

DRAFT

DO NOT WRITE IN THIS BINDING MARGIN

UR Number: _____
 Family name: _____
 Given names: _____
 Date of birth: _____ Sex: M F
DRAFT - NOT FOR USE
 (Affix patient identification label here)

Date Time																											
Respiratory Rate (breaths / min) If respiratory rate ≥ 35 or ≤4, write value in box	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				
Write ≤ 4																						Write ≤ 4					
O₂ Saturation (%) If O ₂ saturation ≤ 84, write value in box	98–100																					≥ 98					
	95–97																					95–97					
	93–94																					93–94					
	90–92																					90–92					
	87–89																					87–89					
	85–86																						85–86				
	Write ≤ 84																						Write ≤ 84				
O₂ 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 If systolic BP ≥ 200, write value in box	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						
Heart Rate (beats / min) If heart rate ≥ 140 or ≤ 30, write value in box	Write ≥ 140																					Write ≥ 140					
	130s																					130s					
	120s																					120s					
	110s																					110s					
	100s																					100s					
	90s																					90s					
	80s																					80s					
	70s																					70s					
	60s																					60s					
	50s																					50s					
	40s																					40s					
	Write ≤ 30s																					Write ≤ 30s					
Temperature (°C) If temperature ≥ 39.1 or ≤ 35.4, write value in box	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.					
ADDS Scores	Respiratory Rate																					ADDS Scores					
	O ₂ Saturation																						ADDS Scores				
	O ₂ Flow Rate																							ADDS Scores			
	Systolic BP																								ADDS Scores		
	Heart Rate																									ADDS Scores	
	Temperature																										ADDS Scores
	Consciousness																										
TOTAL ADDS																					ADDS Scores						
Intervention	E.g. 'a'																						E.g. 'a'				

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
- | | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

 Emergency call

Actions Required

- Total ADDS Score 1–3**
- Inform senior nurse and/or Team Leader
 - Increase frequency of observations [specify frequency]
- Total ADDS Score 4–5**
- Senior nurse and/or junior medical officer review within 30 minutes
 - 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
 - Increase frequency of observations [specify frequency]
- Total ADDS Score ≥ 8**
- 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 threat
- Respiratory or cardiac arrest
- New drop in O₂ saturation < 90%
- Sudden fall in level of consciousness
- Seizure
- You are seriously worried about the patient but they do not fit the above criteria

<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)
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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

DRAFT

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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: <input style="width: 100%;" type="text"/>							
Review requested	Date	/ /	Time	:	<input type="checkbox"/> Ward doctor	<input type="checkbox"/> Registrar	<input type="checkbox"/> Emergency
Specify reason: <input style="width: 100%;" type="text"/>							
Review requested	Date	/ /	Time	:	<input type="checkbox"/> Ward doctor	<input type="checkbox"/> Registrar	<input type="checkbox"/> Emergency
Specify reason: <input style="width: 100%;" type="text"/>							

Additional Observations

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

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