Who produced this guidance?

This booklet was designed in order to support the Age UK Integrated Care volunteers and non-clinically trained staff to feel confident in spotting a change in a person's health condition, who they may have regular contact with, and knowing who to call and when.

This booklet has been based on the guidance produced by the Pioneer site of Cornwall and the Isles of Scilly which was as written by practitioners and volunteers working within their Living Well programme

Age UK Integrated Care Programme

For more information about the programme contact:

Age UK Lancashire 61-63 St Thomas's Rd Chorley PR7 1JE 0300 303 1234

Or Visit the Age UK Lancashire website:

Web: www.ageuk.org.uk/lancashire

Age UK Integrated Care Programme

Pennine Lancashire

What to do if...

.....A person is unwell



who to call and when?

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About this booklet

This booklet is designed to support anyone who is not clinically trained, to recognise and appropriately respond to any changes in a person's health.

You are not expected to diagnosis or treat any problems, but it is extremely helpful if you know how to seek immediate help if you should spot an change in a person's health.

Assessing the situation

Everyone is individual, people tend to know themselves and their situation better than anyone else, so always talk to the person to understand what is different to normal, and what they would normally do.

Always encourage them to seek help themselves or seek their permission before you respond, unless it is a clear emergency situation

Care Plans

Some people will have made a personalised care plan with their GP, the INT, community services or North West Ambulance Service, which is kept by the person at home. The Care Plan will include information that is specific to them about what to do in an emergency and their personal wishes in relation to their health and care. The care plan may also include an identified relative/friend to contact.

The information in the Care Plan should be followed and will override any guidance given in this booklet.

Mental Health

- Suicidal thoughts or noticeable drop in mood
- Self harming
- Hallucinations or agitation
- Other concerns

Infection (including UTI)

- Increased need to urinate.
- Cloudy, smelly or blood stained urine.
- Back ache.
- Feeling generally unwell or increased confusion
- Coughing up blood, wheezing, high temperature

Neurological conditions e.g. Stroke / Parkinson's

- Dizziness
- Difficulty understanding what others are saying
- · Problems with balance and co-ordination
- Difficulty swallowing (dysphagia)

Diabetes

- Low blood sugar (below 5)
- Increased need to urinate.
- Cold, painful, tingling or blue foot
- Increased thirst
- Difficulties with medication or injections
- High blood sugar (above 15mmol / I)
- New or untreated foot ulcer or infection
- Smell of ketones (pear drops) on breathe

SPECIFIC CONCERNS—Call Clinical Coordinator, Case Manager Relative/Friend, GP or 111

Some conditions have specific additional symptoms that may indicate a cause for concern. If you notice any of these additional symptoms please call or support the person to call, 111 or ring the GP or the key worker.

If leaving a message for the GP or key worker please leave a mobile contact number so that they can speak to you about your concerns.

Heart disease

- Increased chest pains if not part of normal condition
- Increased breathlessness.
- Increased use of angina medication (spray / tab-lets).
- Palpitations (butterflies in the chest).
- Significant weight gain over 3-4 days (3lb / 2kg+).
- Increased ankle swelling.

Respiratory disease - COPD / "bronchitis" / asthma / emphysema / bronchiectasis

- Increased breathlessness / cough / wheeze if not part of normal condition
- Increased temperature
- Coloured sputum / phlegm
- Increased use of inhalers
- Epilepsy
- Increased number or change in type of fits
- Concerns about safety

Which number to call?



999 or 112 are the Emergency Response numbers. Both numbers are for all emergency services.

112 is better if the telephone signal is poor, making it good for mobile telephones.

111 is a NHS telephone service which will help you ac-cess medical support fast and should be used when a situation required is a rapid but not a 999 response.

If you call 112 and they feel an emergency response is required, they will call 999.

Finding out more

If you want to know more about different health conditions and how they may impact on a person and what treatment can be given, please visit NHS Choices web-site at

> www.nhs.uk/symptoncheckers Or Ca II 111

Emergency – Call 999 OR 112 (Mobiles)

An emergency is generally when something is significantly different to normal or when a significant event is happening.

Call 999 or 112 (mobiles)
Apply Emergency First Aid and / or CPR, if you are able to.
Stay with the person until help arrives
Call to inform the GP after you call 999

Please Note: If the person's Care Plan states not to call 999, please respect this but DO call the GP immediately.

Signs of Emergency

Severe chest pain Severe breathlessness Unconscious Fitting Stroke

Face – one side of face / mouth may drop

Arms – unable to lift arm (s)

Slurred speech

Time – ring immediately

Sudden change in vision – blurred, painful or double vision

General Concerns - Call 111 or GP

A **General concern** is when a person is complaining of a change in their health condition, feeling generally un-well or different to normal, or you may notice a difference in a person.

If any of these, immediate general concerns are noticed you, or the person, should call 111 or their GP and tell them what is concerning you.

If leaving a message with the GP please leave a mobile contact number so that the GP can speak to you about your concerns.

General concerns may include:

- Recent history of blackouts or falls
- Change in colour flushed or very pale or jaundiced (yellowing of skin or whites of the eyes)
- More confusion than normal
- Increased drowsiness
- High temperature or fever
- · Uncontrollable shaking
- Decreased appetite
- Unintentional / unexplained weight loss
- Increased difficulty in moving around during the last 2 weeks.
 Infection or wound
- Difficulties managing medication
- Increased pain
- Vomiting or diarrhoea