Rapid Response
The Poynt, Units 2-3
Poynters Road
Luton, LU4 0LA

Tel: 0333 405 3000

Rapid Response
Working with Practitioners and Residential Homes to reduce hospital admissions and facilitate early discharge from hospital
Rapid Response available 7 days a week, 365 days a year, 24 hrs per day.

This service provides acute interventions and monitoring to patients who are acutely ill but medically stable, who have either been seen by a doctor and are well enough to be managed at home or who are in a Residential Home and require nursing assessment and treatment of minor illness / injury and would have previously been referred to their GP or the hospital.

Where is the service based?
The service is based at: The Poynt, Units 2-3 Poynters Road Luton, LU4 0LA

How do I contact the RR nurses?
A member of the team can be contacted on 0333 405 3000

How are patients referred to the team

- Call 0333 405 3000 with details and a RR nurse will call you back to discuss treatment plan if there is capacity.

<table>
<thead>
<tr>
<th>List of conditions</th>
<th>Interventions</th>
<th>Length of Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHER</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Multiple sclerosis - relapse | IV Methylprednisolone  
Monitoring of vital signs | 3 days  
OD Visits |
| Post-domiciliary visit by Consultant / GP | ECG  
Blood sampling  
Obtaining specimen (e.g. MSU)  
Arrange investigations (e.g. 24hr ECG tape, CXR)  
Referral to appropriate agency (e.g. Social Services, CMs, CART)  
Initiation of acute intervention (e.g. IV antibiotics) | 1-2 days |
| Monitoring Visit   | Blood sampling  
Monitoring of vital signs  
Obtaining specimen (e.g. MSU)  
Arrange investigations (e.g. 24hr ECG tape, CXR)  
Referral to appropriate agency (e.g. Social Services, CMs, CART) |            |
Examples of types of interventions undertaken:

<table>
<thead>
<tr>
<th>List of conditions</th>
<th>Interventions</th>
<th>Length of Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CARDIAC</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management of Heart failure</td>
<td>IV diuretics OD / Oral Antibiotics  Monitoring of weight &amp; vital signs  Blood sampling</td>
<td>3-5 days OD Visits</td>
</tr>
<tr>
<td><strong>INFECTION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cellulitis</td>
<td>IV antibiotics QDS  Wound Dressing  Monitor vital signs  Blood sampling</td>
<td>5-14 days QDS Visits / BD visits</td>
</tr>
<tr>
<td>Chest Infection</td>
<td>IV antibiotics TDS / Oral Antibiotics +/- Nebulisers  Monitor vital signs</td>
<td>3-5 days TDS Visits</td>
</tr>
<tr>
<td>Urinary Tract Infection</td>
<td>IV antibiotics QDS / Oral Antibiotics  Monitor vital signs</td>
<td>3-5 days OD/BD/QDS Visits</td>
</tr>
<tr>
<td><strong>RESPIRATORY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COPD exacerbation</td>
<td>Oral Antibiotics  Nebuliser / inhaler technique  Monitor vital signs</td>
<td>3-5 days TDS Visits</td>
</tr>
<tr>
<td><strong>DIABETES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes - unstable</td>
<td>Monitoring of blood glucose  Titration of insulin  Blood sampling  Monitoring of vital signs</td>
<td>3-5 days TDS Visits</td>
</tr>
</tbody>
</table>

Averting hospital admissions, GP pathway

- Patient (in their own home) contacts surgery.
- Patient seen by GP and assessed.
- If GP feels RR care is required, decides if patient could be safely managed at home with an appropriate care package.
- GP phones RR on 0333 405 3000 with relevant patient details. Proforma complete by RR nurse and treatment plan agreed with GP. GP faxes through prescription to RR and Halfway Chemist on 01582 577084.
- RR nurse visits patient and implements care package for up to 14 days.
- GP available to discuss package as required.

This includes:
- Blood tests
- X-rays
- Other diagnostic tests
- Obtaining & administering newly prescribed medications
- Delivery of IV antibiotics/diuretics
- Arranging transport to L&D for tests if required
- Daily visits for up to 14 days by RR Nurse
- Discharge from service at end of RR care with self-care advice / prescription

Referral as required to:
- Social Services
- CART
- Specialist Nurses
- District Nurses

Patient information entered onto SystmOne.

On the last day of care, Discharge Summary completed on SystmOne or emailed to GP on secure email.
Criteria for admission to Rapid Response (RR)

For patients in their own homes:
- Patient is aged 18 years or older and is under the care of a Luton GP or a hospital Consultant.
- Patient is registered with a Luton GP.
- Patient is clinically stable.
- Without the intervention of the RR patient would require hospital inpatient treatment.
- Patient has a telephone in their home.
- Patient has been seen, assessed, and a diagnosis made by the GP / Hospital Consultant / Registrar.
- Consultant / GP accepts medical responsibility.
- Patient / carer / family consent to the plan of care and are happy to sign the Care Agreement form.
- A safe transfer of care can be arranged following RR guidelines and protocols.

For patients in Residential Homes:
- Patient resides in a Luton Residential Home for the Elderly.
- A safe transfer of care can be arranged following RR guidelines and protocols.

Important Patient Information

Rapid Response is an integrated service providing medical, nursing and multi-disciplinary care in the community. This can be provided either by preventing hospital admission or facilitating early discharge from hospital, to home or transfer to an intermediate care bed.

Once a referral is accepted the nursing team will assess the patient and:

For patients in their own homes
- Deliver prescribed treatment.
- Monitor effectiveness and patient’s general condition.
- Refer on to another provider / service depending on clinical need,

or

For carers / other healthcare professionals / residents in Residential Homes
- Provide telephone advice.
- Assess the resident leading to treatment within the home and advice to the carers.
- Refer on to GP if necessary.
- Refer on to another provider/service depending on clinical need.