

# DETERIORATING PATIENTS

An introduction for GP reception staff, including chest pain, stroke, breathlessness and sepsis



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# INTRODUCTION

This workbook and the accompanying PowerPoint have been developed by GPs, Practice Managers and Reception Staff from within Hartlepool and Stockton GP Federation. It has been done in partnership with and received financial support from NHS Health Education England.

Reception staff are commonly the first point of contact for people with acute health needs. Occasionally those people will present with needs that need to be considered for prompt action or escalation to a doctor or other clinically trained practitioner. Receptionists are not expected to make clinical decisions, but need to be aware which symptoms or presentations might suggest the patient is acutely unwell and requires specific actions.

This programme has been developed to support them in recognising specific symptoms that may indicate a deteriorating patient, and how they would consider escalating this to a clinician within the service/practice in which they operate.

## **How to use this workbook**

This is designed to be used by receptionists working together in small groups with a clinician or senior manager supporting the discussion and learning.

It covers four significant areas

- Chest Pain
- Stroke (FAST)
- Sudden Breathlessness
- Sepsis.

There are spaces in the book for you to write down your ideas and notes as you go through.

# THE ROLE OF RECEPTIONISTS

- 1** GP receptionists often form the first point of contact for patients with their General Practice Service.
- 2** They have to try and match patient need to the resources the patient thinks they need.
- 3** They cannot diagnose the patient, but must be able to spot symptoms of concern such as sudden onset chest pain or limb weakness.
- 4** They then need to be able to escalate patients of concern to clinicians who can determine the right path for the patient.
- 5** The system for doing this will vary from service to service.

# CHEST PAIN

**A patient who may be having a heart attack needs to get to hospital quickly. However, they will often call GP practices for advice first.**

NHS Choices suggests calling 999 for sudden chest pain that:

- Spreads to your arms, back, neck or jaw
- Makes your chest feel tight or heavy
- Also started with shortness of breath, sweating and feeling or being sick
- Lasts for more than 15 minutes.

**These patients may be having a heart attack.**

Some patients will have chest pain that does not fit this pattern, but still need to be assessed promptly.

If they have chest pain that:

- Comes and goes
- Goes away quickly but leaves them worried

**It is important to get medical advice from your GP to make sure it's nothing serious.**

# Case History One

**1. Bill calls the surgery about his 76-year-old wife. He is worried because his wife has had chest pain since 3am.**

Would you have any further questions?

What would you advise Bill to do?

**2. Bill says that his wife has had this before and is very reluctant to go to hospital and would like to see a doctor.**

What would the best action be?

- a) Send an ambulance anyway?
- b) Speak to the duty doctor?
- c) Book them in the same morning?
- d) Book them in that afternoon?
- e) Tell them to call 111?

# Case History One Discussion

- 1** This could be a heart attack. You may wish to check where they both are and the number they are calling from. You could reasonably ask them if the pain spreads anywhere or if Bill's wife is breathless, sweaty or feels sick.
- 2** As Bill's wife meets the NHS Choices criteria, it would not be unreasonable to advise them to dial 999 and call an ambulance, or if they are not able to do this for themselves to offer to do it on their behalf.
- 3** Bill and his wife don't want to do this, which may be completely reasonable for them. However, it is important that the next steps are discussed with someone who can make a clinical judgement as to the urgency with which they need to be assessed. Speaking to the duty clinician directly would be the best next step.



# STROKE

**A patient who has suddenly started to develop signs of a stroke needs to be seen rapidly in hospital by a clinician who can decide whether they need immediate treatment to limit its effect and any subsequent disability. Patients and their relatives may not recognise the significance of their symptoms.**

**Facial weakness:** can the person smile? Has their mouth or eye drooped?

**Arm weakness:** can the person raise both arms?

**Speech problems:** can the person speak clearly and understand what you say?

**Time to call 999.**

The receptionist needs to respond in a similar way to a patient presenting with chest pain. They should offer an ambulance as the first response and promptly escalate concern to the duty clinician so that further action can be planned.



# Breathlessness

## 1. Sudden or worsening breathlessness can be a sign of serious illness:

- Asthma
- COPD
- Heart failure

These are common causes, but almost any serious condition can result in new onset breathlessness.

Can you think of any other conditions when breathlessness is important?

## 2. Sepsis, Anxiety, Heart Attack, Anaphylaxis, Severe Bleeding and Pulmonary embolism (clots on the lung) can all cause severe difficulty in breathing, but you may have listed more.

When should you escalate concern about patients with breathing difficulties?

Is the patient struggling to breath?

Speaking in broken sentences?

Audible wheeze?

Is it an new symptom for them –  
is it accompanied by chest pain?

**3. Can you think of any other features that would make you want to escalate this within your service?**



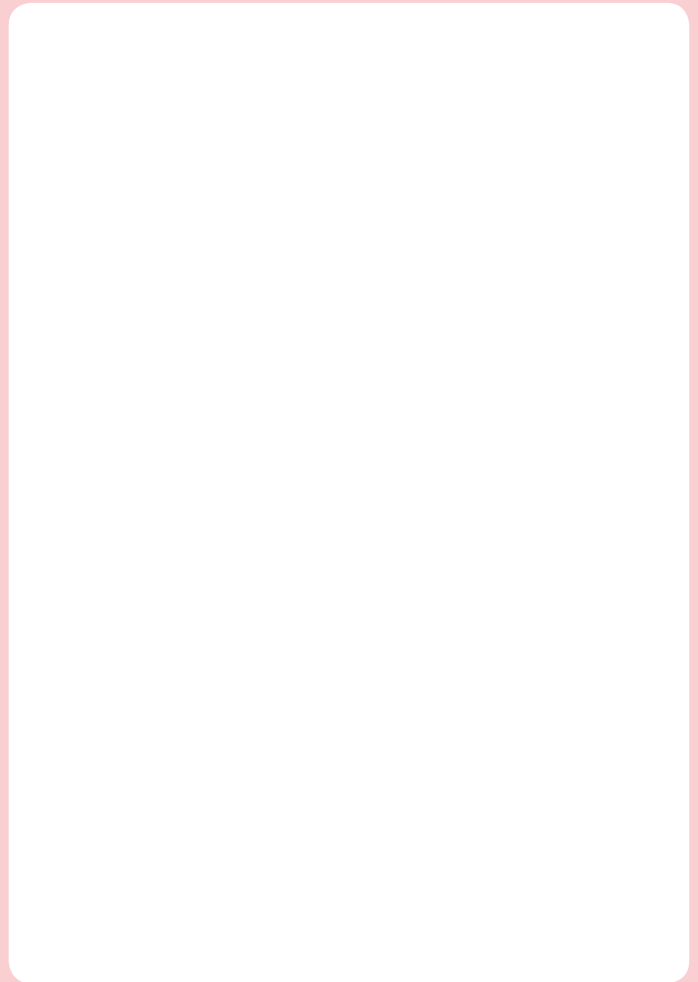
**Breathlessness is different for everyone, but you may be guided in when to escalate care by the patient's perception of how unwell or how bad they may feel. Once you've listened to them speaking, you can also be guided by your own perception.**

Previous knowledge that someone has a breathing problem is not always a reliable guide to how they are now. Their condition may be prone to sudden and severe fluctuations. Each call for help should be judged on its merits, and not necessarily by what has gone on before.

# Case History Two

**Mrs Bartholomew has asthma. She does not normally bother the GP with it. She phones the surgery because she has woken up very short of breath. She is struggling, frightened and is asking to see a doctor as soon as possible**

What might alert you to how much difficulty Mrs B is in?



# Case History Two Discussion

There are some indicators that should raise concern, leading you to escalate the patient to clinicians so they can determine the next steps.

There are several things that might indicate greater concern:

- 1** Is this unusual for her asthma?
- 2** Is she able to talk fluently on the phone, or is her speech broken?
- 3** Is she struggling to breath – is she frightened?
- 4** Is she asking to be seen straight away?

# SEPSIS

**Sepsis is an illness that occurs when the body's immune system responds abnormally to an infection in unhelpful ways and starts to damage the body's own tissues and organs. The infection may be obvious or hidden such as a chest or urine infection.**

Unfortunately, with sepsis there is no one sign that clearly suggests what is happening – unlike conditions such as heart attacks or asthma. The more symptoms that occur the greater the level of concern might be.

Symptoms suggesting sepsis in young children:

- Abnormal Temperature
- Difficulty breathing
- Lack of interest in eating and drinking, or have stopped feeding
- Not passed urine for 12 hours
- Repeated vomiting
- Unresponsiveness
- Irritability
- Mottled pale or bluish skin or a rash that does not fade when pressed.

Symptoms suggesting sepsis in adults:

- High temperature or low temperature
- Fear that they are sick and have suddenly deteriorated
- Unusually drowsy, muddled or confused
- Fast heart beat
- Fast breathing
- Pale or mottled skin, blue lips
- New Rash that doesn't fade when firmly pressed.

# Case History Three

**Mrs Andrews had a gallbladder operation two weeks ago and her husband has contacted the service to ask for a home visit. Mrs A has been shivery for two days and has started to vomit. She is struggling to stand and doesn't feel able to attend the surgery. Her husband asks how long she might need to wait for the visit as "Mrs A feels that she might die".**

Are there any questions you might wish to ask?

# Case Three Discussion

**You may wish to ask if she has become muddled or confused.**

**You may also wish to enquire if she is breathless.**

**Would you:**

- 1** Put her on the list for a call back from a clinician?
- 2** Communicate any concerns immediately to a clinician?
- 3** Add her name at the bottom of the visits list with a note to say she is unwell?
- 4** Something else?



# ESCALATING CONCERN IN YOUR PRACTICE

**Receptionists are not expected to be clinicians, but your regular contact with unwell people and your training should help you recognise when something does not appear to be right.**

- Some symptoms such as chest pain or FAST need ambulance assessment, but others simply need to be seen promptly or to have their urgency assessed by a clinician.
- This will vary from service to service, but you will need to know how this is done where you work. Your manager should be able to help you with this.

**Who would you escalate to in your organisation?**

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