

Observation parameter labels

Respiratory rate (breaths / min)	Write ≥ 35											Write ≥ 35	
	30-34											30-34	
	25-29											25-29	
	20-24											20-24	
	15-19											15-19	
	10-14											10-14	
	5-9											5-9	
≤ 4												≤ 4	
O ₂ Saturation (%)	98-100											98-100	
	95-97											95-97	
	93-94											93-94	
	90-92											90-92	
	87-89											87-89	
	85-86											85-86	
Write ≤ 84											Write ≤ 84		
O ₂ Flow Rate (L / min)	≥ 13											≥ 13	
	10-12											10-12	
	7-9											7-9	
	4-6											4-6	
	≤ 3											≤ 3	
Blood Pressure (mmHg) ↑↑ Score systolic BP ↓↓	Write ≥ 200												Write ≥ 200
	190s												190s
	180s												180s
	170s												170s
	160s												160s
	150s												150s
	140s												140s
	130s												130s
	120s												120s
	110s												110s
	100s												100s
	90s												90s
	80s												80s
	70s												70s
60s												60s	
50s												50s	
40s												40s	
30s												30s	
If systolic BP ≥ 200, write value in box													
Heart Rate (beats / min)	Write ≥ 140												Write ≥ 140
	130s												130s
	120s												120s
	110s												110s
	100s												100s
	90s												90s
	80s												80s
	70s												70s
	60s												60s
	50s												50s
	40s												40s
30s												30s	
If heart rate ≥ 140, write value in box													
Temperature (°C)	Write ≥ 39.1												Write ≥ 39.1
	38.5-39.0												38.5-39.0
	38.0-38.4												38.0-38.4
	37.5-37.9												37.5-37.9
	37.0-37.4												37.0-37.4
	36.5-36.9												36.5-36.9
	36.0-36.4												36.0-36.4
	35.5-35.9												35.5-35.9
	Write ≤ 35.4												Write ≤ 35.4
Consciousness If clinically necessary, wake patient to assess and score	Alert												Alert
	To Voice												To Voice
	To Pain												To Pain
	Unresp.												Unresp.
Pain Score None (0) – Worst (10)	Write												Write
Intervention	E.g. 'a'												E.g. 'a'

Observations graphing area

Observation parameter scales

Interventions row

UR Number: _____
 Family name: _____
 Given names: _____
 Date of birth: ____/____/____ Sex: M F

Response criteria area

Actions required area

Emergency Call

Response Criteria

- Any observations in a purple area
- You are worried about the patient but they do not fit the above criteria

Actions Required

- Place Emergency call
- Begin initial life support interventions
- Advanced life support provider to attend patient immediately

Clinical Review

Response Criteria

- Any observation is in an orange area
- You are worried about the patient but they do not fit the above criteria

Actions Required

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

General Instructions

- » You must record appropriate observations:
 - On admission
 - At a frequency appropriate for the patient's clinical state.
- » You must record a full set of observations in a shaded area
 - If the patient is deteriorating
 - Whenever you are concerned
- » When graphing observations, the current observation in the shaded area must be connected to the previous dot with a straight line. For blood pressure, the line must be plotted on the chart.
- » Whenever an observation falls within a shaded area, you must initiate the actions required for that colour, unless a medical decision has been made (see overleaf).
- » If observations fall within both purple and orange coloured areas for the same time period, the actions required for the purple area apply.

General instructions area

Chart title area

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 of birth: ____/____/____ Sex: M F
 (Affix patient identification label here)

Other Observation Charts In Use

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

Other charts in use area

Modifications

- If abnormal observations are to be tolerated for the patient's clinical condition, write the acceptable ranges below (where a Medical 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 R2

DRAFT

DO NOT WRITE IN THIS BINDING MARGIN