CLCH ACADEMY
Experts in Community Healthcare

NHS
Central London
Community Healthcare
NHS Trust

Taking care of the unwell adult

Introduction

When faced with an unwell adult it is useful to have sequence to establish how best to manage the problem. In some case this could easily be resolved, in others you may need to get help and others still you may just need to call emergency service on 999. It is important to realise early, what kind of help is required in order to provide prompt intervention that could help save a life.

The **A, B, C, D, E** algorithm of assessment for an unwell patient is a sequential model of assessment closely aligned to the alphabet that allows one to respond and manage the most acute problem. It is explained as follows:

A = Airway

B = Breathing

C = Circulation

D = Disability

E = Exposure

A = Airway

- Check for airway patency (Look, Listen, feel)
- Is the patient talking/ crying – Yes patent airway
- On closer inspection - vomit in the mouth
- Call for help
- Important clear the airway – Oxygen (if home oxygen available), position on left side

B = Breathing

- Is the patient breathing (look, listen, feel)
- Can you see chest rising equally
- Can you hear normal clear breath sounds
- Count respiration rate not < 10

Interventions could be as follows:

- Sit patient up
- Encourage deep breathing
- In the absence of breathing- no clear breath sounds call for help dial 999.
- In increased work of breathing -respiration rate greater than 20 including wheezing or speaking in incomplete sentences call for help, dial 999

C = Circulation

- Check for presence of Pulse, measure - document
- Measure blood pressure - document
- Check Capillary refill time
- Report abnormal Readings to nurse in charge
- Consider whether your patient has been drinking enough water or are they dehydrated

D = Disability

- Assessment of conscious level
- Use of A V P U – Alert, Responding to your voice, responding to pain, unconscious/ unresponsive
- Check if patient is alert and knows where they are.
- Check allergies to medication
- Consider Diabetes, new altered mental state

E = Exposure

- Check your patient, conduct a head to toe examination ensuring no unexplained rushes or swelling
- Ensure no massive blood loss from wound sites, melena or other areas
- Assess temperature and anything else pertinent to the patient's current condition
- If you have completed the A - E assessment but remain concerned about your patient call for help immediately, dial 999.
- See below for how you would organise information in an A - E assessment

A - E assessment with observations

- A: Talking patient and oxygen saturation
- B: RR, Rhythm, Depth and Work of Breathing C: Heat Rate/Pulse, Blood Pressure and capillary refill time
- D: AVPU as discussed above, Blood Sugar, Note any medication being taken and any relevant allergies
- E: Temp, Wound sites dressing, Urine output

Calling for help

It is important to be able to accurately relay information to individuals on the other side of the call. In health care we find using SBAR helps to organise information better. SBAR explained is **Situation** – state why you are calling and where you are, **Background** – if possible give some context to your situation, **Assessment** - Outline what you have assessed, **Recommendations** - explain what you have done so far and ask if there is anything else you can do in the meantime.