

**Emergency Medicine Standard Operating Procedures  
Real Time Risk Assessments in ED (GRAT)**

<b>Written by</b>	<b>Dilly Wilkinson - DCNO</b>
<b>Approved by</b>	
<b>Date of Approval</b>	<b>June 2017</b>
<b>Date of next review</b> This is the most current document and is to be used until a revised version is available	<b>June 2020</b>

**Aim and scope of Standard Operating Procedure**

This SOP is to ensure all patients who experience a delay in the Emergency Departments (ED) have a timely risk assessment and escalation, as required. This document forms part of the ED standard operating policy.

**Key Responsibilities**

The nurse caring for the patient or leading the ambulance hand over area is responsible for ensuring that the assessments are completed at 60 minutes (and 30 minutes thereafter until ambulance handover occurs) or at 6 hours as appropriate with reassessment as required.

The nurse is responsible for raising immediate concerns to the ED co-ordinator. The ED co-ordinator is responsible for ensuring actions are undertaken and documented to reduce risk and if this is not possible then to escalate to the matron and ED consultant for ED or the Divisional Director of Nursing for urgent care.

## **Introduction**

The global risk assessment tool is a locally developed, dynamic, simple assessment tool to record the degree of risk for individual patients in the Emergency Department in two categories:

Patients who wait over 60 minutes to be handed over from the ambulance crew.

Patients who have been in the ED for 6 hours or more from the point of registration.

This will enable clinical teams to identify and mitigate and escalate risks where necessary to patients in the ED (e.g. risk of missed medicine doses, tissue viability breakdown and lack of communication).

## **Statement of need**

The Trust is committed to ensuring that care is delivered in a safe and effective manner to all patients.

The purpose of this process is to ensure risk is assessed and mitigated for patients who experience a delay during their care in ED.

## **The 60 minute and 6 hour tools**

The 60 minute tool will be in notepad format and will be applied to patients who have waited over 60 minute for handover from the ambulance crew. If the delay continues, the assessment should be repeated every 30 minutes until the patient is handed over.

The 6 hour tool will be part of the nursing documentation pack with the risk level being recorded on the care and comfort chart. The risk assessment should be undertaken at 6 hours from registration for major's patients on trolleys and then every 2-4 hours after this until the patient is admitted to the ward or discharged from ED.

All escalation required should be documented in the nursing notes for either risk assessment.

## **Risk Levels**

The risk levels are

Level 1 – GREEN – All needs met no further action required can monitor 2-4 hrly

Level 2 – YELLOW – Some action may be required eg. Medication to be given or communication regarding plan and these should be completed immediately and the patient will then resolve to green risk. If the outstanding treatment/action cannot be completed then the yellow risk is scored. Monitor 2 hourly.

Level 3 – RED – A red risk is scored if there is a compromise to the patient in any of the domains in the risk assessment. A red risk needs immediate action by the nurse and escalation to the co-ordinator who has a set of actions to undertake. These are documented on the reverse of the risk assessment form.

The level of risk is not a cumulative score. The highest risk score should be recorded.

For example 60 minute GRAT:

Domain	Description	Risk Level
<b>NEWS</b>	3	level 1 / Green
<b>Clinical Area</b>	giving O <sub>2</sub> in corridor	level 2/ Yellow
<b>Resus Room</b>	full, care delayed but not significantly impacting on patient yet	Level 2 / Yellow
<b>Spinal Immobilisation</b>	none	level 1 / Green
<b>Therapy Delay</b>	Antibiotic not given despite being prescribed 2hrs10mins previously	Level 3 / Red
<b>Pressure Area</b>	On appropriate mattress	level 1 / Green

**Overall Risk Level** is 3 / Red – action escalate to co-ordinator

For example 6hr GRAT

Domain	Description	Risk Level
<b>NEWS</b>	3	Level 1 / Green
<b>Clinical Area</b>	In corridor but no concerns	Level 1 / Green
<b>Resus Room</b>	Does not need resus room	Level 1 / Green
<b>Spinal Immobilisation</b>	No spinal immobilisation	Level 1 / Green
<b>Therapy Delay</b>	IV antibiotic delayed by 1hr30mins	Level 2 / Yellow
<b>Food &amp; Drink</b>	Offered 2 hrs ago	Level 1 / Green
<b>Communication</b>	Aware and understands clinical plan	Level 1 / Green
<b>Pressure Area</b>	On appropriate mattress	level 1 / Green

**Overall Risk level** is 2 / Yellow – give antibiotic or if unable escalate to co-ordinator.



WRH\_ED\_GRAT\_60\_WRH\_ED\_GRAT\_6hr  
 020317.docx \_020317.docx