

Trust Ref : C16/2020	Standard Procedure No.	
STANDARD OPERATING PROCEDURE (SOP)	Issue date: January 2025	
NHS Trust	Revision date: January 2027	
GH, LGH, LRI	Page 1 of 4	Version: 1

## Escalation of paediatric clinical deterioration in Leicester Children's Hospital.

<b>Change Description</b> New Document	<b>Reason for Change</b> ■ Trust requirement SOP not in place for current practice of escalation of paediatric clinical deterioration within the Children's Hospital.
---	---

APPROVERS	POSITION	NAME
Person Responsible for writing procedure:	Paediatric Critical Care Outreach Team (PCCOT) lead (COSMIC)	Bethan Holmes and Chloe Clarridge
SOP Owner:	Paediatric Critical Care Outreach Team (PCCOT) lead (COSMIC)	Bethan Holmes and Chloe Clarridge
Chair of the UHL Safeguarding Assurance Group:		

### 1. Introduction and Background:

The purpose of this Standard Operating Procedure is to clearly outline the process of escalation of children and young people (CYP) to prevent undetected patient deterioration or delayed response to the critically unwell child. Within the Children's Hospital, the Paediatric Early Warning Score (PEWS) supports healthcare professionals to identify deterioration quickly and escalate concerns to the appropriate person. Clinical intuition and parental concern are also important early indicators of clinical deterioration.

### 2. Scope

This policy applies to all UHL staff groups/professions caring for CYP aged 0-18 years admitted to the following paediatric inpatient areas;

- Ward 1,
- Ward 10,
- Ward 11,
- Ward 12,
- Ward 14,
- Ward 19,
- Ward 27.

This SOP does not apply to patients in the Paediatric Emergency Department (PED), Children's Intensive Care Unit (CICU) and Cardiac Paediatric Intensive Care Unit (cPICU). For PED, please refer separate to 'Paediatric Observation Priority Score (POPS) and Paediatric Early Warning Score (PEWS) UHL Children's SOP'

Title: Escalation of paediatric clinical deterioration in Leicester Children's Hospital.

Authors: B. Holmes and C. Clarridge  
Trust Ref: C16/2025

V1 Approved by Children's Quality & Safety Board: January 2025  
Next Review Date: January 2027

Trust Ref : C16/2020	Standard Procedure No.	
STANDARD OPERATING PROCEDURE (SOP)	Issue date: January 2025	
NHS Trust	Revision date: January 2027	
GH, LGH, LRI	Page 1 of 4	Version: 1

### 3. Process of escalation

#### 3.1 Reasons for escalation

##### 3.1.1 PEWS

This is the escalation that was on previous paper PEWS charts. Nervecentre supports escalation using these parameters.

##### 3.1.2 Clinical Intuition

Intuition is more than a 'gut feeling' and it is a process based on knowledge and experience which increases the quality and safety of patient care. Healthcare professionals should trust their clinical intuition and escalate their concerns when something about a paediatric patient 'feels not quite right'.

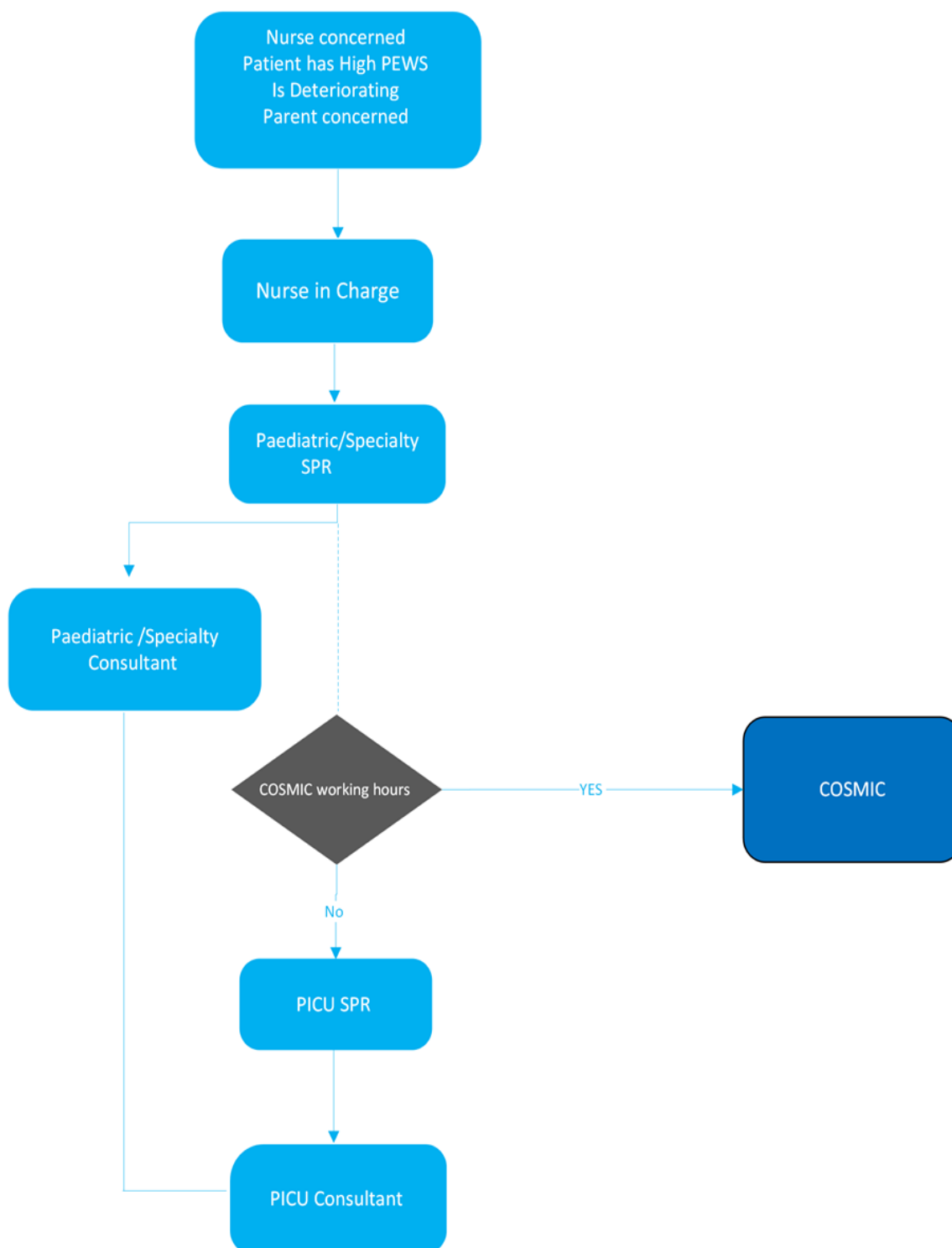
##### 3.1.3 Patient or parental concerns

Parental concern about a child's health can be an early indicator of clinical deterioration. Parents are often able to identify a child's decline before healthcare professionals, especially for children with complex medical needs.

For Call for Concern please refer to 'UHL Children's Hospital Call for Concern/Martha's Rule Initiative'.

Trust Ref : C16/2020	Standard Procedure No.	
STANDARD OPERATING PROCEDURE (SOP)	Issue date: January 2025	
NHS Trust	Revision date: January 2027	
GH, LGH, LRI	Page 1 of 4	Version: 1

### 3.2 Escalation Flowchart



Trust Ref : C16/2020	Standard Procedure No.	
STANDARD OPERATING PROCEDURE (SOP)	Issue date: January 2025	
NHS Trust	Revision date: January 2027	
GH, LGH, LRI	Page 1 of 4	Version: 1

### 3.3 Communication tools

When escalating to another team, please use the SBAR escalation aid to describe the clinical scenario and be specific as to how quickly help is needed.

<b>S</b>	<b>Situation:</b> Hello, this is (e.g. staff nurse/junior sister) on ward (X).
<b>B</b>	<b>Background:</b> Child (X) was admitted on (date) with (diagnosis), Their condition has changed in the last (X) minutes and parents are (concerned/not concerned).
<b>A</b>	<b>Assessment:</b> Their last set of observations were (e.g. HR = X, etc) and PEWS was (X), The child is (alert/drowsy/in pain/inconsolable) AND I think the problem is (XX) and I have (e.g. given analgesia/increased oxygen/stopped the infusion), OR I'm not sure what the problem is but the child (X) has deteriorated and I'm worried.
<b>R</b>	<b>Recommendation:</b> Please could you come and review this child in (e.g. 15-30 minutes/immediately) OR As (parent/carer) are worried, please could you review this child in (e.g. 15-30 minutes/immediately) AND Is there anything I can do in the meantime?

### 3.4 Documentation

All escalations should be clearly documented within the patient notes.

## 4. Workforce and resource requirements

Children's Hospital workforce will be compliant with mandatory training in paediatric basic life support, PEWS e-module and deteriorating child. Additionally, Children's Hospital workforce will demonstrate familiarisation with the process of escalating concerns and responding effectively to PEWS. All responding practitioners (medics or COSMIC practitioners) should attend to the escalation of a deteriorating patient in a timely manner.

## 5. Requirements for the Matron Children's Hospital

Matron of the day is responsible for supporting staff with escalations about deteriorating children in their care and taking necessary actions to address any concerns that may result from a delayed response.

Trust Ref : C16/2020	Standard Procedure No.	
STANDARD OPERATING PROCEDURE (SOP)	Issue date: January 2025	
NHS Trust	Revision date: January 2027	
GH, LGH, LRI	Page 1 of 4	Version: 1

6. Monitoring:
PCCOT team will audit compliance with this policy with all emergency admissions to CICU/CPICU in collaboration with allocated consultant.
7. References to other standards, alerts and procedures:
Paediatric Observation Priority Score (POPS) and Paediatric Early Warning Score (PEWS) UHL Children's Standard Operating Procedure
Call for Concern (C4C) UHL Children's Deteriorating Patient Standard Operating Procedure