**Standard Operating Procedures**

**Salisbury NHS Foundation Trust**

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| **SOP Title**: | **Health Issues** |
| **Version** | 1.3 |
| **Related Processes**: | * Ward Management * Inpatient * Outpatient |

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| **Purpose** | The purpose of this Standard Operating Procedure is to document and standardise the end to end process for Health Issues where applicable |
| **Policies & Guidance** | * http://ig/policies-procedures-and-guidance/ |
| **Roles responsible for carrying out this procedure** | * Ward Clerk * Clinician * Doctor * Nurse * Healthcare Support Worker * Allied Health Professional * Administrator |
| **Accountabilities** | |
| **Directorate Responsible for SOP** | * Quality Directorate |
| **Sponsor** | * Head of Risk Management |
| **Post Holder Responsible for SOP** | * Medical Director |
| **Approvers** | * Business Change Manager * Training Manager * RBAC Manager * Stabilisation Manager * DQ Manager * Configuration Manger * Information Governance Manager * Medical Director * Head Of Risk Management * Director of Nursing |

**Health Issues**

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# Introduction

This document sets out the procedures and relevant guidance for Health Issues

within Lorenzo.

It should be read in conjunction with:

* [Microbiology Infection Control Alerts policy](http://icid/ClinicalManagement/InfectionControl/Pages/MicrobiologyInfectionControlAlerts.aspx)

## Purpose

Standard Operating Procedures are used to support the control, safety, quality, cost and delivery of a service, and are a way to ensure consistency across organisations.  As such, they should be viewed as the foundation upon which any improvement can be developed and delivered.

They should:

* Enforce good practice
* Assist in the understanding of how the Trust works
* Link to local and national policies where appropriate
* Confirm the role and responsibilities of the staff members performing the procedure
* Standardised the dependable set of documents, using consistent terminology, format and structure
* Assist the Training Team with the production of appropriate training material

The key principles covered by this procedure are:

* Alerts
* Allergies
* Infection Control
* Problem recording

**Business Continuity:-** is the capability of the Trust to continue delivery of services at acceptable predefined levels following a disruptive incident.

It is the responsibility of all departments that if Lorenzo is not functioning as it should any work will be manually recorded until such time that you are then able to update on Lorenzo.

Business continuity forms are available from within the Lorenzo area on the front of the Intranet. These should be accessible in a hardcopy format within the department should there be an entire system failure and inability to also access the intranet.

# Role Based access Controls Baseline Codes

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| The RBAC baseline codes relating to this activity are:   * B1062 – Manage Child Protection Plan * B0815 – Manage Clinical Documents * B0560 – Perform Patient Administration * B8017 – Manage Patient Administration * B0072 - Manage Sexual Health Functions * B0064 - Manage Mental Health Functions |

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| RBAC Baseline Codes |

# Alerts

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| Recording and Maintaining Alerts |
| **Recording Alerts** |
| Alerts hold information about the patient which could be critical to their care. If a patient has an alert recorded on Lorenzo, then the alert icon will display in the patient banner. Alerts must be kept up to date.  Alerts are located in the patient’s EPR under the Heath Issues section.  Alerts hold vital information about the patient’s care, so it is every clinician’s responsibility to record and maintain Alerts as outlined in section 6 of this procedure.  Additional information about the alert can be recorded in the Alert Description field, however the clinical information about the patient’s care must be recorded in the clinical notes. |
| **Closing Alerts** |
| If an alert is no longer applicable to the patient it should be closed/struck through.  It is every clinicians responsibility to close and maintain alerts (as outlined in section 6 of this procedure), so when other clinicians refer to the alerts it displays the most accurate and up to date information. |
| **Strike out Alerts** |
| The Alert Strike Out function allows staff to cross out an alert that has been incorrectly added |
| **Available Alerts and Responsibility** |
| To view what Alerts are available and who is responsible for updating them go to [Section 6.0 Lorenzo Alerts](#_Lorenzo_Alerts) |
| **Reporting Services for Alerts** |
| A report is available from Information Services for the Alert teams to monitor who is putting on Alerts; when they were put on and what type of Alert. To request the report on a weekly, monthly or yearly schedule please contact Information Services and put in a data request for ‘*Patient Alerts by Date Created’* which will require line managers permission. |
| **Infection Control / Microbiology Alert Infections** |
| If an active Alerts type of ‘Infection’ exist for the patient then the ‘Infection alert’ icon will be displayed in the ‘Infection alerts’ column on the ward pegboard, otherwise it will be blank  To view the Infection Control Alerts go to [Section 6.0 Lorenzo Alerts](#_Lorenzo_Alerts)  The only staff who will put on, suspend or remove Infection Control/ Microbiology Alerts for patients on Lorenzo will be the Infection Control Team. |
| **Child Safeguarding Alerts** |
| To view the Safeguarding Alerts go to [Section 6.0 Lorenzo Alerts](#_Lorenzo_Alerts) |
| Child on a Protection Plan Alert |
| If either of the below Child Protection Plan Alerts are put onto a child’s EPR Social Services must be contacted immediately by the clinician entering the Alert   * Child known to Children Social Care- Child Protection Plan Section 47 * Child known to Children Social Care- Child in Need plan Section 17 |
| Child that is Looked After Alert |
| If the *Child that is Looked After* Alert is added to a child’s EPR, the Looked After Child team must be informed this would be the looked after nursing team for the area that the child is currently resident in. |
| Research Patients |
| The Research Team are responsible for highlighting that a patient is on a Trial.  The only staff who will put on a Research alert for patients on Lorenzo is the Research or Trials Team.  The Research team will do this by putting information about the alert within the alert description box located on the alert page. Information will include:  This patient is participating in a drug/device/surgical/observational study. (delete as applicable)  Name of study  On admission contact details and time scale either - immediately  (add out of hours number) / or and leave a message to be picked up in working hours (add number)  Identity of principal  Investigator  Location of Patient information sheet and/consent form  Add end date after which events would not need to be reported.  To view the Infection Control Alerts go to Section 5 |

# Allergies

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| Recording and Maintaining Allergies |
| **Adding an Allergy** |
| All clinical staff must keep Lorenzo up to date with the most recent Allergy information for the patient.  All Allergy information will be displayed on the patient banner. Allergies must be kept up to date so the patient’s EPR has the correct information.  Allergies are located in the patient’s EPR under the Heath Issues section  Allergies recorded on Lorenzo will automatically update the E-Whiteboards on the wards  When a patient attends ED ‘Confirmation of Allergies’ should be ticked as part of the triage stage, unless unable to because patient or relative is unable to confirm. |
| **Closing Allergies** |
| If an allergy is no longer applicable to the patient it should be closed/struck through.  It is every clinical member of staff’s responsibility to maintain allergy information, so when other clinical staff refer to the allergy it displays the most accurate and up to date information. |
| **Strike Out Allergies** |
| The Alert Strike Out function allows staff to cross out an allergy that has been incorrectly added |
| **Reporting Services for Allergies** |
| A report is available from Information Services for teams to monitor who is putting on Allergies; when they were put on and what type of Allergies. To request the report on a weekly, monthly or yearly schedule please contact Information Services and put in a data request for ‘Patient Allergy by Date Created’ which will require line managers permission. |

# Problem Lists

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| Problems |
| Problem Lists allow the clinician to record the patients diagnosis using SNOMED coding.  SNOMED is a coding system for clinical terminology; if staff are familiar with SNOMED coding they can use it to search for various diagnoses. However diagnosis can also be searched by typing in the name of the diagnosis.  Problem List are located in the patient’s EPR under the Heath Issues section.  There are two sections to Problem list, the Master Problem List and Working Problem List.  The Master Problem list is designed to be used for the past medical history.  The Working Problem list will be used to record presenting problems. |

# Lorenzo Alerts

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| |  | | --- | | Lorenzo Alerts | | | | | |
| **Alert Type** | **Alert Name** | **Responsible for adding/ removing/ updating the alerts** |
| **Behavioural** | ASBO or injunction in effect | Only Security Management Specialist |
| Attempted suicide with intent indicator |
| History of damage to property |
| History of self-harm |
| History of theft |
| History of verbal abuse |
| History of Violence | Only Security Management Specialist or Safeguarding Team if information shared at MARAC |
| History of Violence by significant other | Only Security Management Specialist |
| Inappropriate multiple attendee |
| Other see description |
| Part III (MHA) detention |
| Previous absconded from care setting |
| Previously known drug user/seeker |
| Previously known to carry weapon | Only Security Management Specialist or Safeguarding Team if information shared at MARAC |
| Vulnerable in case of civic emergency | Only Security Management Specialist |
| **Anaesthetic alert** | Anaphylaxis or severe / life threatening reaction | Only Consultant Anaesthetist |
| Known difficult airway |
| History of malignant hyperthermia |
| History of Suxemethonium apnoea |
| Any other Critical Issue - see case notes for more details |
| **Clinical** | Bleeding disorder(see patient notes) | All Clinical Services |
| Blood transfusion hazard |
| Chronic Regional Pain Syndrome |
| Frequent attender |
| Haemophilia |
| HITT - Do not give Heparin |
| Patient known to have diabetes |
| Refusal of Blood products |
| Other – see ED Clinical Chart MIDAs tab |
| Dementia | All Clinical Services  Review/Remove: Dementia Lead on weekly dementia ward round |
| Patient at risk of neutropenic sepsis | Specialist Nurses during pre-assessment for chemotherapy |
| Swallow Risk | Speech and Language Therapy Team Only |
| **End of life** | Advanced decision in effect | All Services |
| Do not attempt CPR in place | Only Doctors |
| Palliative care patient | All Services |
| **Community Workers** | Access difficulties to patient | All Services |
| Pet Hazard |
| **Impairments** | Learning difficulties | Safeguarding Admin/Team Only |
| Visual impairment | All Services |
| Hearing impairment |
| **Infection Control / Microbiology Alert Infections** | Blood borne viruses (BBV) | Only Infection Control Team |
| Methicillin Resistant Staphylococcus aureus (MRSA) |
| Previous endocarditis/heart valve replacement |
| Multi-drug Resistant Tuberculosis (MDR-TB) |
| Splenectomy |
| Extended Spectrum Beta Lactamase (ESBL) |
| Clostridium difficile (1st and last detections) |
| Multi-resistant Acinetobacter (MRA) |
| Carbapenem Resistant Organisms (Carbapenemase producers) |
| Vancomycin Resistant Enterococcus (VRE) |
| Panton Valentine Leucocidin Positive Staphylococcus aureus (PVL-SA) |
| Patient at risk of CJD/vCJD infection for Public Health purposes |
| Patient has diagnosis of CJD/vCJD |
| Staff Alert - See case notes for details |
| TB |
| **Risk Level** | Confirmed female genital mutilation | Safeguarding Team |
| Adult Safeguarding/ Protection Plan |
| **Research Patient** | Urgent – see Alert Description | Research or Trials Team only |
| **Safeguarding** | Adult – Detained in hospital under the MHA | All Services |
| Adult DoLs | Safeguarding Team |
| Adult (perpetrator) MARAC | Safeguarding Admin/Team when information is shared by MARAC |
| Adult (victim) MARAC |
| Child Domestic Abuse ( MARAC) |
| Child at Risk of Missing | Safeguarding Admin/Team Only (information received from Wiltshire Emerald team and Wiltshire police Criminal Exploitation Team only) |
| Child at risk /victim of Sexual exploitation |
| Child at risk/victim of Trafficking | Clinical staff from All Services and Safeguarding Admin/Team. **\*This alert MUST be added as soon as the member of staff has been made aware.\*** |
| Child Drug and Alcohol Abuse |
| Child at Risk of Self Harm |
| Child Learning Difficulties |
| Child Referred to Social Care |
| Child Female Genital Mutilation |
| Child that is Looked After |
| Child known to Children Social Care- Child Protection Plan Section 47 |
| Child known to Children Social Care- Child in Need plan Section 17 |
| Child Mental Health |
| Please refer to case notes and A&E records for more information |
| **Security** | Referred under MARAC guidelines | Added by Safeguarding Admin/Team when information is shared by MARAC |

# Request a New Alert

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| New Lorenzo Alerts |
| To request a new Alert in Lorenzo an Alert Request for Lorenzo form will need to be completed which can be found on the intranet under ‘Informatics IT/IS forms’ or by clicking on this link <http://iis01p-v1/Lorenzo_Alert_Form/>.  Once submitted the alert is automatically emailed to shc-tr.Riskmanagement@nhs.net. The Risk Management Administrator will add it to the next CRG group agenda for discussion. If approved, the CRG chair will sign off the alert request.  Signed alert requests are sent to IT via the IT helpdesk (to allow tracking/audit) by the Risk Management Administrator. The request is then sent to DQ Change Advisory Board (CAB) for approval then the EPR Configuration Team adds the alert to Lorenzo.  When confirmation has been received from IT that the alerts have been added, this SOP will be updated to include the new alert in section 6 and in the Amendment Record on page 12.  The Risk Management Administrator will ensure the new version of this SOP is added to the next CMB agenda, where it will be presented by the Deputy Director of Nursing. The new version of the SOP will also be taken to the next CRG meeting, for the purposes of informing the group members that a new version is in use.  Once the new version of the SOP has been reviewed by CMB, the Risk Management Administrator will send to IT via the IT helpdesk so that it can be uploaded to the Intranet.  Communications will be sent out to ensure the clinical services are aware of the new alerts. |

**Amendment Record**

Document Version Control (to be updated during the development of this version until final version is published)

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| --- | --- | --- | --- |
| Version No | Changes | Author/s | Date |
| 0.01 | First Draft | Ameera Shafiq | 20/06/2016 |
| 0.02 | Second Draft | Ameera Shafiq | 30/06/2016 |
| 1.0 | Final Draft | Cathy Polley | 20/04/2017 |
| 1.1 | Final | Cathy Polley | 09/04/2018 |
| 1.2 | Final | Annie Densham | 12/12/2018 |
| 1.3 | Final | Annie Densham | 16/01/2019 |

Review and Amendments Log (will only be completed for subsequent published versions of this procedure)

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| Version No | Reason for Development/Review | Description of Changes | Date |
| 0.02 | SOP renamed | SOP renamed from Alert & Allergies to Health Issues | 30/06/2016 |
| 1.0 | Added extra information | Research Team Alerts and information  information about Reporting Services for Alerts  New Alerts Template | 20/04/2017 |
| 1.1 | SOP Review | Minor formatting changes and removal of ‘how to’ | 09/04/2018 |
| 1.2 | SOP Review | Update to section 7.1 and formatting changes. | 12/12/2018 |
| 1.3 | SOP Review | The addition of the following 3 Clinical alerts to section 6.1:   * Dementia * Swallow risk * Patient at risk of neutropenic sepsis | 16/01/2019 |
| The last paragraph of section 4.1.1 was reworded to account for the fact that this stage is only done by ED. |
| Amendments made to table 6.1 based on feedback received from-   * Named Nurse for Safeguarding Children * Adult Safeguarding Lead |
| Based on feedback received from Consultant Microbiologist/Deputy Infection Control Doctor the following amendments were made:   * ‘Infection Control’ amended to ‘Infection Control / Microbiology Alert Infections’ in the Contents page, in the title of 3.1.6 on page 6 and in table 6.1. * Update to wording of last paragraph in section 3.1.6. |
| Update to wording in section 3.1.1 and 3.1.2. |
| Update to wording in section 7.1. |
| Policies and guidance section on page 1 |

Documents may be disclosed as required by the Freedom of Information Act 2000.