

What you can expect during your or your relative's hospital admission?

Observations and monitoring: Nursing observations are generally done at least twice a day but may be done more frequently depending on the diagnosis, illness severity or symptoms. These observations are based on an assessment of the following:

- conscious level or alertness
- body core temperature
- heart rate
- blood pressure
- respiratory rate
- oxygen saturation level

These are combined to provide the '**Patient At Risk**' (**PAR**) score and help to identify patients who are/or becoming critically ill.

These observations and PAR score are noted down on a chart (the '**obs**' chart) and are available for nursing staff and doctors to review at any time.

Depending on the patient's condition or diagnosis, continuous monitoring of the blood oxygen level or heart rhythm may be done using a pulse oximeter or ECG monitor.

Investigations: These are tests performed to assess the functioning of internal organs and determine or confirm the cause of the patient's illness and symptoms. The tests can be divided into 2 main types: i) blood tests and ii) imaging tests such as X-rays and scans.

Some tests are done as a matter of routine and assist the doctor in making a decision to admit. These include:

- Full blood count (FBC) or complete blood count (CBC)

- Biochemistry - Electrolytes & glucose ('U&Es')

- 12 lead electrocardiogram (ECG)

- Chest radiograph (Chest X-ray, CXR)

Other more specific blood tests or specialized tests are arranged based on the suspected condition.

Imaging tests generally take place in the Radiology or 'X-ray' Dept. or the Heart Centre. The urgent request is discussed by the medical team with the consultant in charge and then the particular scanning department. There are a limited number of scanners or specialist technicians and therefore these tests generally need to be scheduled.

After the test has been done, it generally needs to be examined by an expert doctor before the findings can be discussed with the patient and further decisions on treatment considered.

Your right to ask

If you need an update on progress or are concerned about you or your relative's condition or treatment at any stage, please ask to speak to the senior nurse in charge.

Please also inform us as soon as possible if there are issues which you feel will affect your or your relative's discharge from hospital and return home so that these can be addressed at an early stage.

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Information Leaflet for Patients & Relatives

Medical Emergency Admission to Hospital

If you have any questions or concerns after reading this leaflet, please ask to speak to the senior nurse in charge.

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Introduction

It can be a daunting and worrying time if you or a family member needs to be admitted to hospital as an emergency. Hospitals can seem both confusing and frightening for someone unfamiliar with how a hospital works.

This leaflet aims to provide information and vital advice on why you or your relative has been admitted and what to expect.

Decision to admit

You or your relative has been assessed in the Accident & Emergency Dept or an Outpatient Clinic. This assessment has identified that you or your relative has a critical or serious condition or illness which is **actually or potentially life-threatening**. Admission into a hospital bed enables you or your relative

- i) to be regularly monitored and observed
- ii) undergo urgent investigations and
- iii) receive emergency treatment.

Patients with symptoms or conditions not thought to be life-threatening are generally not admitted to hospital and are able to be treated or managed in an outpatient clinic or at home by their GP or community health services.

Illness severity

There are 2 main categories of patients who require admission to hospital:

- i) Critically ill, unstable patients and
- ii) Stable patients with potentially life-threatening conditions.

Critically ill, unstable patients: These patients are at immediate risk of sudden death or serious long term disability. This is due to one or, more commonly, a combination of malfunctioning organs e.g. heart, lungs, kidneys or the brain. Examples include patients with:

- very low blood pressure (**shock**)
- very low heart rate (**bradycardia**)
- low blood oxygen level (**hypoxia**)
- serious heart rhythm disturbances (**arrhythmia**)
- very abnormal blood chemistry or electrolyte imbalance e.g. high potassium (**hyperkalaemia**), high or low blood glucose (**hyper- or hypo-glycaemia**)
- who are unresponsive, unconscious or in a coma.

These patients require immediate treatment or support to sustain life and are generally admitted to the intensive care unit (ITU), high dependency unit (HDU) or a specialist ward e.g. cardiac care unit (CCU).

Stable patients with potentially life-threatening conditions: These patients have often been brought to hospital because they have suffered recent acute or severe symptoms. The patient when seen or admitted may be experiencing only mild symptoms or no symptoms at all. The doctor however has assessed the patient and suspects a condition which might recur or deteriorate without inpatient treatment or needs further investigations to establish the diagnosis.

Potentially life-threatening conditions

In order to help you understand the possible risks and ask the right questions, here is a list

of conditions which can be associated with sudden deterioration and death.

The list is provided to assist with the sharing of information and explain why you or your relative has been admitted into hospital.

Sometimes patients may appear well and have no apparent symptoms and this can be falsely reassuring. If you or your relative has one of the following conditions, you are advised to seek further information from the senior doctor or nurse in charge.

- **myocardial infarction** (M.I., heart attack) - a clot blocking a major heart artery causing heart muscle damage.
- **pulmonary embolus or embolism** (PE) - blood clot blocking an artery into the lungs.
- **stroke or cerebrovascular 'accident'** (CVA) - blood clot or bleeding into the brain.
- **gastrointestinal bleeding** (GI bleed) - bleeding from stomach or bowel.
- **aortic dissection or rupture** - tear in the wall of the major blood vessel in the body.
- **septicaemia** - infection in the blood, often arising from infection in another organ e.g. skin (cellulitis), lung (pneumonia), heart (endocarditis), kidney or bladder (urinary tract infection, UTI) or brain (meningitis or encephalitis).
- **heart failure** - fluid in lungs or swelling of legs and lower body due to impaired heart function.