

<INSERT SITE LOGO>

Chart title area

Adult Observation Chart (ORC) Four-Tier Response System (R4)

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

Patient identification label area

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

Other Observation Charts In Use

- Alcohol Withdrawal
- Anticoagulant
- Fluid Balance
- Insulin Infusion
- Pain/Epidural/Patient Controlled Analgesia

Other charts in use area

General Instructions

- » You must record appropriate observations:
 - On admission
 - At a frequency appropriate for the patient's condition
- » You must record a full set of observations:
 - If the patient is deteriorating or at risk of deterioration
 - Whenever you are concerned
- » When graphing observations, place the observation in its range of values and connect the symbol indicated on the chart.
- » Whenever an observation falls within a shaded area, initiate the actions required for that colour, unless a modification has been made (see Modifications section).
- » If observations fall within two or more different shaded areas for the same time period, the actions required for the darker colour apply.

General instructions area

Modifications

- If abnormal observations are to be tolerated for the patient's clinical condition, write the acceptable ranges below (where Increased Surveillance, Senior Nurse Review, Clinical Review or Emergency Call will not be triggered).
- 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 | : | : | : | : |

Modifications area

Interventions Associated With Abnormal Vital Signs

| Reference Letter | Intervention (initial if required) |
|------------------|------------------------------------|
| a | |
| b | |
| c | |
| d | |
| e | |
| f | |
| g | |
| h | |

Interventions area

Clinical Review Requests

Review requested Date: ____/____/____ Time: ____:____ Ward doctor Registrar Emergency

Specify reason: _____

Review requested Date: ____/____/____ Time: ____:____ Ward doctor Registrar Emergency

Specify reason: _____

Review requested Date: ____/____/____ Time: ____:____ Ward doctor Registrar Emergency

Specify reason: _____

Clinical review requests area

Additional Observations

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

Additional observations area

ORC R4

DRAFT

DO NOT WRITE IN THIS BINDING MARGIN