

## SECTION THREE – CLINICAL GUIDANCE (ADULTS)

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PHYSIOLOGICAL VARIABLES AND CORRESPONDING RISK SCORES							
SCORE	3	2	1	0	1	2	3
Heart Rate	<30	31-40	41-50	51-100	101-110	111-130	>130
Sys BP	<70	71-80	81-100	101-170	171-190	191-210	>210
Resp Rate	0-4	5-8		9-14	15-20	21-30	>30
O2 sats	0-84	85-89	90-94	>95			
Temp	33-33.9	34-34.9	35-35.9	36-37.9	38-38.4	38.5-38.9	>39
LOC	U	P	V	A	V	P	U

Study this section and use it for reference.

## ABC– Seriously Ill Adults: SIMPLE OVERVIEW

### AIRWAY:

- **Assessment:** The airway is blocked if:  
the patient is unconscious  
breathing is noisy  
chest is moving but no air entry
- **Treatment:** Jaw thrust manoeuvre  
Yankeur suction  
Guedel airway, nasopharyngeal airway,  
LMA  
Cuffed endotracheal tube if no gag reflex  
Surgical cricothyroidotomy if above methods fail

### BREATHING:

- **Assessment:** Rate, depth and work. Trachea.
- **Treatment:** Assist with a bag-valve mask if rate or depth insufficient  
Treat tension pneumothorax\*  
Give 100% oxygen by a NRRM

### CIRCULATION:

- **Assessment:** Pulse, capillary refill, respiratory rate, BP
- **Treatment:** CPR if no major pulse  
Remember the causes of PEA\*\*  
Treat hypovolaemia aggressively with 2 litres fluid initially  
(occult bleeding?- GI bleeding or AAA)  
Remember anaphylaxis as a cause of unexplained shock

\* Tension pneumothorax: Jugular venous distension, trachea deviated, reduced air entry, hyper-resonant to percussion. Release *immediately* by inserting brown venflon into 2<sup>nd</sup> intercostal space mid clavicular line then arrange for chest drain.

\*\*PEA: Tension pneumothorax, hypovolaemia, drugs, pulmonary embolism, hypothermia, cardiac tamponade, electrolyte disturbance, massive brain injury, cardiac rupture

## EWS SCORE: EARLY RECOGNITION OF A SICK OR DETERIORATING ADULT PATIENT

Sometimes patients can be very sick but superficially look OK to less experienced doctors and nurses. They seem to crash suddenly but in retrospect the signs were there for some time. Early Warning Scores help doctors and nurses to detect relatively subtle signs of decompensation before the patient crashes, greatly increasing their chances of survival. The EWS score used in Antrim Hospital is based on a province-wide guideline. The related actions are MANDATORY and subject to regular audit.