

FAMILY NAME WATSON MRN 0407123  
 GIVEN NAME KAREN  MALE  FEMALE  
 D.O.B. 22/03/70 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	27/5						28/5						Date Time
	1200	1600	2000	0000	0400	0800	1200	1600	2000	0000	0400	0800	
AIRWAY/BREATHING	Respiratory Rate												35
	SpO <sub>2</sub> %												100
	O <sub>2</sub> Lpm Device / mode												RA RA RA RA RA RA
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
	Rhythm												SR SR SR SR SR SR
	Heart Rate												160
DISABILITY	Neurological												A
	Enter appropriate letter. A= Alert, V= Rousable by voice (conduct GCS). P= Rousable only by pain (conduct GCS). U= Unresponsive												V
Initials												TM LM LM TW TW TM	

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EXPOSURE	Temperature (°C)												41	
	Pain												Severe (7-10)	
	Assess pain level at rest and with movement. Enter R for at rest, M for movement												Moderate (4-6)	
	Mild (1-3)												Mild (1-3)	
	Nil												No pain	
	Initials												TM LM LM TW TW TM	
	Blood Glucose	Date												Date
		Time												Time
		BGL												BGL
	Bowels	Date												Date
Weight												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		

WPO3\_S3\_CM34\_SAGO



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**NSW Health**

**STANDARD ADULT GENERAL OBSERVATION CHART**

Altered Calling Criteria

ALL OBSERVATIONS MUST BE GRAPHED

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				
TIME:	hh:mm				
Next review due Date & Time	dd/MM/yy hh:mm				
Respiratory Rate	Yellow Zone	30-34			
	Red Zone	≥ 35			
SpO <sub>2</sub>	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. 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: PaO<sub>2</sub> < 60 or PaCO<sub>2</sub> > 60 or pH < 7.2 or BE < -5
- Venous Blood Gas: PvCO<sub>2</sub> > 65 or pH < 7.2
- Only responds to Pain (P) on the AVPU scale

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