

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

STANDARD ADULT GENERAL OBSERVATION CHART

Altered Calling Criteria
 ALL OBSERVATIONS MUST BE GRAPHED COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Date Time	2015								Date Time
	08 00	12 00	16 00	20 00	21/5 00 00	04 00	08 00	10 00	
AIRWAY/BREATHING	Respiratory Rate								
	SpO2%								
O2Lpm 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								
	Rhythm								
Heart Rate									
DISABILITY	Neurological								
	Enter appropriate letter. A= Alert, V= Rousable by voice (conduct GCS). P= Rousable only by pain (conduct GCS). U= Unresponsive								
Initials									

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EXPOSURE	Temperature (°C)								
Pain	Assess pain level at rest and with movement. Enter R for at rest, M for movement								
	Severe (7-10)								
	Moderate (4-6)								
	Mild (1-3)								
Nil									
Initials									
Blood Glucose	Date								
	Time								
	BGL								
Bowels	Date								
	Daily								
Urinalysis	Date								
	Time								
	SG								
	pH								
	Leuk								
	Blood								
	Nitrite								
	Ketones								
	Bilirubin								
	U/Bil								
Protein									
Glucose									

WP04-S2-CM15-SAGO



SMR110010

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



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OTHER CHARTS IN USE

Neurological Observation Insulin Infusion Alcohol Withdrawal
 Fluid Balance Pain / Epidural / Patient Control Analgesia Resuscitation Plan
 Anticoagulant Neurovascular 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	<u>20/05/18</u>			
TIME:	hh:mm	<u>0900</u>			
Next review due Date & Time	dd/MM/yy hh:mm				

Respiratory Rate	Yellow Zone	30-34			
	Red Zone	≥ 35			
SpO ₂	Yellow Zone	< 88			
	Red Zone	< 85			
Heart Rate	Yellow Zone				
	Red Zone				
Blood Pressure	Yellow Zone				
	Red Zone				
Other	Yellow Zone				
	Red Zone				

Medical Officer Name (BLOCK letters) P. SMITH JOHASTONE
 Medical Officer Signature P. SMITH [Signature]
 Attending Medical Officer Signature R. Blagge [Signature]

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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