

FAMILY NAME TUCKER MRN 1608846
 GIVEN NAME SIMON MALE FEMALE
 D.O.B. 24/08/61 M.O. EMERGENCY DR.
 ADDRESS _____
 LOCATION EMERGENCY

STANDARD ADULT GENERAL OBSERVATION CHART

Altered Calling Criteria
 ALL OBSERVATIONS MUST BE GRAPHED

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Date		Time						Date	Time
AIRWAY/BREATHING	Respiratory Rate	35						35	
		30						30	
		25						25	
		20						20	
SpO ₂ %	SpO ₂ %	100						100	
		95						95	
		90						90	
		85						85	
Oxygen	O ₂ Lpm	<u>2A</u>						O ₂ Lpm	
	Device / mode							Device / mode	
Key: RA = Room Air, NP = Nasal Prongs, FM = Simple facemask, NRB = Non Re-breather, VM = Venturi Mask									
CIRCULATION	Blood Pressure (mmHg) SBP is trigger	<						<	
		230						230	
		220						220	
		210						210	
		200						200	
		190						190	
		180						180	
		170						170	
		160						160	
		150						150	
Heart Rate	Heart Rate	140						140	
		130						130	
		120						120	
		110						110	
		100						100	
		90						90	
		80						80	
		70						70	
		60						60	
		50						50	
Rhythm	Rhythm	<u>SR</u>						<u>SR</u>	
		160						160	
		150						150	
		140						140	
		130						130	
Neurological	Neurological	<u>A</u>						<u>A</u>	
		<u>V</u>						<u>V</u>	
		<u>P</u>						<u>P</u>	
		<u>U</u>						<u>U</u>	
Enter appropriate letter. A= Alert, V= Rousable by voice (conduct GCS). P= Rousable only by pain (conduct GCS). U= Unresponsive									
Initials		<u>TM</u>						Initials	

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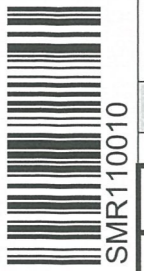
STANDARD ADULT GENERAL OBSERVATION CHART

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Date		Time						Date	Time
EXPOSURE	Temperature (°C)	41						41	
		40.5						40.5	
		40						40	
		39.5						39.5	
		39						39	
		38.5						38.5	
		38						38	
		37.5						37.5	
		37						37	
		36.5						36.5	
		36						36	
		35.5						35.5	
		35						35	
		34.5						34.5	
34						34			
Pain	Assess pain level at rest and with movement. Enter R for at rest, M for movement								
	Severe (7-10)	<input checked="" type="checkbox"/>							Severe (7-10)
	Moderate (4-6)								Moderate (4-6)
	Mild (1-3)								Mild (1-3)
Initials									Initials
	<u>TM</u>								
Blood Glucose	Date	<u>17/5</u>						Date	
	Time	<u>0930</u>						Time	
	BGL	<u>6.8</u>						BGL	
Bowels	Date							Date	
Weight	Date							Date	
	<input type="checkbox"/> Daily							Daily	
Urinalysis	Date							Date	
	Time							Time	
	SG							SG	
	pH							pH	
	Leuk							Leuk	
	Blood							Blood	
	Nitrite							Nitrite	
	Ketones							Ketones	
	Bilirubin							Bilirubin	
	U/Bil							U/Bil	
Protein							Protein		
Glucose							Glucose		

WP04_SI_CM02_SAG0



Holes punched as per AS2828.1:2012
 BINDING MARGIN - NO WRITING



FAMILY NAME	TUCKER	MRN	1608846
GIVEN NAME	SIMON	<input checked="" type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
D.O.B.	24/08/61	M.O.	EMERGENCY DR.
ADDRESS			
LOCATION	EMERGENCY		

STANDARD ADULT GENERAL OBSERVATION CHART

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OTHER CHARTS IN USE

- Neurological Observation
- Fluid Balance
- Anticoagulant
- Insulin Infusion
- Pain / Epidural / Patient Control Analgesia
- Neurovascular
- Alcohol Withdrawal
- Resuscitation Plan
- Other _____

PRESCRIBED FREQUENCY OF OBSERVATIONS

Observations must be performed routinely at least 8th hourly, unless advised below

DATE:	dd/MM/yy				
Time:	hh:mm				
Frequency Required	Twice daily				
Medical Officer Name (BLOCK letters)	P. SMITH				
Medical Officer Signature	P. SMITH				
Attending Medical Officer Signature	R. Blagge				

ALTERATIONS TO CALLING CRITERIA
MUST BE REVIEWED WITHIN 72 HOURS OR EARLIER IF CLINICALLY INDICATED
 Any alterations MUST be signed by a Medical Officer and confirmed by Attending Medical Officer
 Document rationale for altering CALLING CRITERIA in the patient's health care record

DATE:	dd/MM/yy	17/5/2018			
TIME:	hh:mm	0945			
Next review due Date & Time	dd/MM/yy hh:mm	72 HRS.			

Respiratory Rate	Yellow Zone	30-34			
	Red Zone	≥ 35			
SpO ₂	Yellow Zone	< 88			
	Red Zone	< 85			
Heart Rate	Yellow Zone	known			
	Red Zone	COPD			
Blood Pressure	Yellow Zone				
	Red Zone				
Other	Yellow Zone				
	Red Zone				
Medical Officer Name (BLOCK letters)	P. SMITH	HUNT			
Medical Officer Signature	P. SMITH	HJB			
Attending Medical Officer Signature	R. Blagge				

INTERVENTIONS / COMMENTS / ACTIONS

	Date	Time	
1.			
2.			
3.			
4.			

STANDARD ADULT GENERAL OBSERVATION CHART SMR110.010

REFER TO YOUR LOCAL CLINICAL EMERGENCY RESPONSE SYSTEM (CERS) PROTOCOL FOR INSTRUCTIONS ON HOW TO MAKE A CALL TO ESCALATE CARE FOR YOUR PATIENT

CHECK THE HEALTH CARE RECORD FOR AN END OF LIFE CARE PLAN WHICH MAY ALTER THE MANAGEMENT OF YOUR PATIENT

Yellow Zone Response

IF YOUR PATIENT HAS ANY YELLOW ZONE OBSERVATIONS OR ADDITIONAL CRITERIA* YOU MUST

1. Initiate appropriate clinical care
2. Repeat and increase the frequency of observations, as indicated by your patient's condition
3. Consult promptly with the **NURSE IN CHARGE** to decide whether a **CLINICAL REVIEW** (or other CERS) call should be made

Consider the following:

- What is usual for your patient and are there documented 'ALTERATIONS TO CALLING CRITERIA'?
- Does the trend in observations suggest deterioration?
- Is there more than one Yellow Zone observation or additional criterion?
- Are you concerned about your patient?

IF A CLINICAL REVIEW IS CALLED:

1. Reassess your patient and escalate according to your local CERS if the call is not attended within 30 minutes or you are becoming more concerned
2. Document an A-G assessment, reason for escalation, treatment and outcome in your patient's health care record
3. Inform the Attending Medical Officer that a call was made as soon as it is practicable

*Additional YELLOW ZONE Criteria

- Increasing oxygen requirement
- Poor peripheral circulation
- Excess or increasing blood loss
- Decrease in Level of Consciousness or new onset of confusion
- Low urine output persistent for 4 hours (< 100mLs over 4 hours or < 0.5mL/kg/hr via an IDC)
- Polyuria, in the absence of diuretics (urine output > 200mL/hr for 2 hours)
- Greater than expected fluid loss from a drain
- New, increasing or uncontrolled pain (including chest pain)
- Blood Glucose Level < 4mmol/L or > 20mmol/L with no decrease in Level of Consciousness
- Ketonaemia > 1.5mmol/L or Ketonuria 2+ or more
- Concern by patient or family member
- Concern by you or any staff member

CONSIDER IF YOUR PATIENT'S DETERIORATION COULD BE DUE TO SEPSIS, A NEW ARRHYTHMIA, HYPOVOLAEMIA/HAEMORRHAGE, PULMONARY EMBOLUS/DVT, PNEUMONIA/ATELECTASIS, AN AMI, STROKE, OR AN OVERDOSE/OVER SEDATION

Red Zone Response

IF YOUR PATIENT HAS ANY RED ZONE OBSERVATIONS OR ADDITIONAL CRITERIA# YOU MUST CALL FOR A RAPID RESPONSE (as per local CERS) AND

1. Initiate appropriate clinical care
2. Inform the **NURSE IN CHARGE** that you have called for a **RAPID RESPONSE**
3. Repeat and increase the frequency of observations, as indicated by your patient's condition
4. Document an A-G assessment, reason for escalation, treatment and outcome in your patient's health care record
5. Inform the Attending Medical Officer that a call was made as soon as it is practicable

#Additional RED ZONE Criteria

- Cardiac or respiratory arrest
- Airway obstruction or stridor
- Patient unresponsive
- Sudden decrease in Level of Consciousness (a drop of 2 or more points on the GCS)
- Seizures
- Low urine output persistent for 8 hours (< 200mLs over 8 hours or < 0.5mL/kg/hr via an IDC)
- Blood Glucose Level < 4mmol/L or > 20mmol/L with a decreased Level of Consciousness
- Lactate ≥ 4mmol/L
- Serious concern by any patient or family member
- Serious concern by you or any staff member
- Deterioration not reversed within 1 hour of Clinical Review
- Increasing oxygen requirements to maintain oxygen saturation > 90%
- Arterial Blood Gas: PaO₂ < 60 or PaCO₂ > 60 or pH < 7.2 or BE < -5
- Venous Blood Gas: PvCO₂ > 65 or pH < 7.2
- Only responds to Pain (P) on the AVPU scale

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