

# Stop and Watch—Early Warning Tool

If you have identified a change while caring for or observing a resident, Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_  
please circle the change and notify the person in charge with a copy of this tool.

Name of resident: \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Room Number \_\_\_\_\_

- |   |  |
|---|--|
| S | Seems different to usual                                     |
| T | Talks or communicates less                                   |
| O | Overall needs more help                                      |
| P | Pain—new or worsening; Participates less in activities       |
| A | Ate less   |
| N | No bowel movement in 3 days; or diarrhoea                    |
| D | Drank less   |
| W | Weight change  |
| A | Agitated or more nervous than usual                          |
| T | Tired, weak, confused, drowsy                                |
| C | Change in skin colour or condition                           |
| H | Help with walking, transferring or toileting more than usual |

Describe the change you noticed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Carer Name:** \_\_\_\_\_

**Team Leader reported to:** \_\_\_\_\_

**Team Leader Actions**

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

**Used SBAR format (circle):**    Y / N

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_    **Time (am/pm)** \_\_\_\_\_

- Outcome:**  Phone advice  
 Treatment given in home (circle)    GP    Ambulance    Rapid Response  
 Transfer to hospital  
 Other \_\_\_\_\_

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

\_\_\_\_\_

# SBAR Communication Form

## Before calling for help

**Evaluate the resident:** Complete relevant aspects of the SBAR form below

**Review record:** Recent progress notes, medications, other orders

**Have relevant information available when reporting:** (i.e. medical record, advance directives such as

## SITUATION

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_

I am calling because I am worried about \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

This started on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Since this started it has got: Worse  Better  Stayed the same

## BACKGROUND

Medical Conditions \_\_\_\_\_

Other medical history (e.g. medical diagnosis of CHF, DM, COPD)

\_\_\_\_\_

\_\_\_\_\_

**Frailty Status (if known)** \_\_\_\_\_

DNACPR Y/N \_\_\_\_\_ Advance care plan Y/N \_\_\_\_\_ (please circle as appropriate)

## ASSESSMENT

Identify the change(s) from the Stop and Watch tool

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Consciousness (ACVPU)

Alert New Confu-  sion Responsive to  Voice

Pain Unconscious

## RECOMMENDATION

Responding Service Notified: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time (am/pm) \_\_\_\_\_

Actions you were advised to take: