

# AMBER CARE BUNDLE – HOW IT WORKS

## INFORMATION FOR CLINICIANS & HEALTH PROFESSIONALS

Any member of the clinical team may raise a concern, but the multidisciplinary team (MDT) should together identify patients suitable for the AMBER care bundle. Integrate the ward communication tool e.g. “ISBAR (Identification, Situation, Background, Assessment and Recommendation) into raising a concern that a patient’s potential for recovery is uncertain.

### Stage One - Identification

Although identification can take place throughout the day, typically it occurs during morning hand over or during a consultant ward round. As the care bundle helps teams manage uncertainty, don't delay initiating the care bundle if you feel a patient meets the criteria. If there is a feeling of wanting to "wait and see", this suggests uncertainty and the care bundle is likely to be suitable.

Patients who meet the following criteria are suitable for the AMBER care bundle:

1. The patient is deteriorating, clinically unstable, and with limited reversibility; **AND**
2. The patient is at risk of dying during this episode of care despite treatment.

### Identifying the patient

Is the patient’s condition serious enough that even with active treatment there is uncertainty that they will recover? Review the patient’s admission notes:

- History (co-morbidities)
- Recent admissions
- Physical examination
- Medications

### Triggers for identifying patients at risk of dying

It is essential to identify the dying patient in order to allow them and their family/carers to reorient their priorities so that appropriate end of life care can be provided. Some prognostic tools provide prompts to identify people at risk of deteriorating and dying from one or more advanced conditions.

For example, the Gold Standards Framework Prognostic Indicator “surprise question”, and the Supportive and Palliative Care Indicators Tool (SPICT™) available from <http://www.spict.org.uk/the-spict/>.

Ultimately, it is up to the multidisciplinary team’s assessment and clinical decision making based on the individual patients presentation.

### Stage Two - Intervention

The AMBER care bundle has four key interventions for patients whose potential for recovery is uncertain with a clear timeline for response. It is the medical team’s responsibility to ensure that the first three components occur within timescales; it is any member of the team’s responsibility to ensure the last component occurs within timescales. The timelines help to empower staff who have a concern about a patient and provide a sense of urgency to put the plan in place.

Stage 2: AMBER care bundle day one interventions			
	Intervention	Action	Name/Designation <small>Date and Time</small>
Action within 4 hours <small>Medical responsibility to ensure intervention occurs</small>	Assess and document patient capacity to be involved in each decision  Medical plan documented in patient record including: <ul style="list-style-type: none"> <li>• current key issues</li> <li>• anticipated outcomes</li> <li>• resuscitation plan</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: __/__/__ Time: _____  Name: _____
	Escalation decision documented including: <ul style="list-style-type: none"> <li>• For Clinical Reviews Calls</li> <li>• For Rapid Response Calls</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Designation: _____
	Medical plan discussed and agreed with multidisciplinary team	<input type="checkbox"/> Yes <input type="checkbox"/> No	Signature: _____
Action within 12 hours <small>Nursing staff coordinate to ensure interventions occur</small>	These actions can occur concurrently  Patient & carer discussions or meeting held and clearly documented Which may include: <ul style="list-style-type: none"> <li>• uncertain recovery and treatment options</li> <li>• preferred place of care</li> <li>• any concerns or wishes</li> <li>• who was present</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: __/__/__ Time: _____  Name: _____
			Signature: _____
<b>Make sure you record details in the patient's health care record</b>			

### The conversation

Patient and carer conversations need to take place at the patient’s and carers’ pace, (mental capacity should be taken into account). If some individuals do not wish to have conversations or understand their condition then this should be clearly documented.

The care bundle includes decisions about whether attempted cardiopulmonary resuscitation and escalation

of care to critical care would be clinically justified, but **does not** exclude these treatments.

Some patients receiving care supported by the AMBER care bundle may be suitable for attempted cardiopulmonary resuscitation and full escalation of treatment.

With any management plan it is important to have everything clearly and succinctly documented in the notes on the day the bundle is completed. If the information can be found elsewhere in the patient notes, then staff should clearly write on the bundle where the information can be found.

### Meet the patient and family

- Discuss medical condition and proposed management plan
- Acknowledge patients 'uncertain' recovery and what will be done by the team and what (if any) time limited trial of therapy will be implemented
- Identify what the patient / family see as a good outcome
- Agree on management plan, escalation plan and follow up plan
- Assess concerns, including potential family interpersonal problems
- Initiate AMBER care bundle

### Stage Three - Daily ACT

ACT is a simple way to follow up patients on a daily basis and to ensure that communication takes place daily between the patient/ family and the MDT. While a patient's potential for recovery remains uncertain, both they and their carers (as appropriate) should expect to receive daily contact by medical and/or nursing staff.

#### Stage 3: Daily monitoring and review

During daily ward round remember to 'ACT'

- A Is your patient still 'AMBER'?
- C Are there any medical Changes?
- T Have you Talked with the patient ± carer about the management plan?

Daily ACT entries should be clear & succinct. Completion is the responsibility of either the patient's nurse or doctor. Answer fully, i.e., "T" is not just answered "Yes" or "No", there needs to be some elaboration about what was discussed and if any concerns were raised.

### Daily monitoring and review using ACT

- Can be done by either nursing or medical staff or as part to the multidisciplinary round
- Is not an add-on task
- Clarify any concerns with all members of health care team

- Visit the patient
  - Review treatment plan
  - Discuss patient/family concerns
- Document findings
- Discuss with patient / family and any changes to care plan

### Stage Four - Cessation

Some patients respond to active treatment and recover, whilst others do not. Therefore, once a patient is identified as suitable for the AMBER care bundle, they will continue to be suitable until they either recover, a last days of life plan is started or they die.

If a patient is discharged from hospital, the relevant clinical information and preferences should be communicated to the GP, district nurse and other members of the community team.

The AMBER care bundle may be stopped if a patient fits one of the following criteria:

- The patient's condition improves such that he/she no longer fits the criteria
- The patient is discharged from hospital to own home, care home, hospice, or another hospital which is not using the AMBER care bundle
- The patient deteriorates and is started on a last days of life plan
- The patient dies

Staff should ensure the following takes place:

- Record the reason why the AMBER care bundle has stopped in the patient's notes and discontinue it on the eMR.

Ensure that key information is communicated to with all colleagues in the community caring for this patient, including the patient's GP.

**For further information, contact:**

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