

DETERIORATING PATIENTS

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

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

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 short-ness of breath, sweating and feeling or being sick
- Lasts for more than 15 minutes.

These patients may be having a heart attack.



CHEST PAIN

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 One

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

Would you have any further questions?

What would you advise Bill to do?

Case One continued

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?

STROKE

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



Breathlessness

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.

Breathlessness

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

Breathlessness

- Sepsis
- Anxiety (Panic Attacks)
- Heart Attack
- Anaphylaxis (Severe Allergic response)
- Pulmonary embolus...

When should I escalate breathing difficulties?

- Is the patient struggling to breath?
- Broken sentences
- Audible wheeze
- New onset accompanied by chest pain

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

Breathlessness

- Patient perception as to how unwell or how bad they feel
- Your own perception

Case Two

Mrs Bartholomew has asthma and does not normally bother the GP with it. She phones the surgery because she has woken up very short of breath and 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 Two

There are several things that might indicate greater concern

- This is unusual for her asthma?
- Is she able to talk fluently on the phone, or is her speech broken?
- She is struggling to breath and is frightened?
- She is asking to be seen straight away?

WHAT IS 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 such as an infected wound or hidden such as a chest or urine infection.

Why is Sepsis important?

Sepsis is not as rare as is often assumed and accounts for over 40,000 deaths in the UK annually.

Sepsis is as important as heart attacks and strokes as we need to identify and treat it quickly. The sooner treatment starts the better the outcome for the patient.

If someone is ill with sepsis the speed of response is time critical.

Sepsis – 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

Sepsis – Adults

Symptoms are varied but include:

- 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 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 2 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

You may wish to ask if she has become muddled or confused.
You may also wish to enquire if she is breathless.

Would you:

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

Do you know who you would escalate to?

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.

How 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.

REFERENCES

- NHS Choices
- Sepsis Trust