

## Healthcare Staffing Programme

### Emergency care provision staffing level tool: levels of care

The Emergency Care Provision Tool was developed to define the time and intensity of patient's demands on medical, nursing and support worker staff in this environment.

There are different levels of classifications used to identify the differing levels of complexity in the demands made on staff.

The classifications range from level 1—routine care where there is minimal dependence on staff to level 4 where there is total dependence on staff requiring 1:1 or continuous care.

- **The Duck symbol indicates criteria or guidance relating to children** 

#### Level 1: Routine interventions and care

##### Descriptor

- Individual requires assessment
- may require investigation and treatment.
- needs met with routine care.
- discharged home

##### Inclusion Criteria

- any individual presenting with a minor injury or illness whose condition is stable and requires only minimal intervention.
- parent, relative, carer, police or security may be present

##### Guidance on Care required

- requires routine clinical assistance
- routine observation (may be frequent for a short period)
- requires simple treatment eg wound closure, fracture immobilisation, soft-tissue support
- requires advice and simple instruction on self or follow up care



- parent, relative, carer requires advice and simple instruction on behalf of patient or follow up care
- may require social work or other agency intervention

(This would put this child in level 2)

## Level 2: Requires moderate increase in interventions and care and then may involve the consultant or more than one person for a specific period of time

### Descriptor

- Non- life threatening, acutely ill or injured individual requiring clinical intervention, or
- Those who are medically unstable with a greater potential to deteriorate, or
- Individual who requires increased clinical intervention or assistance with specific aspects of care

### Inclusion Criteria

Patients requiring urgent, but not emergency, assessment or intervention.

May require admission to inpatient care:

- is in stable condition but with increased acuity and/or potential to deteriorate
- requires more than routine care, but can be managed in Emergency Department (ED)
- increasing parental, relative, carer reassurance and emotional support required
- difficulties, acute trauma, confusion
- relative, carer and staff support required due to increased anxieties or behaviours of parents, carers or relatives



- mild respiratory distress
- poor fluid intake eg, due to Diarrhoea and Vomiting (D&V)
- restricted mobility; spinal instability or mobility difficulties
- pain
- psychological support with anxiety, agitation, psychosis or considered safety risk
- vulnerability risk factors eg drug or alcohol abuse
- suspect domestic abuse requiring constant input and supervision
- requires increased clinical input due to intensive therapy and invasive procedures
- has complicated care needs, requiring constant clinical attention during stay
- may be agitated or aggressive due to underlying drugs or alcohol intoxication



- has complicated emotional and/or social family or carer support needs eg ill child or young person, child protection issues, learning disability, acute trauma, confused
- challenging complex child protection concerns requiring facilitation within ED

#### Guidance on Care required

Instability requiring frequent, but not continuous observation ie, #Neck of Femur

May require some or all of the following:

- frequent monitoring in view of potential emergent deteriorating condition or fluctuating vital signs
- neurological monitoring in view of potential emergent deteriorating condition or fluctuating level of consciousness as per Glasgow Coma Scale (GCS)
- electrocardiogram (ECG) monitoring
- fluid management
- oxygen therapy 24–40 %
- O<sub>2</sub> saturation monitoring
- invasive monitoring
- pain control
- increasing demands on clinical time
- requires frequent monitoring
- constant observation due to risk of harm, flight, agitation or confusion from organic illness, dementia, mental illness or poisoning
- pain management requiring IV analgesia
- psychological support
- challenging behaviour
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- parents, relatives or carers require increasing support
- parents, relatives or carers increasing anxiety and/or behaviours causing concern within clinical area
- may require social work or other intervention agency

### **Level 3: Requires complicated invasive interventions and constant but not continuous care**

#### Descriptor

- individual who is seriously ill with uncorrected major physiological abnormalities, and/or
- clinically deteriorating

#### Inclusion Criteria

- severe Infection; sepsis
- complex wound management
- compromised immune system
- psychological support with severe anxiety or distress
- severe psychosis or considered flight or safety risk, requiring continual supervision
- spinal instability or mobility difficulties

Will require admission to inpatient and ongoing care:

- needing advanced respiratory support
- individuals who require 1 to 1 supervision but not dedicated 1:1 care or constant but not continuous care
- is seriously ill and at risk of deteriorating, requiring constant monitoring and more detailed monitoring
- challenging complex concerns requiring facilitation within the ED
- requires direct senior medical input or decisions
- challenging complex concerns requiring multi-disciplinary and specialist team facilitation within the ED
- challenging co-existing neurological impairment
- Increasing and demanding parental and staff support and reassurance required during this period to manage increased anxieties and concerns



- Requires complex emotional and/or social family or carer support, eg ill child or young person, child protection issues, learning difficulties, acute trauma, confused greater part of their stay
- challenging complex child protection concerns requiring facilitation within the ED

#### Guidance on Care required

- individual requiring non-invasive ventilation or respiratory support eg rebreath mask or head box
- nasal CPAP (child)
- respiratory or CNS depression or compromise requires mechanical or invasive ventilation
- airway Obstruction, intervention, nebulised adrenaline, prolonged apnoea or severe Asthma IV medications and hourly nebs
- requires a range of therapeutic interventions including continuous Oxygen therapy or High flow O2
- ECG or invasive pressure monitoring
- ECG or non-invasive monitoring
- Vasoactive drug infusions (amiodarone, potassium, inotropes, nitrocline, magnesium)
- Haemodynamically unstable or who have CNS depression and loss of airway and protective reflexes and require neurological observation

- treatment of hypovolaemia, haemorrhage, sepsis or neurological protection
- frequent arterial blood gas analysis
- insertion and care of central lines or chest drains
- complex drug regimes
- complex fluid regimes
  - Ketoacidosis or electrolyte imbalance
  - fluid resuscitation 10-30mls per kg
- acute renal failure
- CNS Depression, GCS 8-12
- providing emotional support to highly anxious parents, relatives, carers
- vulnerable family requiring support

May require social work intervention:

- increasing demands on nursing time
- requires frequent monitoring
- constant observation due to risk of harm, flight, agitation or confusion from organic illness, dementia, mental illness or poisoning
- pain management requiring IV analgesia and/or psychological support
- challenging behaviour



- parents, relatives or carer's require increasing support
- parents, relatives or carer's increasing anxiety and/or behaviours causing concern within clinical area
- may require social work or other agency intervention.

## Level 4: Requires complicated invasive interventions and continuous care

### Descriptor

- individual with life threatening trauma or illness who needs advanced respiratory support, and/or
- invasively ventilated and intensive therapeutic intervention
- bereavement care to the individual and family

### Inclusion Criteria

- intensive monitoring and supportive therapy for compromised or multi-system organ failure
- severe cardiovascular instability (rhythm abnormalities eg frequent defibrillation required)
- at risk of organ failure developing

- neurologically unstable requiring (invasive) monitoring and therapeutic intervention



- severe asthmatic child
- circulatory and respiratory compromised child
- neurologically impaired child

Will require:

- extensive intervention for the resuscitation and/or stabilisation of the critically ill
- admission to inpatient area or transfer and ongoing care
- direct senior medical input or decisions
- advanced respiratory support
- intensive and invasive cardiac monitoring
- extensive assessment and monitoring of the individuals' physiological responses
- dedicated 1:1 care or continuous care, may require more than 1:1 care for periods of time
- extensive support and care of family
- complex emotional and/or social parental, family or carer, staff support, eg ill child or young person
- bereavement care and support of parent, relative, carer, discuss organ donation

Management of:

- challenging and highly complex child protection issues 
- challenging complex concerns requiring multi-disciplinary and specialist team facilitation within the ED
- challenging co-existing neurological impairment
- frequent measurement of challenging physiological abnormalities
- complex neurological needs

### Guidance on Care required

The emphasis at this level is on the multifaceted nature and complexity of care required.

The majority of adults, children and young people at this level will require high intensity nursing and medical care during the period of care in the ED.

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- individual requiring non-invasive ventilation or respiratory support eg re-breathe mask or head box
- nasal Continuous Positive Airway Pressure (CPAP) (child) 

- respiratory or Central Nervous System (CNS) depression or compromise requires mechanical or invasive ventilation
- airway obstruction, intervention, nebulised adrenaline, prolonged apnoea's, severe asthma IV medications and hourly nebulisers
- extubation

Requires a range of therapeutic interventions including:

- continuous oxygen therapy ECG or invasive pressure monitoring
- ECG or non invasive monitoring
- Vasoactive drug infusions (amiodarone, potassium, inotropes, Nitrocline, magnesium)
- haemodynamically unstable or who have CNS depression and loss of airway and protective reflexes and require neurological observation
- treatment of hypovolaemia, haemorrhage, sepsis or neurological protection
- airway compromise
- major scald or burn
- major sepsis
- acute obstruction
- Cerebral Function Analysing Monitor (CFAM) Monitoring
- patients who are non-invasively ventilated but showing signs of deterioration
- frequent blood gas analysis
- insertion and care of central lines or chest drains
- Intra-Osseus needles
- complex drug regimes
- complex fluid regimes
- ketoacidosis or electrolyte imbalance
- fluid resuscitation 10-30mls per kg
- acute renal failure
- CNS Depression
- providing emotional support to highly anxious parents, relatives, carers
- challenging behaviour or potential for self-harm
- bereavement care and support of parent, relative, carer, discuss organ donation
- any disruption to ABC requiring ongoing support and treatment