NSW GOVERNMENT Health

STANDARD ADULT GENERAL OBSERVATION CHART

FAMILY NAME WATSON	MRN 0407123
GIVEN NAME KAREN	☐ MALE ☒ FEMALE
D.O.B. 22/03/70	M.O. CROZIER
ADDRESS	
☐ Altered Calling Criteria	LOCATION SURGICAL WARD

ALL OBSERVATIONS MUST BE GRAPHED

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

SMR110010

Holes punched as per AS2828.1:2012

BINDING MARGIN - NO WRITING

NH606512 221113

AIRWAY/BREATHING

Respiratory Rate

Date	21/5				22/5				23/5				24/5				Date
Time	0930	1200	1600	2000	0000	0400	0800	1200	1600	2000	0000	0400	0800	1200	1600	2000	Time
Respiratory Rate	20	19	18	20	17	15	16	15	16	15	16	15	16	17	19	21	

SpO_2%

SpO_2%	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	

Oxygen

O_2Lpm	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	O_2Lpm
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 > <

BP	110/70	110/70	110/70	110/70	110/70	110/70	110/70	120/80	120/80	130/80	120/80	130/80	110/70	110/70	120/80	110/70	110/70	110/70	110/70	

Heart Rate ●

Rhythm	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	Rhythm
Heart Rate ●	110	105	100	90	90	90	100	110	70	70	70	70	70	70	70	80	90	100	110	

DISABILITY

Neurological

A	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	A
V																				V
P																				P
U																				U

Enter appropriate letter. A= Alert, V= Rousable by voice (conduct GCS). P= Rousable only by pain (conduct GCS). U= Unresponsive

Initials	MH	MH	GF	GF	DC	DC	MH	MH	GF	GF	DC	DC	MH	MH	GF	GF	ES	ES	MH	MH	Initials

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EXPOSURE

Temperature (°C) ●

Date	21/5				22/5				23/5				24/5				Date
Time	0930	1200	1600	2000	0000	0400	0800	1200	1600	2000	0000	0400	0800	1200	1600	2000	Time
Temperature (°C) ●	38.5	38.2	38.0	38.6	38.5	38.0	38.5	37.5	37.0	37.2	37.0	36.8	37.0	36.8	37.0	37.5				

Pain

Assess pain level at rest and with movement. Enter R for at rest, M for movement

Severe (7-10)	✓			✓		✓	✓												✓	Severe (7-10)
Moderate (4-6)		✓	✓		✓			✓	✓									✓	✓	✓	Moderate (4-6)
Mild (1-3)										✓	✓		✓		✓	✓					Mild (1-3)
Nil												✓		✓							No pain
Initials	MH	MH	GF	GF	DC	DC	MH	MH	GF	GF	DC	DC	MH	MH	GF	GF	ES	ES	MH	MH	Initials

Blood Glucose

Date	21/5																			Date
Time	0930																			Time
BGL	7.0																			BGL

Bowels

Date																				Date

Weight

Date																				Date
☐ 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

wp03_s2_cm23_sago

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☐ Altered Calling Criteria

ALL OBSERVATIONS MUST BE GRAPHED

FAMILY NAME	WATSON
MRN	0407123
GIVEN NAME	KAREN
☐ MALE ☒ FEMALE	
D.O.B.	22/03/70
M.O.	CROZIER
ADDRESS	
LOCATION	SURGICAL WARD.

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

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. Bloggs					

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				
TIME:		hh:mm				
Next review due Date & Time		dd/MM/yy hh:mm				
Respiratory Rate	Yellow Zone	30-34				
	Red Zone	≥ 35				
SpO_2	Yellow Zone					
	Red Zone					
Heart Rate	Yellow Zone					
	Red Zone					
Blood Pressure	Yellow Zone					
	Red Zone					
Other	Yellow Zone					
	Red Zone					
Medical Officer Name (BLOCK letters)		P. SMITH				
Medical Officer Signature		P. SMITH				
Attending Medical Officer Signature		R. Bloggs				

EXAMPLE

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**
- Deterioration not reversed within 1 hour of Clinical Review
- Increasing oxygen requirements to maintain oxygen saturation > 90%
- Arterial Blood Gas: PaO_2 < 60 or $PaCO_2$ > 60 or pH < 7.2 or BE < -5
- Venous Blood Gas: $PvCO_2$ > 65 or pH < 7.2
- Only responds to Pain (P) on the AVPU scale
- 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**