



CLINICAL PRACTICE GUIDELINE

Clinical Deterioration in the Community (Recognising and Responding):

Visiting Midwifery Service (VMS) /Midwifery Group Practice (MGP)/ Community Midwifery Program (CMP) [NEW 2018]

This document should be read in conjunction with the [Disclaimer](#)

Aim

To enhance patient outcomes through improved recognition of abnormal vital signs potential clinical deterioration, and ensuring a timely response to clinical deterioration in the community.

Recording vital signs and recognising deterioration

Within the community setting, VMS/MGP/CMP are not required to assess oxygen saturation levels, therefore the core physiological (and the minimum) vital signs to be recorded are respiratory rate, blood pressure, heart rate, temperature and level of consciousness.

Pregnant patients will also require fetal heart rate, fetal movement, uterine activity and PV loss.

Postnatal patients should have lochia, fundal tone / position, urine output and pain assessed regularly.

The core physiological vital signs should be taken and documented on the Vaginal Birth or Caesarean Birth clinical pathway, VMS Follow up MR255, CMP Birth Record MR08 or CMP Postnatal Record MR09 as per clinical guidelines for routine post-partum care.

Responding to clinical deterioration

It is essential that ward staff provide VMS/MGP/CMP with the last set of recorded observations prior to discharge, and in the case of obstetric patients, the booking BP, to be used as a baseline.

If following documentation of the vital signs a concern is triggered, escalation and actions shall occur.

Clinicians must consider the value of information about potential deterioration from the patient, family or carer and respond in an appropriate way to their concerns. If a family member voices concerns about their perceived deterioration of the patient, the

escalation process must occur by contacting the obstetric/ gynaecology Registrar, via the KEMH switchboard or if necessary dialling “000”.

All health practitioners shall use ISOBAR format to hand over the deteriorating patient, to enable better communication, accountability and responsibility for patient care.

Assessment of the deteriorating patient

The airway, breathing, circulation, disability, exposure (ABCDE) approach as outlined in the main text can be applied to the immediate assessment of a patient who has signs of life, but requires urgent medical review.

Subsequent care

The provision of safe, timely and appropriate transfer into hospital is required.

Transport arrangements, appropriate to the level of assessed risk and need should be organised.

This may include urgent ambulance assistance by calling “000”, non-urgent ambulance or private vehicle transfer. (As per clinical guideline– VMS/MGP/CMP Transfer from Home to Hospital guideline)

The midwife will also:

- Ensure all events leading up to the decision to escalate and transfer into hospital are clearly documented.
- Document time of call to medical / obstetric staff or 000 services
- Complete the required VMS to Emergency Centre referral form (MR 026), CMP MR08D (Intrapartum) or CMP MR08E (Post birth) Give this form to the support person to hand over to EC staff on arrival or CMP midwife to handover to the supporting hospital’s receiving department
- Notify the department of the decision to transfer into hospital and give an estimated time of arrival.
- Inform the VMS shift coordinator, CMP CMS/MM, CMP shift co-ordinator A/H Hospital Clinical Manager of the events.
- Within 48 hours complete a CIMS form if relevant.

Related WNHS policies, procedures and guidelines

WNHS Policies:

- [Clinical Deterioration](#)
- [Clinical Incident Management](#)

WNHS Clinical Guideline: [Recognising and Responding to Clinical Deterioration](#)

Recognising and responding to clinical deterioration in the community
(VMS/MGP/CMP)

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