

T Level Technical Qualification in Health

Occupational specialism assessment (OSA)

Supporting the Adult Nursing Team

Assignment 1 – Case study

Case study stimulus materials

v1.1: Additional sample materials 20 November 2023 603/7066/X



T Level Technical Qualification in Health Occupational specialism assessment (OSA)

Supporting the Adult Nursing Team

Assignment brief

Assignment 1

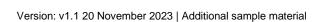
Case study stimulus materials

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Item A: physiological measurements on hospital admission

Physiological measurements
Respiration rate: 18bpm
Oxygen saturation: 98%
Blood pressure: 120/80
Heart rate (pulse): 80bpm
Consciousness: Confusion
Temperature: 37.5°C



Item B: scripted conversation between Sam and the doctor completing her admission assessment

Doctor: 'Can you tell me what happened?'

Patient: 'I fell off my bike.'

Doctor: 'And do you know where you are?'

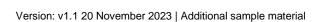
Patient: 'It looks like a hospital.'

Doctor: 'What day is it?'

Patient: 'I don't know.'

Doctor: 'Where were you going on your bike?'

Patient: 'I'm not sure.'



Item C: patient notes handed over by the ambulance team

Patient name: Sam Jones

D.O.B: 25/06/1965 **Date:** 28/01/2023

Address of incident: Market Square

Caller to 999: Husband

Information given on arrival to the scene: Patient fell from their bike on return home from a bike ride. Fell onto left side with injury to head and knee. Patient's husband advised on arrival at the scene the patient was unable to recall events of what happened and seems dazed and confused. After falling from her bike, the patient did not lose consciousness. After the fall, the patient became incredibly quiet and took a long time to respond to any questions. The patient's husband stated she struggled to recall his name for a period after the incident. No loss of consciousness but patient showing confusion and not orientated to time or place.

Physiological measurements on ambulance admission: Respiration rate: 18bpm, Oxygen saturation: 98%, Blood pressure: 130/90, Heart rate (pulse): 92bpm, Consciousness: Confusion, Temperature: 37.5°C.

Current medications: None given
Known allergies: None known

Additional information: Complaints of pain to left knee and head. Abrasion to head, cleaned before transfer to

hospital. No requirement for oxygen.

Item D: NEWS2 chart

NEWS key		FU	FULL NAME DATE OF BIRTH DATE OF ADMISSION																							
0 1 2 3	DA	TE	OF B	IRTI	н									DA	ATE (OF A	рмі	SSIC	N							
	DATE																								$\overline{}$	DATE
	TIME																									TIME
A D	≥25													3												≥25
A+B	21–24													2											_	21–24
Respirations	18–20	\vdash			-			_	-	_	-	-	-		_	-									-	18-20
Breaths/min	15–17 12–14							-			-		-		-				-						-	15–17 12–14
	9–11													1											$\overline{}$	9–11
	≤8													3												≤8
	≥96	=													=	_								=	=	≥96
A+B	94-95													1											_	94 – 95
SpO ₂ Scale 1	92–93													2												92–93
Oxygen saturation (%)	≤91													3												≤91
	≥97 on O ₂													3	=	_						=		=		≥97 on O ₂
SpO ₂ Scale 2 [†] Oxygen saturation (%)	95–96 on O ₂													2		_								-		95–96 on O
Use Scale 2 if target	93–94 on O ₂													1										_		93–94 on O
range is 88–92%, eg in hypercapnic respiratory failure	≥93 on air													*******											_	≥93 on air
espiratory failure	88–92																								$\overline{}$	88–92
	86–87													1												86–87
ONLY use Scale 2 under the direction of	84–85													2											_	84–85
a qualified clinician	≤83%													3												≤83%
	A=Air													1												A=Air
Air or oxygen?	O ₂ L/min													2											_	O ₂ L/min
	Device													7/////											_	Device
	201.00																									
	b 000													3											=	- 222
\mathbf{c}	≥220 201–219													3												≥220 201–219
C	181–200	\vdash		-	-			-			\vdash								-					\rightarrow	-	181–200
Blood pressure	161–200				_			\vdash				\vdash				\vdash								\rightarrow	-	161–200
mmHg	141–160																								-	141–160
Score uses systolic BP only	121–140																							\neg	_	121–140
	111–120																								_	111–120
	101–110													1												101–110
	91–100													2												91–100
	81–90																									81–90
	71–80							_			_	_				_										71–80
	61–70							_			_	_	_	3		_										61–70
	51-60			_	_			-	-	-	-	-	-			-			-					\rightarrow	_	51–60
	≤50											\vdash														≤50
^	≥131													3												≥131
C	121–130							_						2												121–130
Pulse	111–120													_												111–120
Beats/min	101–110			_				-	-	-	-	-	-	1		-									_	101–110
	91–100													200000												91–100 81–90
	81–90 71–80								-		-	-	-		-										_	71–80
	61–70							-			-	-			-											61–70
	51–60							\vdash									\vdash							\rightarrow	_	51–60
	41–50													1											_	41–50
	31–40																								_	31–40
	≤30													3												≤30
	Alert													1//////												Alert
D	Confusion																								_	Confusion
	V																									V
Consciousness Score for NEW	P													3												P
onset of confusion (no score if chronic)	U																									U
														1 0												
	≥39.1°													2												≥39.1°
드	38.1–39.0°													1												38.1–39.0°
Temperature °c	37.1–38.0° 36.1–37.0°			_	-			-	-	-	-	\vdash	+		-	-							\vdash			37.1–38.0°
	35.1–37.0° 35.1–36.0°													1											_	36.1–37.0° 35.1–36.0°
	35.1=36.0° ≤35.0°													3												35.1–36.0° ≤35.0°
	_00.0													3											=	
NEWS TOTAL																										TOTAL
Monitorine	g frequency																									Monitoring
	of care Y/N							\vdash															\Box	\rightarrow		Escalation
	Initials	_	_	-	-	_	_	-	_	-	+	-	-	• 7000000		-	_	\rightarrow	\rightarrow	-	\rightarrow	_	-	\rightarrow		Initials

The NEWS2 scoring system

Physiological	Score								
parameter	3	2	1	0	1 1	2	3		
Respiration rate (per minute)	≤8		9–11	12–20		21–24	≥25		
SpO ₂ Scale 1 (%)	≤91	92–93	94–95	≥96					
SpO ₂ Scale 2 (%)	≤83	84–85	86–87	88–92 ≥93 on air	93–94 on oxygen	95–96 on oxygen	≥97 on oxygen		
Air or oxygen?		Oxygen		Air					
Systolic blood pressure (mmHg)	≤90	91–100	101–110	111–219			≥220		
Pulse (per minute)	≤40		41–50	51–90	91–110	111–130	≥131		
Consciousness				Alert			CVPU		
Temperature (*C)	≤35.0		35.1–36.0	36.1–38.0	38.1–39.0	≥39.1			

National Early Warning Score (NEWS) 2

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NEWS2 thresholds and triggers and clinical response to the NEWS2 trigger thresholds

NEW score	Clinical risk	Response
Aggregate score 0–4	Low	Ward-based response
Red score Score of 3 in any individual parameter	Low-medium	Urgent ward-based response*
Aggregate score 5–6	Medium	Key threshold for urgent response*
Aggregate score 7 or more	High	Urgent or emergency response**

^{*} Response by a clinician or team with competence in the assessment and treatment of acutely ill patients and in recognising when the escalation of care to a critical care team is appropriate.

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^{**}The response team must also include staff with critical care skills, including airway management.

NEW score	Frequency of monitoring	Clinical response
0	Minimum 12 hourly	Continue routine NEWS monitoring
Total 1–4	Minimum 4–6 hourly	Inform registered nurse, who must assess the patient Registered nurse decides whether increased frequency of monitoring and/or escalation of care is required
3 in single parameter	Minimum 1 hourly	Registered nurse to inform medical team caring for the patient, who will review and decide whether escalation of care is necessary
Total 5 or more Urgent response threshold	Minimum 1 hourly	 Registered nurse to immediately inform the medical team caring for the patient Registered nurse to request urgent assessment by a clinician or team with core competencies in the care of acutely ill patients Provide clinical care in an environment with monitoring facilities
Total 7 or more Emergency response threshold	Continuous monitoring of vital signs	 Registered nurse to immediately inform the medical team caring for the patient – this should be at least at specialist registrar level Emergency assessment by a team with critical care competencies, including practitioner(s) with advanced airway management skills Consider transfer of care to a level 2 or 3 clinical care facility, ie higher-dependency unit or ICU Clinical care in an environment with monitoring facilities

National Early Warning Score (NEWS) 2

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Owner: Head of Assessment Design

Change History Record

Version	Description of change	Approval	Date of issue			
v1.0	Additional sample material		01 September 2023			
v1.1	Sample added as a watermark	November 2023	20 November 2023			

