

Rapid Medical Pathway

Call the ACT HOT phone on 07773256619
Mon-Sun 0830 – 1630hrs

What is ACT? ACT is a short term health and care crisis intervention team offering two main branches of interventions. A Comprehensive Geriatric Assessment centred MDT response (Rapid Other) and this clinically orientated Rapid Medical response.

Who can refer? Accessing the ACT Rapid Medical Pathway can only be via a Registered Healthcare Professional.

Trusted Referrers <i>(Referrers not on list may be required to provide additional information)</i>	
Secondary Care Based	Primary Care/Community Based
PoWH Care of the Elderly Teams PoWH Cardiology, Respiratory & Acute Medical Teams	GPs (from within the Bridgend locality) WAST Paramedics & APPs (see Rapid WAST Pathway) Heart Failure Specialist Nurses

Who holds clinical responsibility when ACT is involved? ACT will assume full clinical responsibility for patients in our service under Dr A. David, Dr G. McMillan, Dr P. Barua & Dr S. Rao (Consultant Physicians for ACT) until they formally discharge the patient's care back to the GP. In some cases (such as complex deep-seated infections) it is appropriate if the patient is fit enough to attend clinic that the referring Consultant regularly reviews the ongoing need for antibiotics via Outpatient clinics and liaises with the HOT phone holder – even so, ACT will continue to take responsibility for day to day clinical review, monitoring bloods etc. and will escalate care and review appropriately if there is failure of a therapy. GPs can expect a full discharge summary for all patients cared for by ACT.

What do I do to refer? Check the details below to see if your patient is suitable for ACT. If you feel they are, **see overleaf** and call the HOT phone to discuss the patient with the Advanced Nurse Practitioner.

ACT Services – Phase 2 model	Phase 3 – Dec/Jan 2017/18 <i>(extended hours and IV therapies)</i>
<ul style="list-style-type: none"> • Clinical workup and review by Advanced Practitioners and Consultants for patients who (for whatever reason) are not suitable for/able to travel to Pendre & Maesteg Day Hospitals or Outpatients clinics. • Medical review after discharge. This can include vital sign monitoring, checking bloods, reinstating a medication that might require an associated clinical assessment etc prior to full discharge to GP's care. • Home IV antibiotic service. Max OD courses only. • Home IV therapies (i.e. Furosemide in HF, bisphosphonates for hypercalcaemia) – Max BD courses. • Home subcutaneous fluid infusion for re-hydration/fluid maintenance. <ul style="list-style-type: none"> ○ Please note, the Phase 2 service cannot provide fluids for AKI (AKI should be initially managed by IV fluid infusion if fluids are required). ○ Clear diagnosis, clinical goal and plan for therapy duration should be in place, including what action to take when goals are not being met. • Home Urgent INR intervention service – Correction of INRs at home – oral Vit K and follow up monitoring (so long as the patient is otherwise stable). LMWH cover service. 	

Exclusion Criteria	
<ul style="list-style-type: none"> • <u>Acute</u> chest pain • <u>Acute</u> shortness of breath • Suspected fractures (i.e. requiring diagnosis) 	<ul style="list-style-type: none"> • Major haemorrhage • <u>New</u> stroke/FAST positive (requiring diagnosis/assessment) • Patients aged 17 or younger

The ACT reserve the right to not accept a patient if clinically we feel we cannot safely manage them at home. We will always advise the referrer to on when to re-refer and give advice to facilitate support for the patient.

Rapid Medical Pathway – how care is managed

When discussing ACT as an option for care with a patient. Please be mindful to manage patient expectations and check our service capacity and patient's suitability for our service before making firm clinical management plans with them.

