

# Get your message across

**Raise the Alert** within your home e.g. to a senior carer, registered nurse or manager.

If possible, **record the observations** using a **NEWS2** based system.

**Report your concerns** to a health care professional e.g. Nurse/GP/GP HUB/111/999 **using the SBARD Structured Communication Tool.**

**S**

**Situation** e.g. what's happened? How are they? NEWS2 score if available

**B**

**Background** e.g. what is their normal, how have they changed?

**A**

**Assessment** e.g. what have you observed / done?

**R**

**Recommendation**  
'I need you to...'

**D**

**Decision** what have you agreed? (including any Treatment Escalation Plan & further observations)

Key prompts / decisions

**Don't ignore your 'gut feeling' about what you know and see.  
Give any immediate care to keep the person safe and comfortable.**

# RESTORE2™

Recognise Early Soft Signs, Take Observations, Respond, Escalate

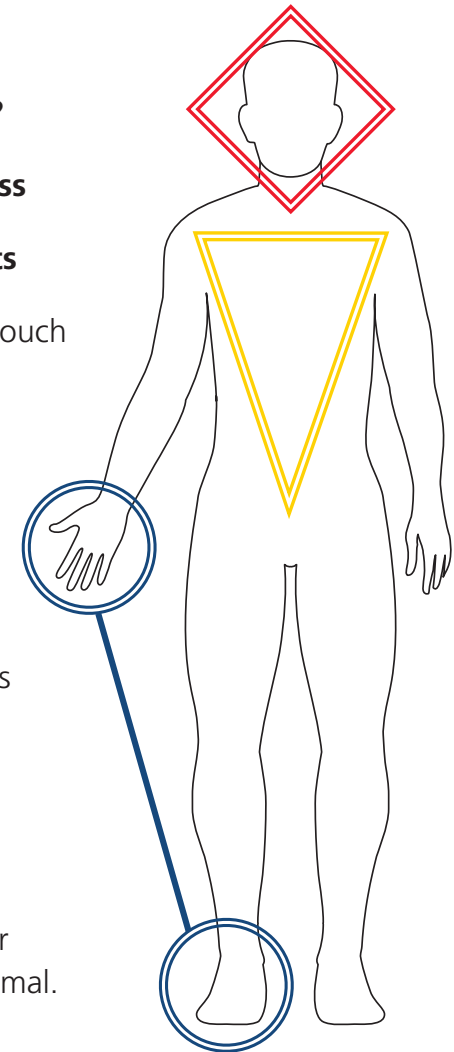
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## Ask your resident – how are you today?

Does your resident show any of the following **'soft signs'** of deterioration?

- = Increasing **breathlessness** or **chestiness**
- = Change in **usual drinking / diet habits**
- = A **shivery fever** – feel **hot or cold** to touch
- = Reduced mobility – **'off legs'** / less co-ordinated
- = New or increased confusion/ agitation / anxiety / pain
- = Changes to usual level of **alertness / consciousness / sleeping** more or less
- = **'Can't pee'** or **'no pee'**, change in pee appearance
- = **Diarrhoea, vomiting, dehydration**

Any **concerns** from the resident / family or carers that the person is not as well as normal.



**If YES to one or more of these triggers – take action!**