

How to use the STOP AND WATCH tool



Spotting signs of deterioration and taking action early really does make a difference

The **Stop and Watch** tool is used when a person is 'not their usual self' and helps care staff to recognise and respond to people becoming unwell.

This poster provides guidance on the completion of the **Stop and Watch** tool for both Carers and Team Leaders

Carers actions
If you think a resident may have deteriorated then complete the Stop and Watch tool, even if it is a gut feeling.

Team Leader actions
If a carer tells you they are concerned about a resident, ask them to complete a Stop and Watch Tool.

Ensure that Stop and Watch concerns are notified to the person in charge (face to face)

Circle the letter related to the concern.

Describe your concerns to support the escalation and consider taking any relevant clinical observations (if within your scope of practice)

Handover concerns to Team Leader:
- Senior Carer for residential residents
- Registered nurse for nursing residents

Document any actions taken and feedback verbally to the individual (visitor/ carer/kitchen staff etc) who raised concern with Stop and Watch tool

Stop and Watch—Early Warning Tool

If you have identified a change while caring for or observing a resident, please circle the letter, underline the change and notify the person in charge with a copy of this tool.

Date: 16 / 01 / 2020 Time: 10.15am

Name of resident: Joe Bloggs Date of Birth 01 / 01 / 1950 Room Number 3

<div style="border: 1px solid red; padding: 2px; display: inline-block;">S</div> T O P A N D W A T C H	<p><u>Seems different to usual - more withdrawn than usual and confused</u></p> <p>Talks or communicates less</p> <p>Overall needs more help</p> <p>Pain—new or worsening; Participates less in activities</p> <p><u>Ate less - reduced appetite for 48 hours</u></p> <p>No bowel movement in 3 days; or diarrhoea</p> <p><u>Drank less - only had 1/2 cup tea in 8 hours</u></p> <p>Weight change</p> <p>Agitated or more nervous than usual</p> <p><u>Tired, weak, confused, drowsy</u></p> <p><u>Change in skin colour or condition - Large bruise</u></p> <p>Help with walking, transferring or toileting more than usual</p>
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Describe the change you noticed: Is different than usual self. Eating and drinking less, we are encouraging fluids. More confused than earlier on in the day. Large bruise on R arm. Observations Temp 36.5, Pulse 69, Resps 24, Refused BP check

Carer Name: A Carer

Team Leader reported to: T Leader

Team Leader Actions

Reported to (circle): GP Rapid Response 111 999 not reported—Why? _____

Used SBAR format (overleaf) to communicate concerns: Y / N

Date: 16 / 01 / 2020 Time (am/pm) 10.30

Outcome: Phone advice
 Treatment given in home (circle) GP Rapid Response Ambulance
 Transfer to hospital
 Other _____

In line with their preferred place of treatment / death? (circle) Y / N (if N please advise below)

ReSPECT / DNAR Form in place: Y / N Advance Care Plan in place: Y / N (please circle as appropriate)

Complete resident details and date and time

Assess the resident yourself to ensure that the tool is completed as fully as possible

Ensure that the carer has documented why they are worried in the description

Complete your name and the team leaders name before passing the form over to the team leader

Follow all relevant steps for treatment of deterioration

When calling for help make sure you use the SBAR communication tool

Ensure the rest of the team is advised of the concerns and actions taken as soon as possible so that everyone can provide appropriate care.