

SICK NOTICING FOR PATIENTS CLINICAL GUIDELINE

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CONSULTATION GROUPS:	Older People Services, Older Peoples SMT Essex, Beds. & Luton.
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SCOPE

Services	Applicable	Comments
Trustwide	✓	
Essex MH&LD		
CHS		

The Director responsible for monitoring and reviewing this clinical guideline is The Executive Director of Mental Health / Executive Nurse

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Assurance Statement

EPUT recognises the need for relatives to be informed if a patient's physical health is thought to be deteriorating. This clinical guideline will ensure that medical and nursing staff keep relatives informed of any changes, which may require their presence, to be with their relative and receive support for themselves during what maybe a stressful time. For the purpose of this guideline, the necessity to contact family/carers in an urgent situation, is referred to as "sick noticing"

1.0 INTRODUCTION

- 1.1 'Patient' will be the terminology used throughout this document and will refer to a patient, resident or service user.
- 1.2 The EPUT End of Life Framework must be considered in all cases when the physical health of the patient is felt to be deteriorating to the extent that the patient may be considered to be at the end of their life. The End of Life Framework supports the delivery of high quality care at the end of life and promotes timely discussion in advance of significant physical health deterioration.
- 1.3 When a patient becomes seriously ill, the doctor and the nurse will decide whether a patient warrants being sick noticed. When such a decision has been made, the following methods may be used to communicate with the appropriate personnel (that is next of kin/relatives and the senior nurse manager/bleep holder).
- 1.4 This clinical guideline does not imply withdrawal of any treatment, and it should be made clear to all people close to the patient and members of the team that appropriate treatment and care will continue to be considered and offered in the patients' best interests.

2.0 RESPONSIBILITY OF STAFF TO INFORM RELATIVES

- 2.1 EPUT staff should consider the "End of Life" framework, and where possible ensure that sensitive discussion of the patient's potential to experience physical health deterioration has taken place with the patient, their family/carers and the multi-disciplinary team caring for the patient. The family/carers preferred method of contact must be clearly documented in the care plan, and the Nurse in Charge will contact the next of kin to inform them of the patient's change of physical condition. All personal information regarding contact details will be held subject to the General Data Protection Regulations (2016)

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- 2.2 In the event that no contact can be made, it may be appropriate to request that another professional who knows the patient/family visit the next of kin. If this is not possible, then the Police may be contacted and requested to convey a message to the nearest relative.
- 2.3 The Chaplain or any other religious leader will be informed should such a request be made, either by the patient or the relatives. In all cases involving Roman Catholic patients, a priest must be informed where prior discussions have taken place with the patient/relative.

3.0 RESPONSIBILITY FOR DOCUMENTATION

- 3.1. When a patient is placed on sick notice, the Nurse in Charge of the ward/nursing home will complete a sick notice form (see below) and place in front of the medical/nursing notes.
- 3.2 Sick notice details will be clearly recorded in the communications sheet in the patient's nursing folder, and an entry made into the Medical notes by the Ward Doctor, Consultant or in the case of a nursing home the GP who examines the patient. The RMO must be informed.
- 3.3 The Ward Doctor or GP should review the patient's condition as frequently as deemed reasonable according to clinical need minimum daily. The sick notice status should be reviewed weekly and recorded in all clinical notes.
- 3.4 The Nurse in Charge of the ward/nursing home is responsible for keeping the next of kin informed of any changes to their relative's condition.
- 3.4 The sick notice status should remain in place until the Medical team has assessed the patient to be recovering, or the patient has deceased.

4.0 MONITORING

- 4.1 The clinical guideline will be monitored for compliance as a minimum on a 3 yearly basis.

5.0 REFERENCE

End of Life Framework (2018) Essex Partnership University NHS Foundation Trust
<https://input.eput.nhs.uk/SearchCentre/Pages/results.aspx?k=End%20of%20life#>

General Data Protection Regulations

<https://www.gov.uk/government/publications/guide-to-the-general-data-protection-regulation>

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