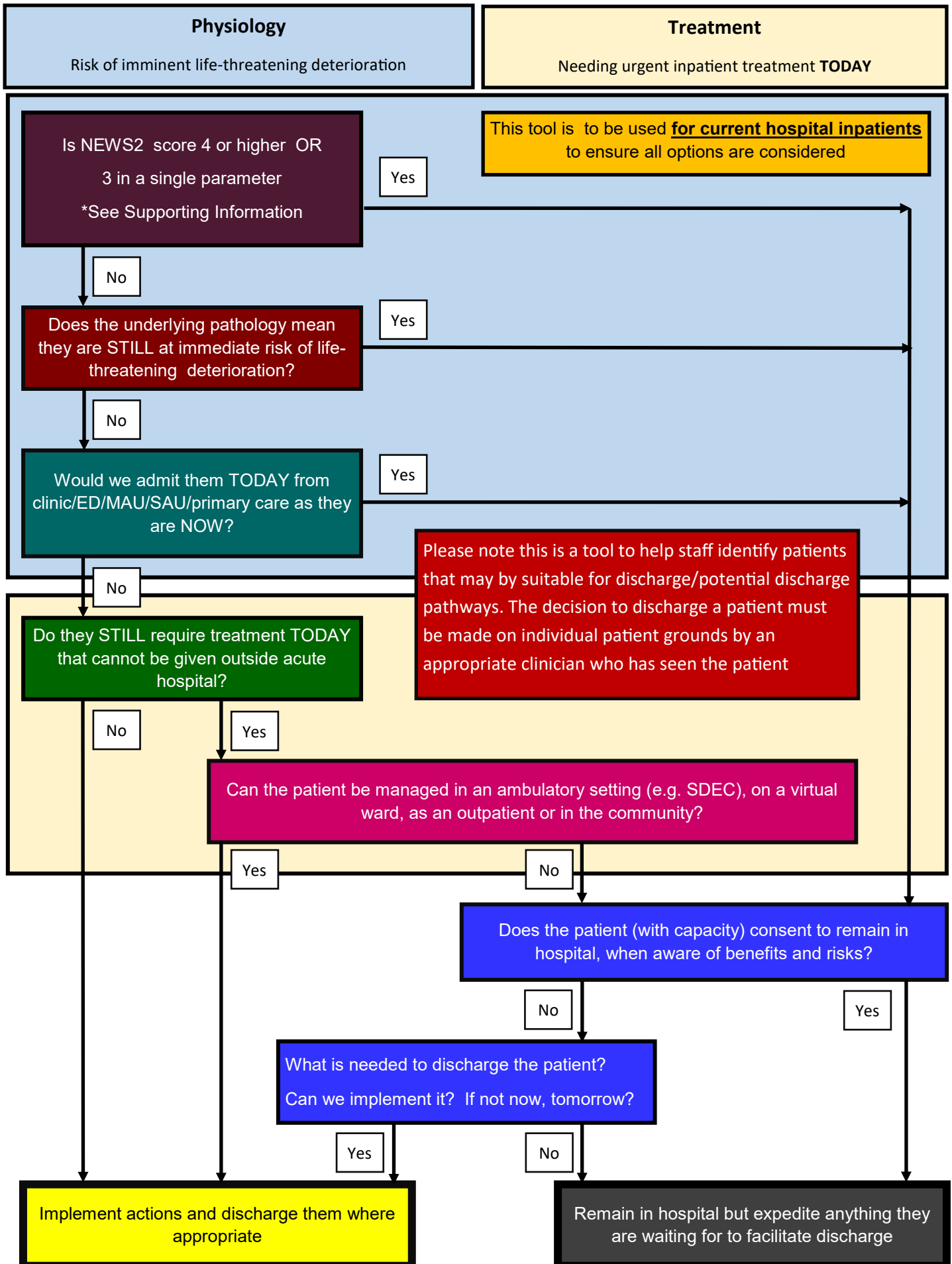


Inpatient Discharge Decision Support Tool



Supporting information

Reasons to Remain in Hospital

Physiology

Risk of imminent life-threatening deterioration

Treatment

Needing urgent inpatient treatment **TODAY**

Is the NEWS2 Score 4 or higher OR 3 in one parameter after treatment?

Example: Heart rate 130 after treatment

This only applies to *changes* in physiology. It is normal for some people to be confused or to require long-term oxygen

Mild delirium can be managed via SDEC / virtual ward or D2A pathway 1, or in other community settings.

Raised temperature alone with cause identified and treatment may not require inpatient care

Does the underlying pathology mean they are STILL at imminent risk of life-threatening deterioration?

Examples:

Sudden vascular deterioration (Life-threatening ischaemia, infarction or haemorrhage of any major body part), severe metabolic disorders, Rapidly progressive conditions

Do they STILL require treatment today that cannot be given outside acute hospital?

In some situations, a specific SpO2 target can be set, based on a patient's diagnosis and other clinical factors. If unsure seek senior advice.

There are situations when returning to a patient's usual place of residence is not possible because of a care or therapy need that cannot be met there at this time. There needs to be a balanced assessment of the benefits and risks of ongoing treatment away from home and where that treatment would best be delivered.

Work with patients and families to identify the best location for end of life care.

Can the patient be managed in an ambulatory setting (e.g. SDEC), on a virtual ward, as an outpatient or in the community?

Acute level care can be delivered by virtual wards hospital at home for conditions including (but not limited to):-

Improving AKI

Improving Heart Failure

Weaning oxygen in improving patients

Patients awaiting rapid imaging and other investigations

Medical issues monitored or re-assessed through non-admitted process, such as ambulatory area, outpatient intravenous therapy, hot clinic, virtual ward.

Does the patient (with capacity) consent to remain in hospital, when aware of benefits and risks?

Use BRAN in your discussions and documentation.

What are the **Benefits** of remaining in hospital?

What are the **Risks**?

What are the **Alternatives**?

What if we do **Nothing**?