

UR Number: Family Given Date of birth

Adult Deterioration Detection System (ADDS)

If any observation is in a shaded area, add up the Total AP action required for that score.

Emergency call
Score 3
Score 2
Score 1
Score 0

Actions Required

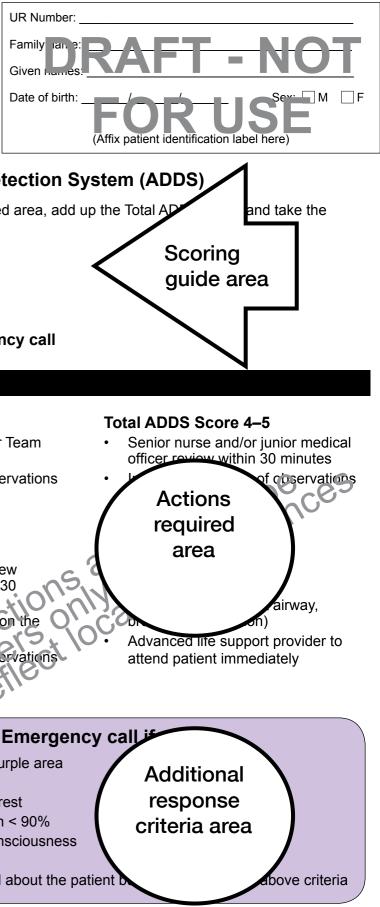
Total ADDS Score 1–3

- Inform senior nurse and/or Team Leader
- Increase frequency of observations • [specify frequency]

Total ADDS Score 6–7

- Senior medical officer review • (registrar or above) within 30 minutes
- Request review, and note on the back of this form back of this form
- back of this form Increase frequency of observations [specify frequency]

- Any observation is in a purple area
- Arway threat
- Respiratory or cardiac arrest
- New drop in O_2 saturation < 90% ٠
- Sudden fall in level of consciousness
- Seizure
- You are seriously worried about the patient b



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		UR Number:							Nur	mber:	
С	hart	Family name:	Family name: Pa				atient identification label area				
titl	e area				_			_	n r	names:	
Adult Detens.	, stem (ADDS	Date of birth:	/	Sex: M F					Date of	f birth:/ (Affix pa	
	Chart		fix patient identification lab	bel here)		Intervent	ions Associ	iated Wit	h Abnorm	al Vital Si	
Other Observat	/	Other	in/Epidural/Patient Co	ntrolled Analgesia			Reference				
Anticoagulant		charts in use				lf you	Letter		Intervent	ion (initial if re	
Fluid Balance		area				administer an intervention,	b			\frown	
General Instruc						record here and note	c		-		
» You must record	appropriate observati	ons:				letter in Intervention	d		Interv	ventions	
On admissionAt a frequer	on hcy appropriate for the		ate.			row over page in	e		а	irea	
	ate a Total ADDS	General				appropriate time column.	f				
- Whenever y	t is deteriorating you are concerr	nstructions	ded area			time column.	g				
 When graphing or observation in its pressure, use the 	observations, p s range of value e symbols indica	area	e box which inclused of with a straig				h				
 Whenever an ob sign in the appro below). 	servation falls within priate row of the ADD	g , unle	must enter the ADDS ess a modification has			Clinical Review requ	Review Requested Date	uests	Time		
Modifications						Specify reasor	.				
 If abnormal observation below (where the ADD 	ns are to be tolerated fo OS Score will be 0).	r the patient's clinical	condition, write the acc	eptable ranges					1	nical view	
- Modifications must be			ough the entire Modifica	ation record in use	ADD	Review req				sts area	
	eptable ranges in the ne Modification 1			Modification 4	S C	Specify reason					
Respiratory Rate	breaths / min		- breaths / min	- breaths / min	HAF	Review req		/ /			
O_2 Saturation	- %	An alifi a ati a ma	- %	- %	RT	Specify reason		020			
O_2 Flow Rate	- L/	Aodifications area	- L/min	– L/min		Additional Observations Date					
- Systolic BP	- mm		- mmHg	- mmHg			ime				
Heart Rate	- beats - / min		- beats - / min	- beats - / min		Blood Glu	ICOSE Level		Add	N litional	
Temperature	- °C	- °C	- °C	- °C		We	eight			vations	
Consciousness	-	-	-	-			^{kg)} wels		a	irea	
Doctor's name							Specific gravity		\mathbf{A}		
Signature					D		pH Leukocytes				
Date		1 1			ORA	Urinalysis	Blood				
		. ,		· · ·	FT		Ketones				
Time		:	:	:	_		Bilirubin Urobilinogen				
							Protein Glucose				

_// Sex:MF patient identification label here)	
Signs	
required)	
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