

Typical presentations	Exclusions	Typical Hospital at Home Interventions (Service takes clinical responsibility)
Patient monitoring for change in medication / rescue pack	- NEWS2 >6 unless improving trajectory or not for escalation	Remote patient monitoring of NEWS2 and patient reported outcomes. If indicated oxygen saturations monitored. Patient posted remote monitoring kit and onboarded remotely. Service monitors patient against GP's diagnosis and treatment/escalation plan. Will amend with patient if required.
Respiratory exacerbation	- Asthma as reason for referral	Home visit to loan / support nebuliser therapy and monitoring for exacerbation, e.g. of COPD. May provide remote monitoring technology to the patient, including patient reported outcomes and oxygen saturations. See also infection.
Decompensation of frailty (sudden or disproportionate)	- Chronic, natural trajectory of disease - Delirium	Home visit by nurse, GP or consultant for point of care bloods and ECG, initiation of comprehensive geriatric assessment, and agree treatment and intervention plan with patient. Ongoing bloods monitoring and remote monitoring of NEWS2. Liaison with PRUH Acute Frailty Assessment Unit for hospital level diagnostics or escalation as required. Liaison with palliative care as appropriate.
Infection: UTI, LRTI, Cellulitis (diagnosed)	- TDS+ where cannot be provided via elastomeric pump	At home initiation and provision of intravenous antibiotics, monitoring of infection markers and NEWS2. May include remote monitoring technology to reduce need for face to face visits (e.g. where using elastomeric pumps for BD+ IVs. Where indicated for safety, first dose may be arranged in ambulatory care.
Decompensated chronic heart failure - fluid overload	- Chronic, natural trajectory of disease	Home visit by nurse or GP for patient assessment. At home initiation and provision of IV frusemide to support fluid offload. Ongoing monitoring of renal function. Liaison with palliative care as appropriate.
Monitoring diabetes control plan	- Acute diabetic emergencies	Remote patient monitoring and insulin and blood glucose monitoring. Adjustment of treatment plan as appropriate.
Dehydration	- Acute diabetic emergencies	Home visit for patient assessment and diagnosis confirmation, with IV/SC fluids and blood monitoring as required. Remote virtual monitoring if indicated.
Urgent palliative planning for patient to avoid hospital	- Non-urgent (>48 hours) palliative referral	Home visit from Hospital at Home's St Christopher's senior nursing staff to agree patient plan and manage immediate needs. Reversible conditions treated in line with agreed plan. GP may be asked to prescribe anticipatory medications. Patient transferred to main St Christopher's service and discharged to GP.