – monitor for changes and escalate if concerned
- Good control of blood sugar level can prevent foot problems or help heal open wounds
- Keep feet clean, wash and dry thoroughly daily and dry well particularly in between the toes
- Always ensure shoes / slippers fit well
- Explain importance to client of never walking barefoot, especially outdoors
- Cut or file toenails regularly. If the person is unable to see or reach their feet or have no carer / family to help with nail care then a referral to a Podiatrist could be arranged. Ensure corns or hard skin are treated by a podiatrist if gentle filing and emollient cream do not control the hard skin
- If there are any changes in sensation or feeling to the feet ensure you report this to your health professional
- Make sure they attend their annual diabetic review with their GP or Practice Nurse as a foot check should be performed every year

https://www.diabetes.org.uk/guide-to-diabetes/complications/feet/taking-care-of-your-feet

Medication

Medicines need to be stored appropriately and safely so that the products are not:

- **Damaged by heat or dampness**
- **Mixed up with other people's medicines**
- **Stolen**
- **Posing a risk to anyone else**

Remember the 'Eight Rights'

1. **Right person**
2. **Right medicine**
3. **Right route**
4. **Right dose**
5. **Right time**
6. **Person's right to decline**
7. **Right Information about the medication**
8. **Right Documentation**

Classifications of Medication:

- **P** – Pharmacy
- **POM** – Prescription only medication
- **GSL** – General sales list
- **CD** – Controlled drugs

Assist, Administer, Administer by special techniques:

- **Level 1** – Assist (Prompt, Pass, Prepare under supervision, Open but not give)
- **Level 2** – Administer (Prepare unsupervised, Give, Apply)
- **Level 3** – Administer by special techniques (Rectal or Vaginal medicines, PEG, RIG, Injections, Nebuliser, Oxygen canister changing, Buccal Midazolam)

Ask the pharmacist for advice if you have a medication related query, they are usually best placed to respond to queries.

Tip: Write the telephone number of the patient's pharmacist on the Medication chart or care plan along with the GP surgery in case of any queries.

Key tasks to be carried out during medicines administration by the care worker:

- Confirm that the medication and dose is correct; on the MAR chart ***and*** the medicine label, ensure it is intact, correctly packaged and in date
- Confirm it is the right person and note any allergies they may have.
- Obtain consent from the person to give them the medicine
- Makes sure that no-one else has already given this dose to the person
- Prepare the correct dose for the time of day, ensure medication is appropriately spaced out following directions
- Give the medicine to the person and also offer a drink of water.
- Sign the administration record

Medications

Managing medicines for someone you look after can be a challenge, particularly if they are taking several different types.

Medicines can legally be administered by anyone, as long as it has been prescribed by an appropriate practitioner.

Advice for Carers who support with medication:

- Always read the instructions on the packaging or DOSETTE box before giving medicines to anyone. They should always be given either according to the instructions or as advised by whoever prescribed them.
- Instructions for when and how to give medication should be clear. If you are experiencing any problems, ask a doctor, nurse or pharmacist to explain.
- It is important to give medicines at the recommended time of day. Not doing this can make them less effective. You also need to know whether or not the medicines should be taken before food, with food or in between meals.
- **Please ensure that you follow your employing organisations medicines policy, which may have information regarding what you can and cannot administer after appropriate training.**

Person competent and able to take their own medication with no problems
No further action required

Requires support taking medicine assist in a person centered way
Monitor and document

Problems with taking medication.
Seek additional support and advice from Pharmacist, GP or Nurse on the day identified and document

GREEN – ACTION – None ORANGE – ACTION – Monitor and Document RED – ACTION – REFER – Seek further support and advice

Adult Social Care

Adult social care refers to a person's ability to manage their own personal needs and environment in order to live their lives in a comfortable and safe manner. Some people require additional practical and physical help to maintain their wellbeing due to additional needs, such as mental health, physical health, learning disabilities, older age and frailty.

When might a person need support with social care?

Sometimes day-to-day tasks can become difficult and a little extra help may be required. Some examples are doing the shopping, cooking meals, cleaning the house, managing finances, laundry, having a wash, getting dressed or getting out into the community. Help is available for these types of tasks from various community sources.

Here are some ideas of where to get additional support or advice:

- Family and friends
- National charities
- Local charities
- Care agencies
- Church group
- Community groups
- Cleaning services
- Meals on Wheels
- Dial a Ride
- Day centres
- Local council for telecare
- Carers Groups

Carers

A person who provides a significant level of support to another person in their day-to-day life is usually considered as a Carer. This is not the same as a person who provides care in a professional or paid capacity. Carers may also be able to have support from the above sources as well to help them take a break.

Adult Social Care

Sometimes people are not able to manage their own social care needs or require additional, professional support from a Social Care Worker. Everyone is entitled to a social care assessment or a carer's assessment, as outlined in the Care Act (2014). This can be completed by your local Social Care Team who will consider the following factors in relation to eligibility:

- **The adult's needs for care and support arise from or are related to a physical or mental impairment or illness, and are not caused by other circumstantial factors.**
- **As a result of the adult's needs, the adult is unable to achieve two or more of the outcomes specified in the Care Act (2014); examples include unable to manage personal care, nutritional needs or accessing the community.**
- **As a consequence of being unable to achieve these outcomes, there is, or there is likely to be, a significant impact on the adult's wellbeing.**

A similar eligibility criteria exists for Carers. If you feel an adult social care assessment would be of benefit, please contact your local authority.

Person's needs are met through their available support networks – for example family and friends

No further action required

Person is having social care difficulties that cannot be managed by family or friends. Person can access support from various community sources listed overleaf. Consider whether a social care assessment would be of benefit

Monitor, document and escalate to local Social Care Team if appropriate.

Person is struggling with daily tasks to the point they are putting themselves at risk, or there is a high risk of Carer burnout

Contact the local Social Care Team to request an Adult Social Care Assessment

GREEN – ACTION – None **ORANGE – ACTION – Monitor and Document** **RED – ACTION – REFER – Seek further support and advice**

Adult Safeguarding

What is adult safeguarding?

- Protecting an adult's right to live in safety, free from abuse or neglect
- Promoting the wellbeing of the adult
- Showing regard of the adult's views, wishes, beliefs and feelings when deciding on action
- Providing support and interventions for adults who have experienced or are experiencing abuse
    - Learning how to support and protect people from abuse and harm
    - Strategies to prevent abuse and harm occurring
    - Partnership with other agencies and professionals
    - Avoiding blaming and taking responsibility within our roles
    - Reflection and learning on our work practice

You must raise a safeguarding concern if you are working with an adult who:

- Has care and support needs, and
- Is experiencing, or is at risk of, abuse or neglect, and
- Is unable to protect themselves because of their care and support needs

Report adult safeguarding concerns to Brighton & Hove Access Point

- Call: 01273 295 555 – 9am to 5pm, Monday to Friday (outside these hours, calls will be answered by Carelink Plus)
- Email: hascsafeguardinghub@brighton-hove.gov.uk
- **In an emergency, always call 999**

Report adult safeguarding concerns to East Sussex Health and Social Care Connect (HSCC)

- Call: 0345 60 80 191 - 8am to 8pm every day
- Out of Hours: 01323 636399 (Emergency Duty Service)
- Or report your concern online: Safeguarding Concern information page (eastsussex.gov.uk)
- **In an emergency, always call 999**

Report adult safeguarding concerns to the West Sussex Carepoint

- Call: 01243 642121 – 9am to 5pm, Monday to Friday and Out of Hours
- Email: socialcare@westsussex.gov.uk
- Or report your concern online: Raise a concern about an adult - West Sussex County Council (www.westsussex.gov.uk)
- **In an emergency, always call 999**

Report child safeguarding concerns to East Sussex Single Point of Access (SPoA)

- Call: 01323 464222 – Mon-Thurs 8.30am - 5pm and Fri 8.30am - 4.30pm
- Out of hours: 01273 335905 or 01273 335906 (Emergency Duty Service)
- Email: 0-19.SPOA@eastsussex.gov.uk
- **In an emergency, always call 999**

Report child safeguarding concerns to West Sussex Children's Social Care

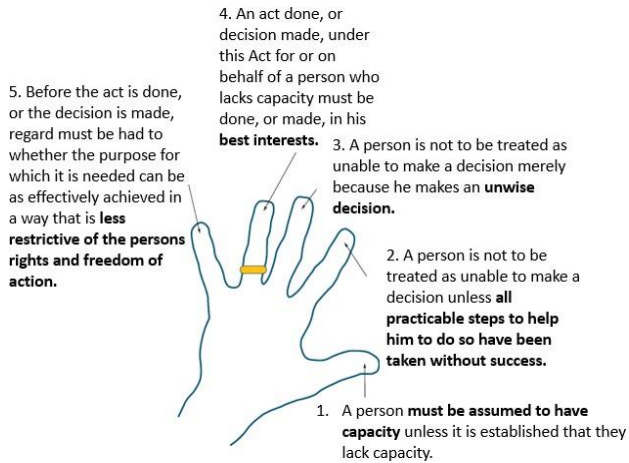
- Call: 01403 229900
- Out of hours: 03302226664
- Email: WSChildrenServices@westsussex.gov.uk
- **In an emergency, always call 999**

Mental Capacity

What is mental capacity?

- Mental capacity is the ability to make a decision
- It can vary over time
- It can vary depending on the decision to be made
- Physical conditions and location, can affect a person's ability to make decisions

Five principles of the Mental Capacity Act (2005)



http://www.legislation.gov.uk/ukpga/2005/9/section/1

Person has capacity to make their own decisions

No further action required

Person has fluctuating capacity or is unable to make some decisions. Support them to make decisions when they do have capacity. Use pictures and familiar objects to help support them to make the decision

Monitor and document

Person lacks capacity to make serious decisions, such as managing their finances, moving house

Contact the Adult Social Care Team to request a Capacity Assessment. For medical decisions, contact the GP

GREEN – ACTION – None **ORANGE – ACTION – Monitor and Document** **RED – ACTION – REFER – Seek further support and advice**

Mental Health

Adverse mental health affects one in four of us in any one year. Carers are in an ideal position to identify and signpost any concerns they have, in relation to the individuals they support.

Mental health conditions include:

- **Psychosis i.e. Schizophrenia or Bi-Polar Affective Disorder**

  Psychosis can occur as a non-recurring experience or as part of a wider diagnosis, for example schizophrenia or bipolar disorder. A person may present as agitated and upset but may also be subdued and fearful. This may be due to hallucinations, delusional beliefs, and anxiety about the situation they find themselves in.

- **Depression**

  Depression is an acute or longstanding period of low mood. It can impact on motivation and lead to withdrawal from usual life. It can cause serious problems with sleep, dietary intake and relationships with others. A person may appear as flat in affect and lack interest in the world around them.

- **Anxiety**

  Anxiety is a normal human response that can become problematic for some people to the extent that it impacts on their usual life. The physiological responses to anxiety can contribute to poor sleep, experiencing heart palpitations, dry mouth, and reduced appetite. People may experience feelings of panic which in turn exacerbate a physiological anxiety response, leading to increased anxiety.

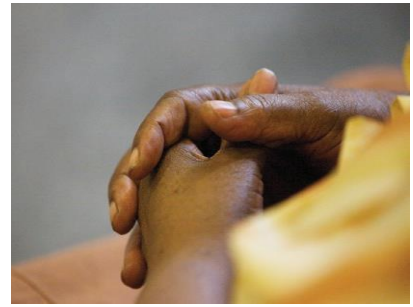
- **Personality Disorder**

  Personality disorder is a complex diagnosis and can lead to a person finding it hard to cope with life, manage relationships and regulate emotions. It is often the result of having complex trauma experiences over many years. Some people with this diagnosis may use coping strategies that are not helpful for example self-harm.

Carers can help by supporting individuals with personalised care, assisting individuals to feel empowered and in control. Your attitude can impact both positively and negatively when supporting a person with mental health conditions.

It is important to give people time and space to talk about how they may be thinking and feeling.

To help mental health wellbeing, some people may like to connect with activities e.g. music, singing, creative activities, gardening, learning something new or spending time outside.



Early detection of concerns about mental health is important to ensure that people are supported in the correct way.

Legislation that you as a Carer need to have a basic understanding of:
Human Rights Act 1998
http://www.legislation.gov.uk/ukpga/1998/42/contents

Data Protection Act 2018
https://www.gov.uk/data-protection

Mental Capacity Act 2005
https://www.legislation.gov.uk/ukpga/2005/9/contents

Dementia

- Dementia is an umbrella term for a number of conditions that affect thinking skills, such as memory, language, object perception, attention and the ability to plan and organise.
- The most common types of dementia are Alzheimer's Disease, Vascular Dementia, Lewy Body Dementia, Fronto-Temporal Dementia and dementia in Parkinson's Disease.
- Dementia is a progressive illness; so an early diagnosis of dementia can help planning for the future, including conversations around Lasting Power of Attorney and end of life wishes whilst the person still has capacity. In some cases, an early diagnosis of dementia can improve access to certain types of medication, which may support the person.
- A person-centred and individualised approach is needed for all people with dementia. The approach needs to change as this develops for each person.
- People can live well with dementia. If individuals are showing signs of distress, then they may have physical or mental health issues that can be managed.

Normal presentation no concerns identified, support in a personalised way as normal
No further action required

Person has a diagnosis of dementia: support in a personalised way and follow care plan.

Monitor and document

Person is showing some changes in their behaviour – liaise / inform the GP or mental health team if known

Sudden or serious change in presentation: urgently contact the GP surgery or mental health team if known to document concerns
Refer and seek advice

Delirium

Delirium is a common, **serious** but often treatable condition that starts suddenly in someone who is unwell. It is a serious condition that is sometimes mistaken for dementia.

Symptoms The symptoms of delirium will start suddenly and may come and go over the course of the day. They can be worse in the evening or at night. A person with delirium will show some of the following changes.

- Rambling speech. Showing changes in behaviour.
- Having disturbed patterns of sleeping and walking.
- Being prone to rapid swings in emotion.
- Experiencing hallucinations.
- Having abnormal or paranoid beliefs.

Hypoactive Delirium is when delirium can cause an individual to be unusually withdrawn and sleepy. It can easily be missed or mistaken for depression, even by a health professional.

Hyperactive Delirium is when delirium can cause a person to become unusually alert, restless or agitated, and possibly even aggressive. The person may have hallucinations (seeing or hearing things that aren't really there) or delusions (strongly believing things that are not true, for example that others are trying to harm them).

Mixed Delirium is when individuals can also alternate between hypoactive and hyperactive delirium over the day.

https://www.youtube.com/watch?v=BPfZgBmcQB8&feature=youtu.be

Treating Delirium

If someone suddenly becomes confused, the person will need to see a doctor urgently. **The cause of delirium must be treated.** For example, an infection may be treated with antibiotics.

The individual can recover very quickly, but it can take several days or weeks. People with dementia can take a particularly long time to get over delirium.

Think Delirium!

Delirium often has more than one cause & might include:

- Infection or severe illness
- Dehydration or metabolic problems
- Side effect of some medications
- Uncontrolled pain
- Constipation or urinary problems
- Suddenly stopping some medications
- Suddenly stopping heavy drinking

Signs of delirium

- Suddenly being confused anxious or frightened
- Disorientated, behaving out of character
- Difficulty following what is being said
- Feeling afraid, irritable, anxious, depressed
- Drowsy and withdrawn
- Difficulty speaking clearly
- Mood swings and fluctuating levels of consciousness

No evidence of risk factors which cause Delirium, individual is acting and responding normally for them. **No further Action required**

Monitor the person carefully if they have any of the risk factors for Delirium. Be observant for the signs and symptoms of delirium. **Report and document any deterioration in physical or mental health**

If someone suddenly becomes confused, seek additional support and advice immediately, they need to see a doctor.

Most people living in care homes will be at risk.

Care staff have an important role to play in looking out for any changes and providing support to reduce the risk of delirium occurring and act quickly if they suspect it.

Pain

Pain is common and it is estimated that 50% of older people experience chronic pain (in hospital this may be as high as 80%). Assessing pain and communicating it to the healthcare team will be one of the most important things you can do. As carers, you get to understand a person well and can read both the verbal and non-verbal signs. It is important to distinguish between physical pain and emotional distress to be able to help the individual and guide the appropriate treatment. Although often there is an element of both.

There are different types of pain:

- Acute Pain – of recent onset and probable limited duration.
- Chronic pain: **1.** Pain lasting for more than 3 months. **2.** Pain lasting after normal healing. **3.** Sometimes no identifiable cause
- Referred pain – Pain perceived at a location other than the site of the painful stimulus or origin.
- Phantom pain - a person feels pain where the missing body part should be. This should not be mistaken for phantom sensation which is when feeling the missing part but not causing pain or distress.

The best way to assess pain is to ask the patient but if they are unable to verbalise it and / or unable to point on a scale then use the Bolton Pain Assessment tool. The most important element of assessment of pain is that it is a functional assessment. This means that we assess the individual's pain on appropriate activity e.g. when they are mobilising or if bed bound when giving care. Always assess pain before giving pain relief and again about 1 hour later to check that it has had effect. When the individual has pain mainly on mobility/turning give pain relief about 1 hour prior to doing the activity.

Use the same pain assessment tool within your organisation so that when you communicate your observations it is easily understood. Below are some examples of pain assessment tools used.

If pain is not well controlled, please have your pain assessment data to hand, what pain relief is currently given and its effects as well as any side effects and discuss with the medical team.

Bolton Pain Tool

	0 point per box	1 point per box	2 points per box	3 points per box	Subtotal – transfer to next page
VOCALISATION	None	Occasional moan or groan	Low level speech with a negative or disapproving quality	Repeatedly crying out Loud moaning or crying	
FACIAL EXPRESSION	Smiling Relaxed	Looking tense	Sad Frowning	Grimacing Looks frightened	
CHANGE IN BODY LANGUAGE	None	Tense Fidgeting	Guarding part of the body	Withdrawn Rigid Fists clenched Knees pulled up	
BEHAVIOURAL CHANGE	None	Increased confusion	Refusing to eat Alterations in usual behavioural pattern	Pulling or pushing away Striking out	
PHYSIOLOGICAL CHANGE	Normal	Occasional laboured breath Increased heart rate	Hyperventilation Increased heart rate and blood pressure **(use EWAS scoring)**	Temperature, pulse, blood pressure respiratory rate **outside normal limits (use EWAS scoring)** and perspiring, flushing or pallor	
PHYSICAL CHANGES	None	Skin tears	Pressure ulcers Arthritis	Post-surgery Trauma	

BOLTON SCORE	**0-3**	**4-8**	**9-13**	**14-18**
ACTIONS	**No action Monitor**	**Give Paracetamol if appropriate Monitor**	**If regular analgesia prescribed has it been given & offer PRN analgesia Repeat assessment in one hour**	**If regular analgesia prescribed has it been given & offer PRN analgesia Refer to ward team immediately**

Advance Care Planning

Advance care planning refers to a whole range of ways a person can work with their care teams and discuss, document and communicate their wishes about how they would like to be cared for in the future.

Common things Advance Care Plans cover and aim to prepare for include:

- Details of the persons' current health and care needs and what care issues might be expected to happen to them in the future based on their conditions.
- Information about the person's general likes and dislikes which affect their quality of life.
- Religious, spiritual, cultural beliefs or traditions.
- Naming those they would like to be involved in their future care.
- The overall approach they would like e.g. focus on life-sustaining care e.g. operations, chemotherapy, admission to hospital or focus on quality of life over quantity, less invasive tests for example.
- The place they would like to be cared for in, including where they would like to die.
- Care after death, organ donation, and funeral plans.
- Anything else the person would want the care team to know if for whatever reason they were unable to express it in the future.

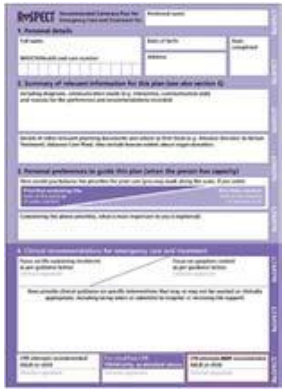
There are three main types of plans made:

1. **Person**-made description of the nature of the care they would like to happen in the future based on their wishes, values, feelings and beliefs about their future care. Not legally binding but guides overall approach and goals of care.
2. **Person**-made specific refusals of certain treatments in a legally binding manner known as **Advance Decisions to Refuse** Treatment (previously a **Living Will**).
3. **Clinician**-made, but person-involved decisions about which treatments are clinically appropriate to offer to someone – such as whether or not to attempt cardiopulmonary resuscitation.

Do not attempt cardiopulmonary resuscitation (DNACPR) recommendations are not applicable in cases of choking and some other easily reversible causes.

A person's resuscitation status (either for active CPR or not for CPR) can be recorded on the ReSPECT plan. There is **NOT** a need for an additional "red-bordered" DNACPR form.

ReSPECT



Useful resource:

Your emergency care plan - Sussex Health and Care (ics.nhs.uk)

www.sussex.ics.nhs.uk/your-care/emergency-care-plan/

ReSPECT is an example of an advance care plan which can be completed between the person, those important to them, and the health and care team, supporting people to receive the level and type of care they wish to receive in their preferred place of care:

ReSPECT stands for Recommended Summary Plan for Emergency Care and Treatment.

The ReSPECT process aims to ensure that a person's clinical care wishes are known, so that in a future emergency where they may not have capacity or be able to express their choices these are already known in the person's ReSPECT plan.

The ReSPECT process is intended to respect both patient preferences and clinical judgement.

A ReSPECT plan is created through conversations between a person and one or more of the health professionals who are involved with their care.

The plan should stay in the person's place of residence and be available immediately to health and care professionals faced with making immediate decisions in an emergency.

ReSPECT can be for anyone who wants to record their care and treatment preferences, but particularly those who have complex health needs, are likely to be nearing the end of life, or at risk of sudden deterioration or cardiac arrest.

ReSPECT may be used across a range of health and care settings, including the person's own home, an ambulance, a care home, a hospice or a hospital.

Professionals such as ambulance crews, out-of-hours doctors, care home staff and hospital staff will be better able to make immediate decisions about a person's emergency care and treatment if they have prompt access to agreed clinical recommendations on a ReSPECT document.

Advanced Care Planning is particularly important for people who are at risk of deterioration, are frail or have long term conditions. **The #last1000days** campaign encourages us to have conversations with people about what matters to them at this stage in life when time left is so valuable. Ensure the content of any advance care plan is known about by the whole care team and store any written advance care plans in familiar and accessible places.

Caring for Dying People

Everyone should be able to die as well and as comfortably as possible.

Recognising that someone is dying usually involves decision making from a clinical team, acknowledgement that there are no reversible causes to be addressed, documentation and communication to allow natural death such as through a **DNACPR** or **ReSPECT** form, and conversations involving the dying person and all those important to them, including carers.

Once this is agreed we can shift our focus from life sustaining, often more invasive care, to prioritising comfort, wellbeing, dignity and doing our best to respect their wishes. Though it can be difficult to be certain someone is dying, raising the possibility enables the whole team to work together to establish the right goals of care for the person.

We don't always like to talk about death though it will happen to us all. Research however has shown most people know when they are dying, prefer to talk about it if asked, and loved ones tend to experience regret after a person's death if we don't talk about it openly.

The national framework to support caring for dying people is called the **Ambitions for Palliative and End of Life Care**. Sussex Health and Care have adopted this framework and align with the national ambitions.

Caring for Dying People

Some practical steps deliver the best care is to follow the **5 Priorities for Care of a Dying Person**.
Each of the 5 steps help us to create an individualized plan of care for the person and those important to them.

Don't forget bladder, bowel, oral and skin needs too

Though every death is different, there are some common symptoms to review regularly

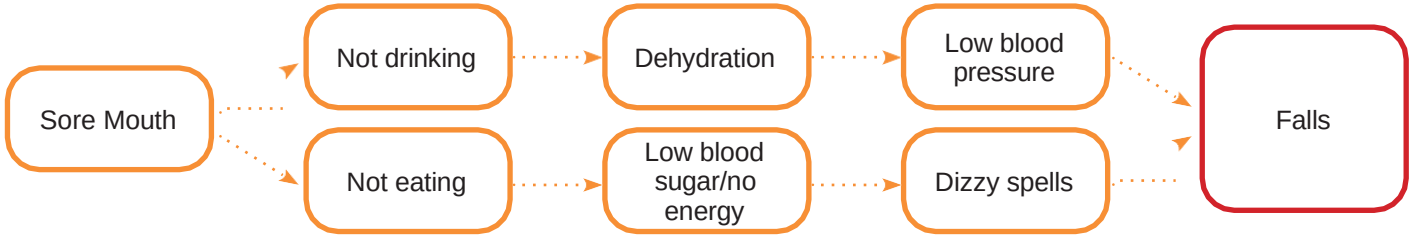
1) Pain 2) Breathlessness 3) Nausea/Vomiting 4) Anxiety and Delirium 5) Secretions

Ensuring there is a multidisciplinary plan for each of these including rapid access to relevant medications is essential and requires liaison with **medical** and **pharmacy** teams.

Care after death should be considered as part of advanced care planning.

Stop Look Care Case Study

Remember that different conditions or different aspects of poor health can impact on another area of the body.



Example

A gentleman with dementia kept falling every time he stood up, his family thought he was falling backwards on purpose.

A home carer decided to check;

- **How much he was drinking, she asked the family to keep record of his fluid intake.**
- **She also looked at the gentleman's urine which was very dark and his hands were cold**

She decided he was dehydrated, and thought this could be causing low blood pressure, which may be making him dizzy when he stands

- **She asked for support from the community nurses.**

The community nurses confirmed he did have low blood pressure when he stood up (postural hypotension), and agreed he needed to increase his fluid intake.

The family was able to make sure the gentleman drank a lot more and he was then able to stand without falling.

Contacts

National Contacts for support

National Age UK
0800 055 6112

Alzheimer's Society
0300 222 1122

British Heart Foundation
0300 330 3311

Diabetes UK
0345 123 3393

MIND (Mental Health Charity)
Infoline: 0300 1233393

CQC (Care Quality Commission)
03000 616161

Emergency Ambulance
999 **for immediate, life-threatening emergencies**

Pharmacists
The local pharmacist can support with advice regarding everyday health issues. Or with problems with prescriptions / medications.

Skills for Care
http://www.skillsforcare.org.uk/Home.aspx

NHS 111

You should use the NHS 111 service if you urgently need medical help or advice but it's not a life-threatening situation.

111 is the NHS non-emergency number. It's fast, easy and free. Call 111 and speak to a highly trained adviser, supported by healthcare professionals. They will ask you a series of questions to assess your symptoms and immediately direct you to the best medical care for you.

NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

https://www.nhs.uk/NHSEngland/AboutNHSservices/Emergencyandurgentcareservices/Pages/NHS-111.aspx

National Care Certificate Standards	Date Achieved	Signature of Assessor/Manager	Name and Role
Understand Your Role			
Your Personal Development			
Duty of Care			
Equality and Diversity			
Work in a Person Centered Way			
Communication			
Privacy and Dignity			
Fluids and Nutrition			
Awareness of Mental Health Conditions, Dementia and Learning Disabilities			
Safeguarding Adults			
Safeguarding Children			
Basic Life Support			
Health and Safety			
Handling Information			
Infection Prevention and Control			

Index

The Stop Look Care Book

Acknowledgements

The Stop Look Care booklet was originally developed and published in 2016 by registered nurses Carol Hards & Helen Rignall.

The Stop Look Care book won a Nursing Times Award in 2018.

The book has gained national recognition and the Stop Look Care model and book has been adopted in several areas across the country.

Stop Look Care is also referenced in the NICE Guidance via the NICE Shared Learning Database (2019)
https://www.nice.org.uk/sharedlearning/stop-look-care

Stop Look Care review and update May 2023 by Sussex Health and Care who would like to thank the many NHS, Social Care and Provider organisations and specialist professionals supporting the review of this booklet.

Making health and care information accessible

We are committed to following the NHS Accessible Information Standard. If you require this in a different format or a larger print size, please contact us through the Sussex Platform for Education, Careers and Skills and we will endeavour to help you.

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