Activity Survey – Patient Form *Circle the answer(s) that apply*

DESERVE – National Evaluation of Deteriorating Patient Services.

Inclusion criteria:
All Martha's Rule calls OR **emergency referral fulfilling:**

- New NEWS2 ≥ 7 on review (PEWS ≥ 9 if paediatric patient – or local equivalent)
- Critical care admission following an outreach review

Cardiac arrest = defined as defibrillation or chest compressions given
EWS = Early Warning Score (e.g. NEWS2, PEWS…)

Question	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5	Patient 6
Patient ID (hospital number) *for local tracking: will not be collected*						
Reviewing staff *circle all who reviewed*	Nurse / ACP / Doctor / AHP	Nurse / ACP / Doctor / AHP	Nurse / ACP / Doctor / AHP	Nurse / ACP / Doctor / AHP	Nurse / ACP / Doctor / AHP	Nurse / ACP / Doctor / AHP
Date & time referred *e.g. 06/10/26 13:55*						
Date & time reviewed *e.g. 06/10/26 15:12*						
Patient age *(years)* *If less than 1 year please enter 0*						
Martha's Rule referral?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
If YES – reason for review:	Patient Wellness Question Hospital staff concern Patient or family clinical concern Patient/family non-clinical concern	Patient Wellness Question Hospital staff concern Patient or family clinical concern Patient/family non-clinical concern	Patient Wellness Question Hospital staff concern Patient or family clinical concern Patient/family non-clinical concern	Patient Wellness Question Hospital staff concern Patient or family clinical concern Patient/family non-clinical concern	Patient Wellness Question Hospital staff concern Patient or family clinical concern Patient/family non-clinical concern	Patient Wellness Question Hospital staff concern Patient or family clinical concern Patient/family non-clinical concern
If NO – reason for review: *2222 = emergency/arrest call*	EWS / 2222 / Staff concern Patient or family concern / Other	EWS / 2222 / Staff concern Patient or family concern / Other	EWS / 2222 / Staff concern Patient or family concern / Other	EWS / 2222 / Staff concern Patient or family concern / Other	EWS / 2222 / Staff concern Patient or family concern / Other	EWS / 2222 / Staff concern Patient or family concern / Other
Which EWS is being used?	NEWS2 / MEWS2 / PEWS / Other (specify)	NEWS2 / MEWS2 / PEWS / Other (specify)	NEWS2 / MEWS2 / PEWS / Other (specify)	NEWS2 / MEWS2 / PEWS / Other (specify)	NEWS2 / MEWS2 / PEWS / Other (specify)	NEWS2 / MEWS2 / PEWS / Other (specify)
Was this a cardiac arrest?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
If NO – EWS at referral:						
Patient Wellness Question *most recent answer if known*						
Length of review *e.g. 45 mins*						
Management changes (circle all that apply) ** Includes increased frequency of observations, establishing continuous monitoring (e.g. telemetry) and planned repeat reviews* *** Includes operations in theatres, interventional radiology, and in endoscopy*	Oxygen change New medication(s) including fluids Investigations (e.g. CT/MRI/US) Increased monitoring* Surgical Procedure** Critical care or HDU admission End of life care None of the above Other (please describe):	Oxygen change New medication(s) including fluids Investigations (e.g. CT/MRI/US) Increased monitoring* Surgical Procedure** Critical care or HDU admission End of life care None of the above Other (please describe):	Oxygen change New medication(s) including fluids Investigations (e.g. CT/MRI/US) Increased monitoring* Surgical Procedure** Critical care or HDU admission End of life care None of the above Other (please describe):	Oxygen change New medication(s) including fluids Investigations (e.g. CT/MRI/US) Increased monitoring* Surgical Procedure** Critical care or HDU admission End of life care None of the above Other (please describe):	Oxygen change New medication(s) including fluids Investigations (e.g. CT/MRI/US) Increased monitoring* Surgical Procedure** Critical care or HDU admission End of life care None of the above Other (please describe):	Oxygen change New medication(s) including fluids Investigations (e.g. CT/MRI/US) Increased monitoring* Surgical Procedure** Critical care or HDU admission End of life care None of the above Other (please describe):
Location at 24hr after review	Discharged / Ward / HDU / Critical Care / Deceased	Discharged / Ward / HDU / Critical Care / Deceased	Discharged / Ward / HDU / Critical Care / Deceased	Discharged / Ward / HDU / Critical Care / Deceased	Discharged / Ward / HDU / Critical Care / Deceased	Discharged / Ward / HDU / Critical Care / Deceased
EWS at 24hr after review						

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Question	Patient 7	Patient 8	Patient 9	Patient 10	Patient 11	Patient 12
Patient ID (hospital number) *for local tracking: will not be collected*						
Reviewing staff *circle all who reviewed*	Nurse / ACP / Doctor / AHP	Nurse / ACP / Doctor / AHP	Nurse / ACP / Doctor / AHP	Nurse / ACP / Doctor / AHP	Nurse / ACP / Doctor / AHP	Nurse / ACP / Doctor / AHP
Date & time referred *e.g. 06/10/26 13:55*						
Date & time reviewed *e.g. 06/10/26 15:12*						
Patient age *(years)* *If less than 1 year please enter 0*						
Martha's Rule referral?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
If YES – reason for review:	Patient Wellness Question Hospital staff concern Patient or family clinical concern Patient/family non-clinical concern	Patient Wellness Question Hospital staff concern Patient or family clinical concern Patient/family non-clinical concern	Patient Wellness Question Hospital staff concern Patient or family clinical concern Patient/family non-clinical concern	Patient Wellness Question Hospital staff concern Patient or family clinical concern Patient/family non-clinical concern	Patient Wellness Question Hospital staff concern Patient or family clinical concern Patient/family non-clinical concern	Patient Wellness Question Hospital staff concern Patient or family clinical concern Patient/family non-clinical concern
If NO – reason for review: *2222 = emergency/arrest call*	EWS / 2222 / Staff concern Patient or family concern / Other	EWS / 2222 / Staff concern Patient or family concern / Other	EWS / 2222 / Staff concern Patient or family concern / Other	EWS / 2222 / Staff concern Patient or family concern / Other	EWS / 2222 / Staff concern Patient or family concern / Other	EWS / 2222 / Staff concern Patient or family concern / Other
Which EWS is being used?	NEWS2 / MEWS2 / PEWS / Other	NEWS2 / MEWS2 / PEWS / Other	NEWS2 / MEWS2 / PEWS / Other	NEWS2 / MEWS2 / PEWS / Other	NEWS2 / MEWS2 / PEWS / Other	NEWS2 / MEWS2 / PEWS / Other
Was this a cardiac arrest?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
If NO – EWS at referral:						
Patient Wellness Question *most recent answer if known*						
Length of review *e.g. 45 mins*						
Management changes (circle all that apply) ** Includes increased frequency of observations, establishing continuous monitoring (e.g. telemetry) and planned repeat reviews* *** Includes operations in theatres, interventional radiology, and in endoscopy*	Oxygen change New medication(s) including fluids Investigations (e.g. CT/MRI/US) Increased monitoring* Surgical Procedure** Critical care or HDU admission End of life care None of the above Other (please describe):	Oxygen change New medication(s) including fluids Investigations (e.g. CT/MRI/US) Increased monitoring* Surgical Procedure** Critical care or HDU admission End of life care None of the above Other (please describe):	Oxygen change New medication(s) including fluids Investigations (e.g. CT/MRI/US) Increased monitoring* Surgical Procedure** Critical care or HDU admission End of life care None of the above Other (please describe):	Oxygen change New medication(s) including fluids Investigations (e.g. CT/MRI/US) Increased monitoring* Surgical Procedure** Critical care or HDU admission End of life care None of the above Other (please describe):	Oxygen change New medication(s) including fluids Investigations (e.g. CT/MRI/US) Increased monitoring* Surgical Procedure** Critical care or HDU admission End of life care None of the above Other (please describe):	Oxygen change New medication(s) including fluids Investigations (e.g. CT/MRI/US) Increased monitoring* Surgical Procedure** Critical care or HDU admission End of life care None of the above Other (please describe):
Location at 24hr after review	Discharged / Ward / HDU / Critical Care / Deceased	Discharged / Ward / HDU / Critical Care / Deceased	Discharged / Ward / HDU / Critical Care / Deceased	Discharged / Ward / HDU / Critical Care / Deceased	Discharged / Ward / HDU / Critical Care / Deceased	Discharged / Ward / HDU / Critical Care / Deceased
EWS at 24hr after review						