

EC11G Investigate and diagnose an individual presenting for emergency assistance with altered consciousness, dizziness, faints and fits

OVERVIEW

This standard covers the formation of a justifiable diagnosis of an individual presenting for emergency assistance with altered consciousness, dizziness, faints and fits. The standard involves the collection and systematic, balanced analysis of information to arrive at a diagnosis. Users of this standard will need to ensure that practice reflects up to date information and policies. Version No 1

KNOWLEDGE AND UNDERSTANDING

You will need to know and understand:

1. the anatomy and physiology of the human body
2. the value and uses of different sources of information in reaching a diagnosis
3. the importance of a systematic and logical approach to information use and analysis, and the risks associated with jumping to a premature conclusion
4. why it is important to ensure that all information is taken into account in reaching a diagnosis and why you need to be prepared to review that diagnosis in the light of emerging information
5. the processes that should be gone through to arrive at a justifiable diagnosis for an individual presenting with unclear or conflicting symptoms
6. the steps you should take when unable to arrive at a satisfactory diagnosis
7. the importance of clear communication in clinical situations
8. the importance of communicating with the individual in a manner which:
 1. is consistent with their level of understanding, culture, background and preferred ways of communicating
 2. acknowledges the purpose of the communication
 3. is appropriate to the context
 4. encourages their participation
 5. responds to communication of any kind from them
9. the importance of maintaining confidentiality during communication, consistent with legislation and the employer's policies
10. the importance of recording information clearly, accurately and legibly
11. the differentiating features that can be used to develop a diagnosis of altered consciousness, dizziness, faints and fits
12. health problems which may present with similar symptoms and how to differentiate

between them

- 13.the causes and contributing factors to altered consciousness, dizziness, faints and fits
- 14.the different investigative procedures that can be applied to enable a diagnosis of altered consciousness, dizziness, faints and fits to be reached, and how and when to call for each
- 15.the baseline observations used in diagnosing altered consciousness, dizziness, faints and fits
- 16.the further investigations required to diagnose altered consciousness, dizziness, faints and fits
- 17.where further investigations can be carried out, who undertakes them, how to request them, the timescales involved and any contra-indications of which you need to be aware when deciding to call for them
- 18.the pathophysiological and psychopathological factors underlying commonly presenting altered consciousness, dizziness, faints and fits
- 19.national, local and organisational procedures for the emergency treatment of individuals presenting with altered consciousness, dizziness, faints and fits
- 20.the organisational policy and practices with regard to the keeping and sharing of clinical records and information
- 21.organisational procedures on making notes
- 22.national, local and organisational procedures for requesting investigative procedures
- 23.the legislation regarding confidentiality and information sharing, the provision of services, the rights of the individual, protection issues, anti-discriminatory practice, informed consent, relevant mental health legislation and care programme approach
- 24.how to interpret and apply legislation to the work being undertaken
- 25.the ethics concerning consent and confidentiality, and the tensions which may exist between an individual's rights and the organisation's responsibility to individuals
- 26.the importance of gaining assent from individuals who lack capacity to consent
- 27.circumstances when further investigations, including child protection procedures, can be carried out, in line with organisational and national protocols and guidelines

PERFORMANCE CRITERIA

You must be able to do the following:

- 1.explain clearly to the individual:
 - 1.your own role, responsibilities, accountability and scope of practice
 - 2.the information that is needed from the assessment and who might have access to it
- 2.obtain the individual's informed consent to the assessment process
- 3.discuss and agree with colleagues:
 - 1.who is responsible for aspects of the assessment and how this will be managed and reported
 - 2.needs and risks and how these can best be addressed
- 4.ensure you obtain a complete and accurate history of the presenting individual
- 5.accurately and promptly identify the additional information which you need to make a differential diagnosis

- 6.follow the appropriate procedures and protocols to arrange for any investigations or observations needed to provide you with relevant information
- 7.review all the available information, noting and taking account of any conflicting, confounding or unusual aspects
- 8.recognise accurately and promptly the differentiating features of commonly occurring conditions arising from altered consciousness, dizziness, faints and fits
- 9.recognise promptly the need for, and obtain, any additional information needed to clarify or confirm your analysis
- 10.identify and make use of relevant research and findings from evidence based practice to inform your interpretation
- 11.promptly seek additional views and advice from relevant others when your interpretation produces unclear results.
- 12.develop a diagnosis which is:
 - 1.justifiable given the information available at the time
 - 2.likely to result in the optimum outcome for the individual
- 13.balance any additional or unusual aspects of the individual's presenting features against their overall presentation, acknowledging any uncertainties and conflicts
- 14.recognise accurately potential signs of abuse and report them promptly to the appropriate person, in line with national and organisational policy
- 15.form an accurate and justifiable identification of:
 - 1.the nature and severity of the individual's altered consciousness, dizziness, faints and fits
 - 2.the likely causes of the individual's altered consciousness, dizziness, faints and fits
 - 3.the implications of pre-existing and other medical problems which the individual may have
 - 4.the prognosis for the individual
 - 5.the individual's related needs
 - 6.risks to the individual's health and well being in the short and longer term
- 16.form a working diagnosis as quickly as possible
- 17.seek additional support and advice from other practitioners as necessary to arrive at a satisfactory working diagnosis
- 18.re-evaluate and adjust, if necessary, your initial diagnosis in the light of emerging symptoms and/or the results of investigations
- 19.determine and confirm when death has occurred, within the limits of your own role, accountability and scope of practice, or inform the appropriate other of the need for them to make this confirmation
- 20.maintain full, accurate and legible records of your diagnosis and any assumptions made and make these available for future reference in line with organisational practices.
- 21.initiate symptomatic treatment at the earliest opportunity in line with national, local and organisational guidelines and protocols
- 22.initiate action which provides the best possible outcome for the individual
- 23.advise the individual and any significant others of the diagnosis:
 - 1.at the earliest opportunity
 - 2.in a manner which is sensitive to their concerns
- 24.provide opportunities for the individual and significant others to ask questions and develop their understanding of the diagnosis
- 25.identify and share with colleagues relevant details of the diagnosis you have reached and its implications for further action

ADDITIONAL INFORMATION

This National Occupational Standard was developed by Skills for Health. This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004): Dimension: HWB6 Assessment and treatment planning