

# Significant Care





The aim of Significant Care is to help you identify early signs of deterioration in the person you are looking after specifically related to their skin, toilet habits, mobility and levels of confusion.

Significant Care is a guide and if you feel that unsure of what to do or what symptoms may mean please contact your GP.

This is an inclusive list of some of the common symptoms that you need to be aware of.

“The Significant Care Tool (‘the tool’) is intended for informational, educational and research purposes only. It is not intended to be a substitute for professional medical advice or for use in the diagnosis or treatment of the disease or other conditions. If you have any concerns about your health, then please seek professional medical advice without a delay. For less urgent health needs, contact your GP. For urgent medical, call 111 NHS. If a life is at risk, call 999 immediately.

For COVID-19 specific symptoms please follow this link:  
<https://www.nhs.uk/conditions/coronavirus-covid-19/>

The reliance on any information provided within the tool is at your own risk. NELFT NHS Foundation Trust has no liability for any damage or loss howsoever caused by your use of or reliance on it.”

The tool has been developed with carers groups across North East London, Basildon, Brentwood, Care City, UCLPartners and North East London Foundation Trust.



# Confusion



Confusion can be a sign of an underlying infection.

## Signs and Symptoms

### Is the person you are looking after:

Oriented in time and place  
Speaking and thinking clearly

If the person you look after has dementia has there been any change in terms of their memory?

### Is there a change in the following:

Are they getting a bit muddled?  
Growing increasingly agitated, restless.  
Unable to identify their location or you.  
Seeing or hearing things, that you can't see or hear.  
Are there signs of infections like foul smelling urine, coughing up coloured phlegm - yellow or greenish phlegm.  
Could they be constipated or dehydrated? See guidance on Pg. 9-10.

If the person has dementia, has their confusion changed?  
Normally quiet and now much louder or vice versa.

### Have they developed any of these signs:

Slurred speech or a new confusion.  
Extreme shivering / muscle pain or feeling too hot / too cold.  
Passing no urine (in a day).  
Severe breathlessness\*  
They state they've never felt like this before or you have never seen them like this before.  
Skin patchy, spotted or discoloured.  
\*COVID -19 <https://sepsistrust.org/covid-19-recovery-response/>

## Actions

**No action required.  
Monitor for changes**

**Speak to your GP or visit:  
<https://111.nhs.uk/>  
or call NHS 111  
or 111\* (If available).**

\*London Starline numbers - \*6 for care homes and \*7 for domiciliary care providers.

**Seek urgent medical attention.  
Call NHS 999**



Low



Moderate



Critical

# Mobility



A change in mobility - walking, managing stairs, could be an indicator that something else is wrong

## Signs and Symptoms

## Actions

### Is the person you are looking after:

Usually walks with or without aids?  
Are they in a chair or a bed most of the day?



**No action required.  
Monitor for changes**

### Is there a change in the following:

Has there been a recent fall without resulting injury  
Are there any skin changes like bruising or broken areas?

### Are there any risk factors for falling?

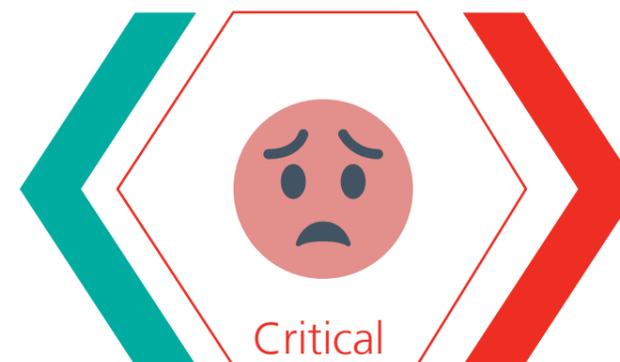
Are they experiencing any balance problems?  
Have they had a fall in the last year?  
Are they taking more than 4 medications?  
Have they mentioned their eye sight is worse?  
Have they reported any changes in pain?  
Are there any signs of infection? -Sometimes an infection can cause a change in mobility



**Speak to your GP to  
discuss and review.**

### Have they developed any of these signs:

Have they suddenly collapsed?  
Do you think they may have broken a bone or caused themselves an injury due to the fall?  
Have they sustained an injury and are on a blood thinning medication (e.g. warfarin, apixiban, or similar)?  
Is the confusion stopping the person from walking?



**Seek urgent  
medical attention.  
Call NHS 999**

# Skin



Skin is the body's biggest organ. Early recognition can be key to preventing skin damage.

## Signs and Symptoms

## Actions

### Is the person you are looking after:

Does the skin appear normal with no darker patches, swelling or pain?  
Does the skin feel harder or softer than usual?



**No action required.**  
**Monitor for changes**  
(See SSKIN guide on page 14-15)

### Are there any of the following signs of skin damage?

Is there any pain where the person is sitting or laying down?  
Are there any blisters?  
Is there any bruising?  
Are there any areas of broken skin?  
Is there a change in skin colour - e.g. more red or darker than usual?

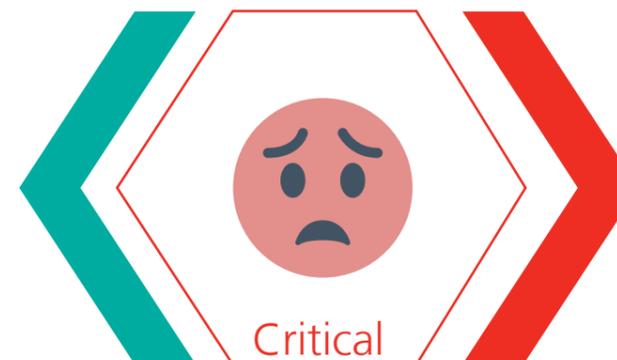


**Speak to your GP or visit:**  
**<https://111.nhs.uk/>**  
**or call NHS 111**  
**or 111\* (If available).**

\*London Starline numbers - \*6 for care homes and \*7 for domiciliary care providers.

### Have they developed any of these signs:

Does the area show signs of skin infection? e.g. unusual smell, high temperature, oozing, extrem pain  
Is the confusion impacting on mobility? See guidance Pg. 3.



**Seek urgent medical attention**  
**OR**  
**If you are known to the**  
**community nursing team please**  
**seek their advice to review**  
**treatment.**

# Toilet



A change in toilet (urine / bowel) pattern may indicate that something is wrong

## Signs and Symptoms

## Actions

### Is the person you are looking after:

Is the bowel pattern normal for this person?  
Is the urine clear and amount normal? See Pg.13.  
Is a the catheter in place due to a new or long-standing condition?



**Monitor for changes.  
Maintain healthy diet  
and drink plenty of fluids.**

### Are they experiencing:

**Bowels-** Is there a change (see stool guide on page 11-12) with any of the following symptoms; Bloating, stomach pain, loss of appetite, painful to pass stools?  
Have they stopped eating or drinking? or they feeling sick or vomiting  
Has diarrhoea lasted more than 2 days?  
Are they passing watery liquid but feeling constipated? See advice on Pg.11.

**Urine -** Is there a change in urine colour (see guide Pg. 13) symptoms might include: small amounts of urine often, burning sensation when urinating, fishy and offensive smell, high temperature, fatigue (Use the guide on page 13 to check if they are dehydrated).

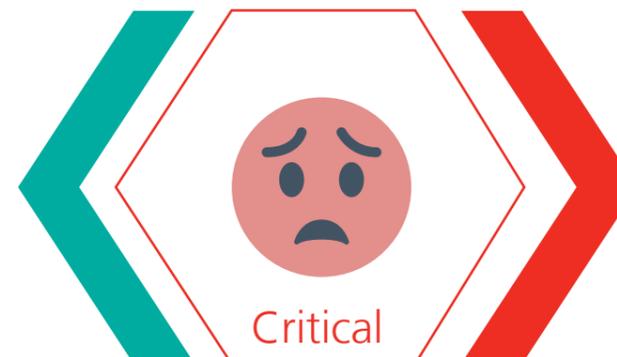
**Catheter-** Is urine leaking or is there any pus passing through the tube?



**Refer to guide Pg.  
11 and if no change  
contact your GP.**

### Have they developed any of these signs:

Have they suddenly developed stomach pain that feels severe?  
Are bowels not opening, or unable to pass wind?  
Is there stool, urine or blood in the catheter bag?  
Have they not passed urine all day?  
Is the urine draining into the catheter bag or does it appear to be it blocked?



**If known inform  
your District nurse.  
For urgent advice  
Call GP or NHS 111**

# Stool Guide

Hard to pass	Type 1		Separate hard lumps, like nuts (hard to pass)
	Type 2		Sausage-shaped but lumpy
Ideal Consistency	Type 3		like a sausage but with cracks on its surface
	Type 4		like a sausage or snake, smooth and soft
Difficult to control	Type 5		Soft blobs with clear-cut edges (passed easily)
	Type 6		Fluffy pieces with ragged edges, a mushy stool
	Type 7		Watery, no solid pieces. Entirely Liquid

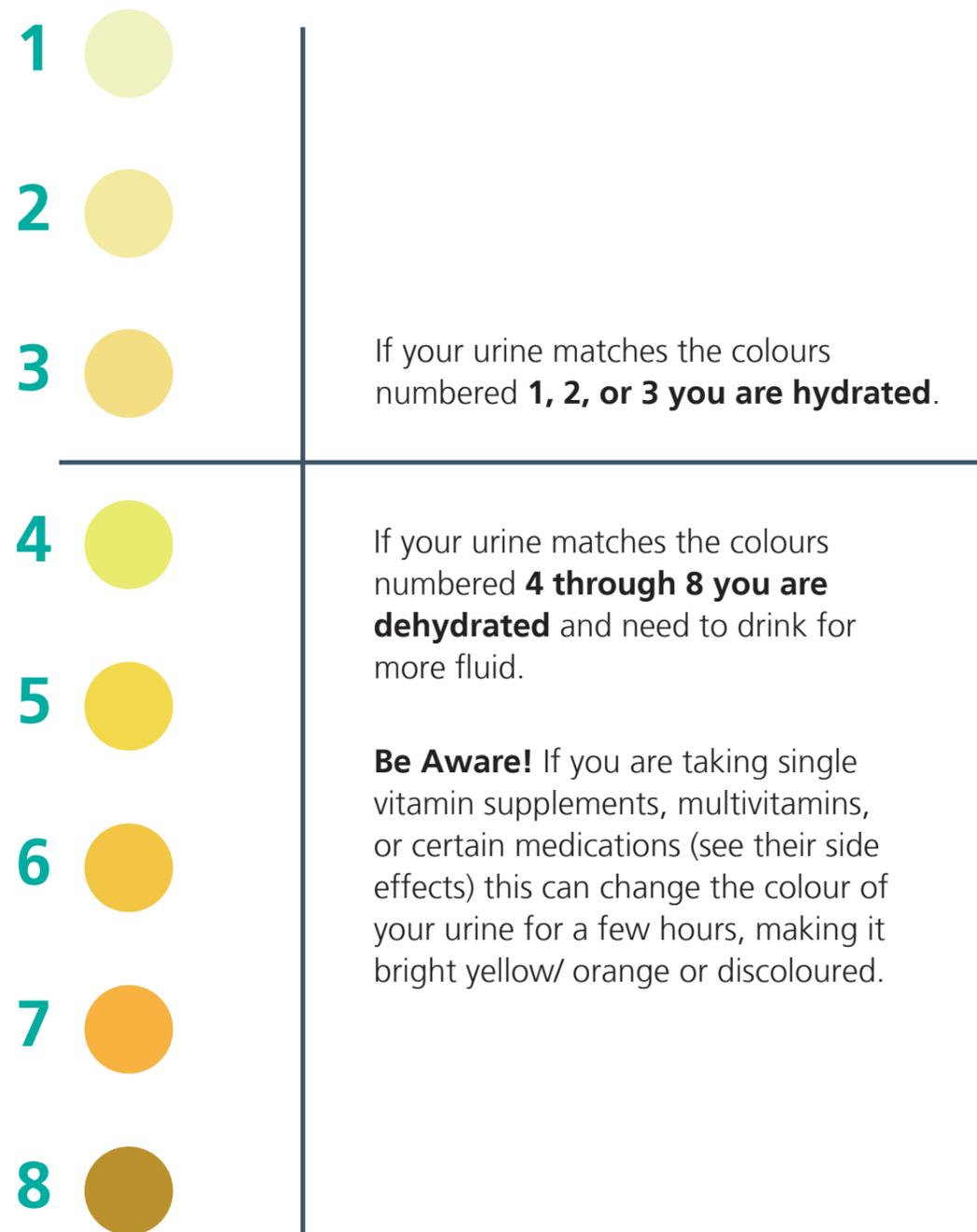
# Stool Advice

Hard to pass	Type 1	If they are passing type 1 and 2 stool as per guide – the person is likely to be constipated. It is important to make changes to their /your diet – and drink plenty of fluids but avoid alcohol.
	Type 2	The aim is for the urine to be the colour from 1-3 on the urine colour guide page. If you increase fibre, please encourage to drink the fluids and add seeds, oaks, fruits to your diet. For more information visit: <a href="https://www.nhs.uk/conditions/constipation/">https://www.nhs.uk/conditions/constipation/</a>
Ideal Consistency	Type 3	Type 3 and 4 as per chart opposite is ideal, continue what you are doing.
	Type 4	
Difficult to control	Type 5	Many cases of diarrhoea will clear up without needing to see your GP. Diarrhoea can be caused by a virus, a bacteria or parasite. Diarrhoea can also be a result of anxiety, a food allergy, a side of medication or a long-term condition such as Irritable Bowel Syndrome (IBS).
	Type 6	Please note diarrhoea can lead to dehydration, so please drink plenty of fluids until symptoms disappear (see urine colour guide on page 13) if diarrhoea does not improve your pharmacy may suggest a solution and if symptoms persists after a several days with then contact your GP for advice. For more informtation visit: <a href="https://www.nhs.uk/conditions/diarrhoea-and-vomiting/">https://www.nhs.uk/conditions/diarrhoea-and-vomiting/</a>
	Type 7	

# Am I Hydrated?

## Urine colour chart

This urine colour chart is a simple tool to assess if you are drinking enough fluids throughout day to stay hydrated.



## SBAR

A guide on how to call for medical or nursing assistance / help

How to use it:

Follow the steps bellow when you are on the phone



### SITUATION

- Identify yourself
- Identify the patient by name and the reason for your call
- Describe your concern

**Example:** Hello my name is Mary Taylor and I look after my husband Bill. The reason I am calling today is that Mr Taylor is unwell today. His confusion has deteriorated and he has a temperature and his urine is dark in colour and this is new for him.



### BACKGROUND

- Explain your role and what you do for Mrs Taylor

**Example:** Mr Taylor is an 89 year old man, who lives at home and has carers twice a day to look after his hygiene needs. He has Parkinson's disease.



### ASSESSMENT

- Asses the situation and patient's background

**Example:** "I have used the Significant Care guide and it appears he has an infection and I am very worry about him.



### RECOMMENDATION

- Explain what you need - be specific about request and time frame

**Example:** "I need you to come and review Mr Taylor, when will you be able to get here"

# SSKIN Guide



## Green

No signs of pressure damage.

You or someone who helps to care for you should check your skin daily for changes. These might include painful or sore areas, changes in skin colour, or changes in skin temperature.

Follow the SSKIN advice in the amber section to help prevent problems.



## Amber

Early signs of pressure damage.

You or someone who helps to care for you should check your skin twice a day.

The steps below will help to keep your skin safe:

**S** - Check skin regularly and any mattresses or cushions you use are working properly.

**K** - Keep moving and repositioning - see advice overleaf.

**I** - Make sure that you get help to get to the toilet regularly, or that if you need pads, they are changed regularly and barrier creams are used to protect vulnerable skin.

**N** - Eat well to keep your skin safe - plenty of fruit and vegetables and at least two portions of meat, fish, eggs, dairy or nuts and pulses a day are important.

If you, or someone who helps to care for you, are worried they should contact your GP, or district nurse.



## Red

Pressure damage.

Make sure your GP and district nurse know that you have pressure damage.

District nurses will visit to assess your needs and supply any equipment you need.

They will give you advice on the steps that you need to take to help your wound heal.

They may suggest a referral to a specialist team such as the tissue viability nurses for further advice.

## Other Changes

Date	Time	Observation	Actions Taken

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Date	Time	Observation	Actions Taken

