SFHEC05
Assess and determine the health status and health care needs of adults presenting for emergency assistance

Overview

This standard covers assessing an adult of working age who presents as a medical emergency and involves carrying out primary and secondary surveys of the adult to enable a judgment to be formed as to their health status and needs for assistance.

Users of this standard will need to ensure that practice reflects up to date information and policies.

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Performance criteria

You must be able to:

P1 explain clearly:
- P1.1 your own role and its scope, responsibilities and accountability in relation to the assessment of health status and needs
- P1.2 what information will be obtained and stored in records
- P1.3 with whom the information might be shared
- P1.4 what is involved in the assessment

P2 obtain the adult's informed consent to the assessment process, unless impossible as a consequence of their condition and after due discussion with them of any issues they may have with the assessment

P3 take steps to ensure your safety and minimise risks to yourself, the adult and others in the immediate environment

P4 conduct all observations and measurements systematically and thoroughly in order of priority (including Airway, Breathing, Circulation)

P5 use appropriate methodologies and associated equipment to gather as much data as possible about the adult's health status and likely needs

P6 respect the adult's privacy, dignity, wishes and beliefs

P7 minimise any unnecessary discomfort and encourage the adult to participate as fully as possible in the process

P8 obtain data at appropriate intervals to:
- P8.1 provide effective monitoring
- P8.2 ensure accurate interpretation of the results
- P8.3 enable prompt action to be taken

P9 find out as much as possible about the circumstances leading up to the adult requiring emergency assistance, any signs of drug usage and any pre-existing conditions that may influence his or her health needs

P10 communicate with the adult clearly and in a manner and pace that is appropriate to:
- P10.1 their level of understanding
- P10.2 their culture and background
- P10.3 their needs for reassurance and support

P11 monitor the adult's health status for a sufficient duration to be satisfied that their condition is safe and stable

P12 keep accurate, timed, complete and legible records of the findings of your assessment

P13 make use of and interpret accurately all of the available information and data

P14 develop a judgment, which is justifiable given the information and data available at the time, with regard to:
- P14.1 the health status of the adult
- P14.2 the implications of any changes in the health status of the adult

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since you have been in attendance

P14.3 the nature, severity and extent of the adult's health needs

P15 acknowledge any uncertainties and conflicts in your judgment

P16 recognise accurately potential signs of abuse and report them promptly to the appropriate person, in line with national and organisational policy

P17 form an accurate evaluation of the health risks to the adult based on your assessment

P18 recognise promptly any life-threatening or high risk conditions

P19 make full and effective use of any protocols, guidelines and other sources of guidance and advice to inform your decision making

P20 arrive at a judgment as quickly as possible and refer the adult on to the appropriate pathway and clinician in line with your conclusions

P21 seek additional support and advice from other practitioners as necessary to arrive at a satisfactory judgment as to the health status and needs of the adult

P22 determine and confirm when death has occurred, within the limits of your own role, accountability and scope of practice, or inform an appropriate other of the need for them to make this confirmation

P23 maintain full, accurate and legible records of your assessment and make these available for future reference in line with organisational practices

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Knowledge and understanding

You need to know and understand:

K1 the reasons why your role, responsibilities and accountability should always be explained

K2 why it is important to establish informed consent for the assessment you are intending to make and how to proceed when consent cannot be, or is not provided

K3 methods of obtaining consent and how to ensure that sufficient information has been provided on which to base this judgment

K4 the sorts of risks that can arise in relation to the assessment of adults presenting as an emergency and the actions you would take to minimise these

K5 the importance of clear communication in clinical situations

K6 the importance of recording information clearly, accurately and legibly

K7 when different methodologies should be used to enable an accurate picture of the adult's health status and needs

K8 the steps you would take to ensure that the privacy, dignity, wishes and beliefs of the adult are respected and maintained where possible

K9 what actions can and cannot be taken to minimise discomfort when assessing an adult presenting with different types of symptoms

K10 why it is important to the thoroughness and accuracy of your assessment that the adult is encouraged to participate as fully as possible

K11 why it is important to be aware of and monitor changes in adult condition over the course of your assessment

K12 clinical norms for adults with regard to:

- K12.1 temperature
- K12.2 pulse
- K12.3 respiration
- K12.4 blood pressure (non-invasive)
- K12.5 oxygen saturation level
- K12.6 coma (Glasgow coma scale)
- K12.7 pupil reaction
- K12.8 eCG
- K12.9 urinalysis
- K12.10 blood glucose
- K12.11 skin colour and pallor
- K12.12 consciousness (AVPU)
- K12.13 skin integrity/risk of pressure sores

K13 the indicators of high risk or life threatening conditions in relation to the above parameters

K14 clinical norms with regard to the typical presenting symptoms of:

- K14.1 breathlessness

K14.2 bleeding and fluid loss
K14.3 pain
K14.4 tissue trauma
K14.5 skin rashes/dermatological features
K14.6 toxic ingestion
K14.7 altered consciousness, dizziness, faints and fits
K14.8 altered behaviour
K14.9 fever
K14.10 a fall
K14.11 ear, nose and throat problems

K15 why it is important to ensure that you obtain as much background information as possible
K16 why it is important to ensure that all information is taken into account in making decisions
K17 the situations in which it may be important to monitor and record an adult overtime
K18 the processes required to arrive at a justifiable assessment of an adult
K19 the steps you should take when unable to arrive at a satisfactory judgment
K20 the methods used to determine that death has occurred
K21 the organisational policy and practices with regard to the keeping and sharing of records
K22 the limits of your authority, autonomy and accountability with regard to procedures and the importance of, and reasons for, these limits
K23 the legislative framework and codes of practice within which you practice
K24 the legislation which relates to working with an adult, including confidentiality and information sharing, the provision of services, anti-discriminatory practice, informed consent, vulnerable adults, relevant mental health legislation and care programme approach
K25 the ethics concerning consent and confidentiality, and the tensions which may exist between an individual's rights and the organisation's responsibility to individuals

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Additional Information

External Links

This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):

Dimension: HWB6 Assessment and treatment planning

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