

Vital signs and deterioration response

Standard operating procedure (SOP) | HOS-SOP-002

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Replaces	None (new document)
Standards and criteria supported	System S1 (Hospital), criterion S1.2
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. Record vital signs for every inpatient at the frequency set for their level.
2. Raise the frequency when the patient worsens.
3. Act on each early warning score at the level it triggers.
4. Call the senior clinician at the trigger level, and document the response.

Stop and get help straight away if: a patient has a high early warning score and no senior clinician has been called.

1. Purpose

To find patients who are getting worse early, and to respond in a set way at each score (S1.2). The early warning score (NEWS2 or the equivalent in use) is the trigger.

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of {{facility.legal_name}}
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions and abbreviations

Term	Meaning in this SOP
Early warning score	A score from the vital signs that shows how sick a patient is
Trigger level	The score at which a set response is required

4. Background and rationale

Most deaths on a ward were preceded by hours of warning signs. A score that is recorded but leads to no response protects no one.

5. Responsibilities

Role	Duties in this SOP	Competence needed
Nurse in charge	Sets and checks the observation frequency on the ward	Competent in scoring
Registered nurse	Records observations and scores; calls for help at the trigger	Trained in the score
Senior clinician	Reviews the patient at the trigger level	Senior medical or nursing decision maker

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Observation chart with the early warning score	Current	Printed on the chart
Calibrated thermometer, pulse oximeter, sphygmomanometer	Within the calibration date	Checked monthly

7. Safety and infection prevention

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Observe at the set frequency.	Record vital signs at the time set for the patient level.	Missed observations are a finding.
2	Score.	- Calculate the early warning score from the vital signs. - Mark the score on the chart.	Score every set.
3	Respond at the trigger.	- Low score: continue the set frequency. - Medium score: increase the frequency and call the nurse in charge. - High score: call the senior clinician now.	The response is set by the score, not by a judgement made later.
4	Record the response.	Write the response, the person called and the time.	A response not written did not happen for audit.

Decision points

- No decision points in this procedure.

10. Special situations

Situation	What to do
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

11. Problems and escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Scheduled observations recorded on time	At least 70%	Monthly	Nurse in charge	Escalate to clinical director
High scores with senior review within 30 minutes	100%	Monthly	Duty clinical lead	Escalate to chief executive

13. Records

Record	Where it is kept	Kept for
Record named in this document	Patient record or the area file	{{facility.records_retention_years}} years

14. Training and competence

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

15. Related documents

ID	Title	Relationship
HOS-FRM-002	Observation and early warning chart	Chart used in steps 1 and 2
HOS-SOP-003	Sepsis recognition and antibiotic timing	Sepsis is one cause of deterioration

16. Evidence

ID	Source and status
E-009	Score-based response per the National Early Warning Score guidance (RCP, 2017); local score set by the ASF Expert Committee by the Committee.
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval