NICE National Institute for Health and Care Excellence

NICE Pathways

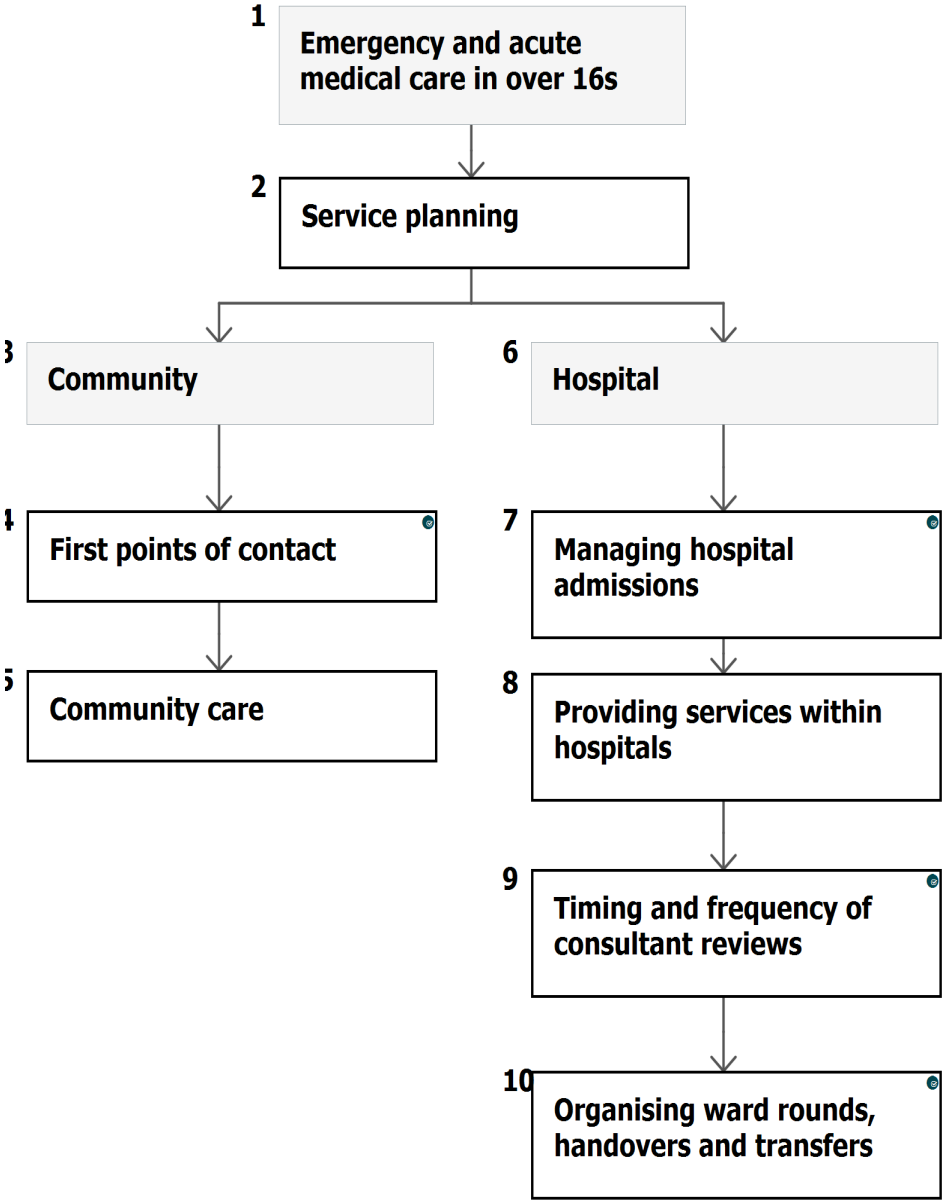
Emergency and acute medical care in over 16s: service delivery and organisation overview

NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

http://pathways.nice.org.uk/pathways/emergency-and-acute-medical-care-in-over-16s-service-delivery-and-organisation
NICE Pathway last updated: 06 February 2019

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Emergency and acute medical care in over 16s

No additional information

2 Service planning

Health and social care systems should develop and evaluate integrated care pathways.

Healthcare providers should:

- monitor total acute hospital bed occupancy, capacity, flow and outcomes in real time, taking account of changes in a 24-hour period and the occupancy levels and needs of specific wards and units
- plan capacity to minimise the risks associated with occupancy rates exceeding 90%.

3 Community

No additional information

4 First points of contact

Provide specialist and advanced paramedic practitioners who have extended training in assessing and treating people with medical emergencies.

Provide point-of-care C-reactive protein testing for people with suspected lower respiratory tract infections. For further information on point-of-care C-reactive protein testing, see NICE's recommendations on tests in primary care in relation to pneumonia.

For people who are at increased risk of developing a medical emergency:

- provide advanced community pharmacy-based services
- consider providing advanced pharmacist services in general practices.

For people at risk of an acute medical emergency, do not commission pharmacists to conduct medication reviews in the home unless needed for logistical or clinical reasons.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

1. Ambulance services

5 Community care

Provide nurse-led support in the community for people at increased risk of hospital admission or readmission. The nursing team should work with the team providing specialist care.

Provide multidisciplinary intermediate care as an alternative to hospital care to prevent admission and promote earlier discharge. Ensure that the benefits and risks of the various types of intermediate care are discussed with the person and their family or carer. See NICE's recommendations on transition between inpatient hospital settings and community or care home settings for adults with social care needs and intermediate care including reablement.

Provide a multidisciplinary community-based rehabilitation service for people who have had a medical emergency.

Provide specialist multidisciplinary community-based palliative care as an option for people in the terminal phase of an illness.

Offer advance care planning to people in the community and in hospital who are approaching the end of life and are at risk of a medical emergency. Ensure that there is close collaboration between the person, their families and carers, and the professionals involved in their care. See NICE's recommendations on end of life care for people with life-limiting conditions.

6 Hospital

No additional information

7 Managing hospital admissions

Use validated risk stratification tools to inform clinical decisions about hospital admission for people with medical emergencies.

Assess and treat people who are admitted with undifferentiated medical emergencies in an acute medical unit.

Provide access to liaison psychiatry services for people with medical emergencies who have mental health problems.

Start discharge planning at the time of admission for a medical emergency.

Offer advance care planning to people in the community and in hospital who are approaching the end of life and are at risk of a medical emergency. Ensure that there is close collaboration between the person, their families and carers, and the professionals involved in their care. See NICE's recommendations on end of life care for people with life-limiting conditions.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

2. Assessment and initial treatment through acute medical units

8 Providing services within hospitals

Provide coordinated multidisciplinary care for people admitted to hospital with a medical emergency.

Include ward-based pharmacists in the multidisciplinary care of people admitted to hospital with a medical emergency. For information on medicines-related communication systems when patients move from one care setting to another, medicines reconciliation, clinical decision support, and medicines-related models of organisational and cross-sector working, see NICE's recommendations on medicines optimisation.

Provide access to physiotherapy and occupational therapy 7 days a week for people admitted to hospital with a medical emergency.

Consider providing access to CCOTs for people in hospital who have, or are at risk of, acute deterioration, accompanied by local evaluation of the CCOT service.

9 Timing and frequency of consultant reviews

For people admitted to hospital with a medical emergency, consider providing the following, accompanied by local evaluation that takes into account current staffing models, case mix and severity of illness:

- consultant assessment within 12 hours of admission to determine the person's care pathway
- daily consultant review, including weekends and bank holidays
- more frequent (for example, twice daily) consultant review based on clinical need.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

3. Consultant assessment and review

10 Organising ward rounds, handovers and transfers

Use standardised and structured approaches to ward rounds, for example with checklists or other clinical decision support tools.

Use structured handovers during transitions of care and follow NICE's recommendations on transfer from critical care to general ward for acutely ill patients in hospital.

Use standardised systems of care (including checklists, staffing and equipment) when transferring critically ill patients within or between hospitals.

For information on medicines-related communication systems when patients move from one care setting to another, medicines reconciliation, clinical decision support, and medicines-related models of organisational and cross sector working, see NICE's recommendations on medicines optimisation.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

4. Structured patient handovers

Glossary

CCOTs

critical care outreach teams

Sources

Emergency and acute medical care in over 16s: service delivery and organisation (2018) NICE guideline NG94

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.