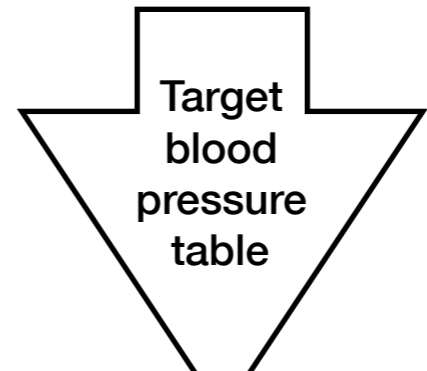


UR Number: _____
 Family name: _____
 Given names: _____
 Date of birth: ____/____/____ Sex: M F
 (Affix patient identification label here)

Observation parameter labels	Observation parameter scales	Observations graphing area	Observation parameter scales		
O ₂ Saturation (%)	Write ≥ 35 30–34 25–29 20–24 15–19 10–14 5–9 Write ≤ 4		Write ≥ 35 30–34 25–29 20–24 15–19 10–14 5–9 Write ≤ 4		
O ₂ Flow Rate (L / min)	≥ 13 10–12 7–9 4–6 ≤ 3		≥ 13 10–12 7–9 4–6 ≤ 3		
Blood Pressure (mmHg)	Write ≥ 200 190s 180s 170s 160s 150s 140s 130s 120s 110s 100s 90s 80s 70s 60s 50s 40s			Write ≥ 200 190s 180s 170s 160s 150s 140s 130s 120s 110s 100s 90s 80s 70s 60s 50s 40s	
Heart Rate (beats / min)	Write ≥ 140 130s 120s 110s 100s 90s 80s 70s 60s 50s 40s Write ≤ 30s			Write ≥ 140 130s 120s 110s 100s 90s 80s 70s 60s 50s 40s Write ≤ 30s	
Temperature (°C)	Write ≥ 39.1 38.5–39.0 38.0–38.4 37.5–37.9 37.0–37.4 36.5–36.9 36.0–36.4 35.5–35.9 Write ≤ 35.4			Write ≥ 39.1 38.5–39.0 38.0–38.4 37.5–37.9 37.0–37.4 36.5–36.9 36.0–36.4 35.5–35.9 Write ≤ 35.4	
Consciousness	Alert To Voice To Pain Unresp.			Alert To Voice To Pain Unresp.	
ADDS Scores	Respiratory Rate O ₂ Saturation O ₂ Flow Rate Systolic BP Heart Rate Temperature Consciousness TOTAL ADDS			ADDS Scores	
Intervention	E.g. '_____'			Interventions row	E.g. 'a'



Usual/target systolic BP: _____ mmHg Signature: _____

Circle the column showing the patient's usual systolic BP

	190s	180s	170s	160s	150s	140s	130s	120s	110s	100s	90s	80s
0	0	0	1	1	2	2	2	3	3	4	5	5
1	0	0	1	1	1	1	2	2	3	3	4	4
2	0	0	0	0	1	1	1	2	2	3	3	4
3	1	0	0	0	0	1	1	2	2	3	3	3
4	1	1	0	0	0	0	0	1	1	2	2	2
5	1	1	1	0	0	0	0	0	1	1	2	2
6	2	1	1	1	0	0	0	0	0	1	1	1
7	2	2	1	1	0	0	0	0	0	0	0	1
8	2	2	2	1	1	0	0	0	0	0	0	0
9	3	2	2	2	1	1	0	0	0	0	0	0
10	3	3	3	2	2	2	1	1	0	0	0	0
11	4	3	3	3	2	2	2	2	1	1	0	0
12											1	0

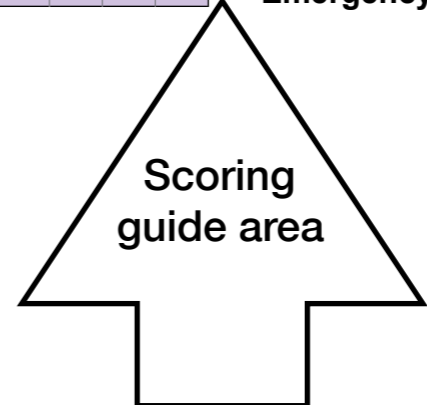
Score current systolic BP using circled column

Emergency call

Adult Deterioration Detection System (ADDS)

If any observation is in a shaded area, add up the Total ADDS Score and take the action required for that score.

□ □ □ □ □	Score 0
□ □ □ □ □	Score 1
□ □ □ □ □	Score 2
□ □ □ □ □	Score 3
4 4 4 4	Score 4
5 5 5 5	Score 5
□ □ □ □ □	Emergency call

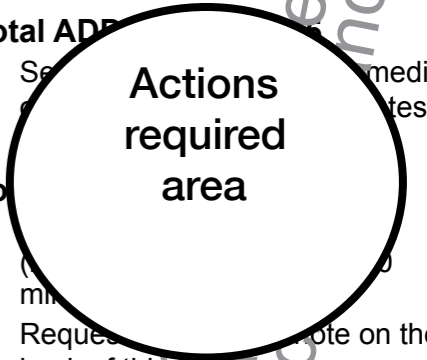


Actions Required

- Total ADDS Score 1–3**
- Increase frequency of observations *[specify frequency]*
 - Inform senior nurse and/or Team Leader

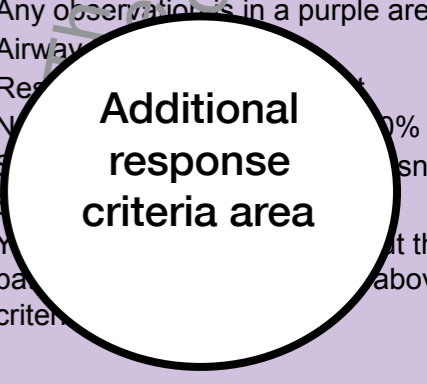
- Total ADDS Score 4–6**
- Seek help from medical staff
 - Request medical notes on the back of this form

- Total ADDS Score ≥ 7**
- Place Emergency call
 - Begin initial life support interventions (support airway, breathing, circulation)
 - Advanced life support provider to attend patient immediately



Emergency call if:

- Any observation is in a purple area
- Airway compromise
- Respiratory rate < 10 or > 30
- No response to 5% oxygen
- SpO₂ < 90%
- Systolic BP < 90
- Heart rate > 140
- Unresponsive



<INSERT SITE LOGO> Adult Deterioration Detection System (ADDS) Chart	UR Number: _____ Family name: _____ Given names: _____ Date of birth: ____/____/____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F (Affix patient identification label here)
------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Other Observation Charts In Use

<input type="checkbox"/> Alcohol Withdrawal	<input type="checkbox"/> Insulin Infusion	<input type="checkbox"/> Pain/Epidural/Patient Controlled Analgesia
<input type="checkbox"/> Anticoagulant	<input type="checkbox"/> Neurology	<input type="text"/>
<input type="checkbox"/> Fluid Balance	<input type="checkbox"/> Neurovascular	<input type="text"/>

General Instructions

- » You must record appropriate observations:
 - On admission
 - At a frequency appropriate for the patient's clinical state.
- » You must calculate a Total ADDS Score:
 - If the patient is deteriorating or an observation is in a shaded area
 - Whenever you are concerned about the patient.
- » When graphing observations, place a dot (•) in the centre of the box which includes the current observation in its range of values and connect it to the previous dot with a straight line. For blood pressure, use the symbols indicated on the chart.
- » Whenever an observation falls within a shaded area, you must enter the ADDS Score for that vital sign in the appropriate row of the ADDS Scores table, unless a modification has been made (see below).

Modifications

- If abnormal observations are to be tolerated for the patient's clinical condition, write the acceptable ranges below (where the ADDS Score will be 0).
- Modifications must be reviewed at least every 72 hours.
- If **any** vital sign needs further modifying, draw two diagonal lines through the entire Modification record in use and write the new acceptable ranges in the next Modification record.

	Modification 1	Modification 2	Modification 3	Modification 4
Respiratory Rate	- breaths / min	- breaths / min	- breaths / min	- breaths / min
O ₂ Saturation	- %	- %	- %	- %
O ₂ Flow Rate	- L / min	- L / min	- L / min	- L / min
Systolic BP	- mmHg	- mmHg	- mmHg	- mmHg
Heart Rate	- beats / min	- beats / min	- beats / min	- beats / min
Temperature	- °C	- °C	- °C	- °C
Consciousness	-	-	-	-
Doctor's name				
Signature				
Date	/ /	/ /	/ /	/ /
Time	:	:	:	:

ADDS CHART WITH BP TABLE

DRAFT

DRAFT

UR Number: _____
Family name: _____
Given names: _____
Date of birth: ____/____/____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F (Affix patient identification label here)

Interventions Associated With Abnormal Vital Signs

	Reference Letter	Intervention (initial if required)
If you administer an intervention, record here and note letter in Intervention row over page in appropriate time column.	a	
	b	
	c	
	d	
	e	
	f	
	g	
	h	

Clinical Review Requests

Review requested	Date: ____/____/____	Time: ____:____	<input type="checkbox"/> Ward doctor	<input type="checkbox"/> Registrar	<input type="checkbox"/> Emergency
Specify reason: _____					
Review requested	Date: ____/____/____	Time: ____:____	<input type="checkbox"/> Ward doctor	<input type="checkbox"/> Registrar	<input type="checkbox"/> Emergency
Specify reason: _____					
Review requested	Date: ____/____/____	Time: ____:____	<input type="checkbox"/> Ward doctor	<input type="checkbox"/> Registrar	<input type="checkbox"/> Emergency
Specify reason: _____					

Additional Observations

Date													
Time													
Blood Glucose Level (mmol / L)													
Weight (kg)													
Bowels													
Urinalysis	Specific gravity												
	pH												
	Leukocytes												
	Blood												
	Nitrite												
	Ketones												
	Bilirubin												
	Urobilinogen												
Protein													
Glucose													

DO NOT WRITE IN THIS BINDING MARGIN