

Date and Time: 4th of July 19:00- 20:00

Subject: Family activated Critical Care Outreach

This chat will be moderated by: Karin Gerber (@karin_gerber) on behalf of the BACCN using @BACCNUK with the following hashtag: #baccnfamily

BACCN Twitter Chat was launched during the #BACCNConf2016 in Glasgow and it's been great exploring all your views and opinions on subjects that matters to us all.

Patients on hospital wards can experience unexpected physiological deterioration that could easily lead to critical illness, intensive care admission, cardiac arrest and/or death. Much of this deterioration can be signalled in the patient's physiological parameters such as pulse, blood pressure and respiratory rate; or symptoms, such as deteriorating mental state. Many studies have shown that ward staff often miss, miss-interpret or mismanage patient deterioration. In order to address this issue systems such as Rapid Response Systems with associated early warning scores and pre-emptive critical care teams, medical emergency teams and Critical Care Outreach, have been developed and implemented. But despite many of these measures being introduced ward staff often don't comply with referral criteria with this then leading to a failure to recognise overall early deterioration of a patient's condition.

The patient's friends and family have historically been a largely overlooked resource in the early detection of deterioration. In more recent times Patient and Family Activated Rapid Response Systems such as H(elp) in the USA and Call for Concern (C4C) in the UK have been implemented to try and bridge this gap.

With this in mind I would like to explore your thoughts and ideas with regards to the implementation / use of a Family Activated Rapid Response System?

Reading list:

Call for Concern: <https://doi.org/10.12968/bjn2010.19.22.1390>

Josie King Foundation: www.josieking.org

Lewis Blackman: www.lewisbackman.net

Condition Help: www.chp.edu