

Deteriorating patients: an introduction for Reception staff, including chest pain, stroke, breathlessness and sepsis

Trainer Notes

This workbook is designed to be used by receptionist working together in small groups with a clinician or senior managers supporting the discussion and learning. It covers four significant areas

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

It does not expect receptionist to make clinical judgements but to seek out and respond to important features of a patient's presentation to them which would require urgent escalation to a clinician or a specific response from them. It does not state how the escalation should be carried out as this will change from service to service.

The workbook starts with familiar conditions for receptionist such as chest pain and Stroke before tackling more challenging subjects.

Case History One

The key question that staff should ask here is not clinical but is vital to the safe management of the patient. They should ask very early on "Where are you?" and "Is there anyone with you?" This ensures that if the conversation breaks down for any reason help can be sent.

They are not required to discuss or interpret the nature of the chest pain.

Case History two

The breathlessness history allows them to make some assessment about the urgency and severity of someone's breathlessness e.g. Is the patient struggling to breathe? Speaking in broken sentences? Wheezing?

This case history can be used to explore the importance of duration of symptoms, speed of deterioration and prior knowledge of the patient. It can also be used to explore the importance of patient perception and concern as to how unwell they have become, "is this breathlessness unusual for them?" It can be used to explore the importance of receptionists' experience that what they are hearing is unusual either for the patient or in their own experience as a receptionists.

Case History Three

This history explores some of the diverse symptoms that can be features of sepsis and the difficulty that exists in determining when these needs specific escalation, clearly not everyone with a child with a high temperature needs instant access. The facilitator should focus on the combination of symptoms particularly abnormal breathing, abnormal behaviour or confusion. They also need to reflect on the value of the patient/parent/carer opinion and particularly their own experience and judgement. If they are concerned whilst taking the call that something isn't right, then it is perfectly reasonable and acceptable to escalate on that basis. Reception staff are used to contact with sick people requesting help and if the request is standing out as of concern to them then they should consider escalating to a clinician for their judgement.