

# DETERIORATING PATIENT: Escalation of care

## APPENDIX 3 — GUIDELINE FOR EMERGENCY DEPARTMENT



The Royal Children's  
Hospital Melbourne

**CALL A MET (DIAL 777) ANYTIME FOR URGENT MEDICAL TREATMENT**

Patients presenting to the Emergency Department may initially breach the coloured zones of the ViCTOR charts, as patients may be undergoing and recovering from procedural sedation or anaesthesia. Most patients' observations will improve during the initial 1 hour of management, or during the recovery period. Escalation must occur whenever staff have concerns about a patient or when the patients' observations deteriorate or fail to improve.

### ORANGE ZONE

#### OBSERVATION(S) IN THE ORANGE ZONE:

- Assess patient and initiate appropriate clinical care
- Increase frequency of observations
- Notify the AUM (ASCOM 52174) and then choose **ONE** of the following:

#### Nursing Review (AUM + Bedside Nurse)

- Document a plan and rationale
- Decide if medical review is required

#### Non Urgent Medical Review

- Stable patient but breaching parameters
- Notify ED Doctor allocated to patient
- Document a plan and rationale
- Initiate appropriate care

**OR**

### PURPLE ZONE

#### OBSERVATION(S) IN THE PURPLE ZONE:

#### YOU MUST ACT:

- Assess patient and initiate appropriate clinical care
- If observations transiently breach purple zone in an otherwise well or stable child discuss with AUM (ASCOM 52174)
- Repeat observations within 15 minutes if **TWO SEQUENTIAL OBSERVATIONS** in the purple zone  
**press Emergency Buzzer OR CALL MET 777 OR CALL THE RESUS CONSULTANT/DR. IN CHARGE:**

#### RESUS CONSULTANT/EMERGENCY DOCTOR IN CHARGE WHO MUST:

- Review patient within 10 minutes (unless told more urgent)
- Inform the bed card team (for admitted patients)
- Initiate appropriate clinical care
- Make and document a plan which may include:
  - Intervention with review
  - Modification of purple zone

**FAILURE TO GET MEDICAL REVIEW WITHIN 10 MINS?  
FAILURE TO IMPROVE OVER 1 HOUR FROM PRESENTATION? FURTHER DETERIORATION?**

#### IMMEDIATE URGENT REVIEW: Re-escalate to AUM + ED Consultant/Senior ED Doctor

- ED doctors to consider PICU referral and timeline for review is discussed when a PICU referral is made.
- Beware of any patient who remains in purple zone or re-enters into the purple zone awaiting ward bed.
- After hours (no consultant) PICU must review the patient and any concerns escalated to the Emergency Consultant on call.

**FOR IMMEDIATE RESPONSE & ASSISTANCE AT ANY TIME PRESS EMERGENCY BUZZER/CALL A MET (DIAL 777)**

### MODIFYING EMERGENCY RESPONSE CRITERIA IN EMERGENCY DEPARTMENT

A patient whose observations fall outside the white zone at the time of planned transfer to the ward or home must be reviewed by the ED doctor caring for the patient and a plan documented.

#### MODIFICATION OF EMERGENCY CALLING CRITERIA FOR PATIENTS BEING TRANSFERRED TO WARD

#### Emergency calling criteria can only be modified:

- If authorised by the reviewing inpatient team, ED consultant/fellow, or by PICU outreach
- By no more than 20%
- For up to 2 hours only

#### Any modification of the purple zone emergency response criteria:

- Must inform bed-card consultant and ED consultant in charge
- Must inform PICU outreach (ASCOM 52327)
- Bed-card team must review the patient within 2 hours to determine if continued modification of emergency calling criteria is appropriate