Level One (Enhanced Care Observations)

Standard Operating Procedure

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Target audience:	All NHS Lothian staff working within Level one/Enhanced care areas		

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1. Purpose

The purpose of this procedure is to standardise the assessment and management of adult patients requiring Level One (Enhanced Care) using an early warning scoring system for clinical observations. It supports the early recognition, escalation, response, and ongoing review of the physically deteriorating patient.

This procedure includes the use of manual entry into NHS Lothian's Trak Electronic Patient Record (EPR).

This SOP applies to all clinical staff, including registered and all grades of medical staff, involved in the care of patients receiving Level One (Enhanced Care).

2. Introduction

This SOP is for use within the areas identified as being in scope for level one (Enhanced care) observations only, these areas are:

Royal Infirmary of Edinburgh wards 114, 130, 215, 105, 104 and Major Trauma ward.

Western General Hospital Surgical High Dependency unit

St John's Hospital Enhanced Care Unit Level One (Enhanced Care) applies to patients who are at increased risk of deterioration, requiring:

- Increased frequency of observations
- Enhanced clinical assessment
- Clear escalation and review plans

This procedure applies to all clinical staff, including registered practitioners and skilled non-registered practitioners who have been assessed as competent in undertaking and recording clinical observations. It is applicable to all adult patients under NHS Lothian care where Level One (Enhanced Care) has been initiated.

Note that SHDU (level 1 and level 2 care) in addition to identified level 1 (enhanced care) Patients level 2 patients in SHDU have already been identified as increased risk or require interventions at level 2.

3. Key objectives

3.1 To ensure NHS Lothian compliance with the **Essentials of Safe Care** published by Health Improvement Scotland, specifically Safe Clinical and Care Processes
3.2 To ensure NHS Lothian compliance with **SIGN 139**
3.3 To ensure NHS Lothian compliance with **Royal College of Physicians (RCP) 2017** recommendations
3.4 To reduce **Significant Adverse Events** associated with acute physiological deterioration

3.5 To standardise identification, escalation, and review of patients requiring **Level One (Enhanced Care)**

4. Scope (identified areas)

Royal Infirmary of Edinburgh wards 114, 130, 215, 105, 104 and Major Trauma ward.

Western General Hospital Surgical High Dependency unit

St John's Hospital Enhanced Care Unit

Only the areas in scope have access to manually enter the parameters of level one/Enhanced care observations into Trak, however all users of the electronic system will be able to view these.

5. Definitions

Level one (Enhanced care) areas refer to clinical areas that provide enhanced ward-based care for patients who are at risk of clinical deterioration but do not require high-dependency or intensive care.

Level One (Enhanced Care) is for patients who are at increased risk of deterioration and require more frequent observations, enhanced assessment, and clear escalation plans.

Level 2 (HDU level care), specific to SHDU, refers to patients requiring increased levels of care based on clinical need, specific medications and nursing interventions at level 2, that cannot be safely carried out at ward level or level 1

6. Responsibilities

Staff undertaking and recording Level one (Enhanced care) and level 2 (SHDU) observations should have a sound knowledge of the normal range of physical observations and be confident about taking appropriate action to escalate care if results are abnormal.

Practice must always be in accordance with local policies and procedures.

All staff are accountable for their practice.

Physical observations and scoring must be completed on admission for all patients. A Registered Nurse should carry out all Level one observations.

Hardware must be available to record and view patients' information related to observations and management e.g. Computers on Wheels, PCs or laptops

A stock of NEWS2 paper charts should be stored in the event of electronic system failure

Registered Nurses

- Staff must recognise patients requiring Level One (Enhanced Care) and within SHDU, identify patients requiring Level 2 care according to their clinical needs and necessary interventions.
- Undertake baseline Level One observations
- Accurately record all NEWS2 and enhanced parameters a minimum of hourly
- Ensure observation frequency reflects Level One requirements
- Trends Must be reviewed at each observation set
- Escalate promptly based on NEWS2, trends, or clinical concern
- Document escalation actions and outcomes
- Coordinate escalation and medical review
- Review suitability for continuation or de-escalation of Level One care

Medical Staff

- Review Level One patients promptly when escalated
- Document monitoring frequency and escalation plans
- Consider escalation to Level 2/3 care where required

All staff must be trained and deemed competent in NEWS2, SBAR-D, and TRAK EWS. Annual BLS training is mandatory. Hardware and paper NEWS2 charts must be available to support safe practice.

7. Specific Procedure

7.1 Initiation of Level One (Enhanced Care)

Level One (Enhanced Care) may be initiated following:

• A NEWS2 score that triggers enhanced monitoring as per NHS Lothian Escalation of Care Policy
• Clinical concern from any member of the multidisciplinary team, regardless of NEWS2 score
• Evidence of physiological deterioration or trending abnormal observations
• Step-down from Level 2 or Level 3 care where ongoing enhanced monitoring is required
• Post-operative patients requiring enhanced short-term monitoring
• Sepsis screening positive with ongoing monitoring requirements
• Acute exacerbation of chronic illness requiring close observation
• Following medical review where enhanced observation is deemed clinically appropriate

Level One may be initiated by a Registered Nurse in response to clinical concern or by medical staff following review.

7.2 De-escalation of Level One Care

Level One may be discontinued when:

• NEWS2 score has stabilised or returned to baseline
• No ongoing clinical concern
• Medical review confirms standard ward monitoring is appropriate

De-escalation must be:

• Clearly documented in TRAK
• Communicated to the multidisciplinary team
• Reflected in revised observation frequency

8. Useful Documents

- National Early Warning Score (NEWS2) Guidance
- SIGN 139
- Health Improvement Scotland – Essentials of Safe Care
- Royal College of Physicians (2017) NEWS2 Standards
- NHS Lothian Escalation of Care Policy
- Sepsis Recognition and Management Policy

SOP Version Control			
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