

## Round 1 consensus results

Please indicate your level of agreement with the following statements:					
	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Observations should be transcribed and charted then displayed electronically	12.5% (2)	25.0% (4)	18.8% (3)	31.3% (5)	12.5% (2)
Healthcare professionals should consider automated escalation of care for acutely ill deteriorating adult patients in acute settings	12.5% (2)	18.8% (3)	12.5% (2)	37.5% (6)	56.3% (9)
Healthcare professionals should consider automated escalation of care for acutely ill deteriorating adult patients in primary care settings	6.3% (1)	37.5% (6)	37.5% (6)	18.8% (3)	0.0% (0)
Healthcare professionals should consider automated escalation of care for acutely ill deteriorating adult patients community care settings	6.3% (1)	25.0% (4)	43.8% (7)	25.0% (4)	0.0% (0)
NEWS2 should be used to monitor all acutely ill adult patients in prehospital, emergency department, acute hospital and community settings	0.0% (0)	0.0% (0)	25.0% (4)	25.0% (4)	50.0% (8)
All patients at risk of presenting to acute care should have a documented anticipatory care plan that is accessible to all acute care teams	0.0% (0)	12.5% (2)	18.8% (3)	31.3% (5)	37.5% (6)
The anticipatory care plan should include a decision on resuscitation in the event of cardiac arrest occurring	0.0% (0)	6.3% (1)	18.8% (3)	25.0% (4)	50.0% (8)

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Resuscitation status should not be the sole focus of the anticipatory care plan	0.0% (0)	18.8% (3)	0.0% (0)	12.5% (2)	68.8% (11)
All patients presenting to acute care should have a treatment escalation plan documented	6.3% (1)	12.5% (2)	25.0% (4)	25.0% (4)	31.3% (5)
Resuscitation status should not be the sole focus of treatment escalation plans	0.0% (0)	12.5% (2)	6.3% (1)	12.5% (2)	68.8% (11)
The treatment escalation plan should incorporate a decision around resuscitation in the event of cardiac arrest occurring	0.0% (0)	6.3% (1)	12.5% (2)	31.3% (5)	50.0% (8)
The treatment escalation plan should include a comment on suitability for advanced therapy should further deterioration occur	0.0% (0)	12.5% (2)	12.5% (2)	25.0% (4)	50.0% (8)
Acute care teams should consider using a structured response tool for acutely ill patients in hospital settings	0.0% (0)	12.5% (2)	25.0% (4)	25.0% (4)	37.5% (6)
A critical care outreach team to support the response to the deteriorating patient in hospital settings should be considered	0.0% (0)	12.5% (2)	25.0% (4)	25.0% (4)	37.5% (6)
Acutely ill patients within primary care should be assessed by a prehospital response team using a standardised clinical response tool	0.0% (0)	25.0% (4)	50.0% (8)	18.8% (3)	6.3% (1)
Standardised structured handovers should be used in all areas of clinical care	0.0% (0)	0.0% (0)	12.5% (2)	31.3% (5)	56.3% (9)
Checklists for medical handovers should be considered alongside a structured handover	0.0% (0)	0.0% (0)	37.5% (6)	43.8% (7)	18.8% (3)

## Round 2 consensus results

Please indicate your level of agreement with the following statements:					
	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
<p>Ideally observations should be transcribed electronically, charted electronically and displayed electronically. These systems should be underpinned by sufficient IT resource to ensure ease of use. Appropriate paper-based back-up systems should be available as a safeguard for IT failure.</p>	0.0% (0)	7.1% (1)	7.1% (1)	28.6% (4)	57.1% (8)
<p>Ideally within an acute care setting, automated prompts based on NEWS2 or other criteria could be considered alongside traditional methods of escalating care (such as direct telephone calls or paging systems). Implementation of such systems relies on adequate staffing resource to manage the generated automated alerts</p>	0.0% (0)	7.1% (1)	14.3% (2)	50.0% (7)	28.6% (4)

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<p>Within a primary care setting, automated prompts based on NEWS2 or other criteria could be considered alongside traditional methods of escalating care (such as direct telephone calls). Implementation of such systems relies on adequate staffing resource to manage the generated automated alerts</p>	7.1% (1)	14.3% (2)	28.6% (4)	42.9% (6)	7.1% (1)
<p>Within a community care setting, automated prompts based on NEWS2 or other criteria could be considered alongside traditional methods of escalating care (such as direct telephone calls). Implementation of such systems relies on adequate staffing resource to manage the generated automated alerts</p>	0.0% (0)	14.3% (2)	28.6% (4)	35.7% (5)	21.4% (3)
<p>Ideally all patients at risk of clinical deterioration should have a documented anticipatory care plan that is completed with input from the patient and their family. Documented plans should be accessible to all acute care teams</p>	0.0% (0)	7.1% (1)	21.4% (3)	7.1% (1)	64.3% (9)
<p>Ideally a treatment escalation plan should be formulated for patients at risk of clinical deterioration where the risks or benefits of certain therapies may be in doubt. The treatment escalation plan should be formulated with input from the patient and their family</p>	0.0% (0)	7.1% (1)	14.3% (2)	14.3% (2)	64.3% (9)

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<p>The treatment escalation plan should include a comment on medically assessed suitability for advanced therapy (such as referral to Critical Care) should further deterioration occur</p>	<p>0.0% (0)</p>	<p>7.1% (1)</p>	<p>0.0% (0)</p>	<p>28.6% (4)</p>	<p>64.3% (9)</p>
<p>Use of a structured response tool could be considered for deteriorating patients in hospital. The structured response does not replace clinical judgement, but can outline elements required, such as minimum frequency of observations, time to review by an appropriate healthcare professional and what to do if the patient deteriorates despite review</p>	<p>0.0% (0)</p>	<p>7.1% (1)</p>	<p>7.1% (0)</p>	<p>42.9% (6)</p>	<p>50.0% (7)</p>
<p>A critical care outreach team to support the response to the deteriorating patient in hospital settings should be considered where possible. Where this is not viable, there should be clear escalation guidelines and a senior decision maker should be available to assist the deteriorating patient</p>	<p>0.0% (0)</p>	<p>7.1% (1)</p>	<p>0.0% (0)</p>	<p>50.0% (7)</p>	<p>42.9% (6)</p>
<p>Acutely ill patients within primary care may benefit from being assessed by a prehospital response team using a standardised clinical response tool based on NEWS2, unless this risks delay to urgent care</p>	<p>0.0% (0)</p>	<p>7.1% (1)</p>	<p>42.9% (6)</p>	<p>42.9% (6)</p>	<p>7.1% (1)</p>

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Development of checklists appropriate to the clinical setting and workload should be considered as an aide memoire when needed alongside a structured handover	0.0% (0)	7.1% (1)	7.1% (1)	50.0% (7)	35.7% (5)
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