Affix Patient Label here or record

NAME: . . . . . .

NHS NO:

HOSP NO:

D.O.B: D D / M M / Y Y Y Y MALE ☐ FEMALE ☐

Ward: . . . . . Cons: . . . . . .

Worcestershire NHS
Acute Hospitals NHS Trust

THE AMBER CARE BUNDLE

Date: D D M M Y Y Y Y

Time: ☐☐ : ☐☐

Stage 1: Identification

Identification : is the patient AMBER?

1. Is the patient deteriorating, clinically unstable, and with limited reversibility; and
2. Is the patient at risk of dying during this episode of care despite treatment?

Remember to apply the principles of the Mental Capacity Act (2005)

Stage 2: Day one interventions

		INTERVENTION Assess patients capacity for each decision and involve in line with the Mental Capacity Act 2005	ACTION/COMMENTS	NAME (Please print clearly) Date & Time
Complete within 12 hours at patient's pace	Nursing responsibility to ensure intervention takes place	**Discussion with patient ±carer held and documented and leaflet given** May include: • uncertain recovery and treatment options • concerns, wishes & preferences • preferred place of care	☐ Yes ☐ No	
	Medical responsibility to ensure intervention takes place	**Medical Plan documented in patient record** including: • current key issues • anticipated outcomes	☐ Yes ☐ No	
		Escalation decision documented • treatment plans • resuscitation status • level of intervention: ☐ Ward only ☐ HDU Only ☐ ITU	☐ Yes ☐ No	
		Medical plan discussed and agreed with nursing staff	☐ Yes ☐ No	
Record details in the patient's record				

Stage 3: ACT - Daily monitoring and review

Review the patient daily using the principles of 'ACT'

Assess patients capacity for each decision and involve in line with the Mental Capacity Act 2005.

A Is the patient's care still suitable for support with the **A**mber care bundle?

C Are there any medical **C**hanges?

T Have you **T**alked with the patient ±those important to them?

Have any preferences changed?

Stage 4: Discontinue the AMBER care bundle if

The patient's recovery is no longer uncertain and / or needs a different approach to care because:

- Patient has recovered from acute episode
- Patient is likely to be dying and an individualised optimising care at the end of life plan commenced.
- Patient is transferred to a clinical area not familiar with its use
- Patient has discharged

Communicate patient preferences for future care treatment escalation plans on transfer or discharge.

Affix Patient Label here or record

NAME: . . . . . .

NHS NO: | | | | | | | | | | |

HOSP NO: | | | | | | | | | | |

D.O.B: D D / M M / Y Y Y Y MALE ☐ FEMALE ☐

Consultant: ..... Ward:.....

Stage 1 : Identification

Anyone can identify that their patient may be appropriate for the AMBER care bundle

Identification

Member of staff questions whether the patient has **clinical uncertainty of recovery:**

Is the patient deteriorating, clinically unstable and with limited reversibility?
Is the patient at risk of dying during this episode of care despite treatment?

YES to both questions

Members of staff discusses with multi- disciplinary team. The decision to implement the AMBER care bundle is made by senior clinician involving the patient ±those important to them in options around treatment as appropriate. Urgent interim actions may be agreed.

Stage 2 : Day one interventions

Implementation

Ward communication and documentation:

- Complete AMBER document by hand. Place in chronological order in the patient's notes. Record as 'AMBER' on handover sheet. Tell ward clerk who will flag AMBER on interactive electronic whiteboard and oasis.

The **nursing team** will **ensure** that:
A joint medical/nursing meeting with **patient ± carer** has been offered and arranged. Discussions should:

- Proceed at the patient's pace
- Seek to understand what is important to the patient
- Aim for shared decision involving patient ± carer in line with the Mental Capacity Act 2005

Key points and contact numbers are documented.
Discussions that take place without the patient are held with the consent of the patient unless it is part of a best interests assessment

The **medical team** will **ensure** that:

- A **medical plan** is documented and has been discussed with the patient as appropriate
- An **escalation decision** is documented and has been discussed with the patient as appropriate. Should include: treatments plans, resuscitation status and level of intervention .
  All relevant local documentation is completed.
- The **medical plan** is discussed and agreed with nursing staff, and this is documented.

Complete within 12 hours at the patient's pace. These interventions may occur at the same time.

Stage 3 : ACT - Daily monitoring and review

Daily review

As part of the patient's daily review, place the orange stickers in the patient's notes and check:

- A - Is your patient still suitable for support with the **A**MBER care bundle?
- C - Are there any medical **C**hanges?
- T - Have you **T**alked to your patient ± those important to them?

Have any preferences changed? Has the patient's preferred place of care changed? Remember to consider patient's capacity and build on previous conversations. Record relevant information in patient's notes.

Stage 4 : Discontinue AMBER care bundle if:

Change support

The patient's recovery is no longer uncertain and/or needs a different approach to care because:

- Patient has recovered from acute episode
- Patient is likely to be dying and an individualised optimising care at end of life plan commenced
- Patient is transferred to a clinical area not familiar with its use
- Patient is discharged

Note the relevant changes in the patient's status in the notes. **If discharged**, prompt patients to consider future care and communicate their preferences. Hand over key information including preferences and treatment escalation plans.