

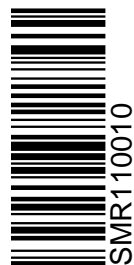
FAMILY NAME _____ MRN _____
 GIVEN NAME _____ MALE FEMALE
 D.O.B. ____/____/____ M.O. _____
 ADDRESS _____
 LOCATION _____

STANDARD ADULT GENERAL OBSERVATION CHART

Altered Calling Criteria

ALL OBSERVATIONS MUST BE GRAPHED

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE



SMR110010

Holes punched as per AS2828.1:2012
 BINDING MARGIN - NO WRITING

AIRWAY/BREATHING		Date Time	Date Time
Respiratory Rate	35		35
	30		30
	25		25
	20		20
	15		15
	10		10
SpO ₂ %	100		100
	95		95
	90		90
	85		85
Oxygen	O ₂ Lpm Device / mode		O ₂ Lpm Device / mode
	Key: RA = Room Air, NP = Nasal Prongs, FM = Simple facemask, NRB = Non Re-breather, VM = Venturi Mask		
CIRCULATION		Date Time	Date Time
Blood Pressure (mmHg) SBP is trigger	230		230
	220		220
	210		210
	200		200
	190		190
	180		180
	170		170
	160		160
	150		150
	140		140
	130		130
	120		120
	110		110
	100		100
Heart Rate	160		160
	150		150
	140		140
	130		130
	120		120
	110		110
	100		100
	90		90
	80		80
	70		70
	60		60
	50		50
	40		40
	Neurological	A	
V			V
P			P
U			U
Enter appropriate letter. A= Alert, V= Rousable by voice (conduct GCS). P= Rousable only by pain (conduct GCS). U= Unresponsive			
Initials			Initials

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EXPOSURE		Date Time	Date Time
Temperature (°C)	41		41
	40.5		40.5
	40		40
	39.5		39.5
	39		39
	38.5		38.5
	38		38
	37.5		37.5
	37		37
	36.5		36.5
	36		36
	35.5		35.5
	35		35
	34.5		34.5
34		34	
Pain	Assess pain level at rest and with movement. Enter R for at rest, M for movement		
	Severe (7-10)		Severe (7-10)
	Moderate (4-6)		Moderate (4-6)
	Mild (1-3)		Mild (1-3)
Nil		No pain	
Initials			Initials
Blood Glucose	Date		Date
	Time		Time
	BGL		BGL
Bowels	Date		Date
Weight	Date		Date
	<input type="checkbox"/> Daily		Daily
Urinalysis	Date		Date
	Time		Time
	SG		SG
	pH		pH
	Leuk		Leuk
	Blood		Blood
	Nitrite		Nitrite
	Ketones		Ketones
	Bilirubin		Bilirubin
	U/Bil		U/Bil
Protein		Protein	
Glucose		Glucose	

STANDARD ADULT GENERAL OBSERVATION CHART

Altered Calling Criteria

ALL OBSERVATIONS MUST BE GRAPHED

OTHER CHARTS IN USE

- Neurological Observation
- Fluid Balance
- Anticoagulant
- Insulin Infusion
- Pain / Epidural / Patient Control Analgesia
- Neurovascular
- Alcohol Withdrawal
- Resuscitation Plan
- Other _____

PRESCRIBED FREQUENCY OF OBSERVATIONS

Observations must be performed routinely at least 8th hourly, unless advised below

DATE:	dd/MM/yy			
Time:	hh:mm			
Frequency Required	Twice daily			
Medical Officer Name (BLOCK letters)	P. SMITH			
Medical Officer Signature	P. SMITH			
Attending Medical Officer Signature	R. Blagge			

ALTERATIONS TO CALLING CRITERIA
MUST BE REVIEWED WITHIN 72 HOURS OR EARLIER IF CLINICALLY INDICATED
 Any alterations MUST be signed by a Medical Officer and confirmed by Attending Medical Officer
 Document rationale for altering CALLING CRITERIA in the patient's health care record

DATE:	dd/MM/yy			
TIME:	hh:mm			
Next review due Date & Time	dd/MM/yy hh:mm			

Respiratory Rate	Yellow Zone	30-34		
	Red Zone	≥ 35		
SpO₂	Yellow Zone			
	Red Zone			
Heart Rate	Yellow Zone			
	Red Zone			
Blood Pressure	Yellow Zone			
	Red Zone			
Other	Yellow Zone			
	Red Zone			

Medical Officer Name (BLOCK letters)	P. SMITH			
Medical Officer Signature	P. SMITH			
Attending Medical Officer Signature	R. Blagge			

INTERVENTIONS / COMMENTS / ACTIONS

	Date	Time	
1.			
2.			
3.			
4.			

STANDARD ADULT GENERAL OBSERVATION CHART SMR110.010

REFER TO YOUR LOCAL CLINICAL EMERGENCY RESPONSE SYSTEM (CERS) PROTOCOL FOR INSTRUCTIONS ON HOW TO MAKE A CALL TO ESCALATE CARE FOR YOUR PATIENT

CHECK THE HEALTH CARE RECORD FOR AN END OF LIFE CARE PLAN WHICH MAY ALTER THE MANAGEMENT OF YOUR PATIENT

Yellow Zone Response

IF YOUR PATIENT HAS ANY YELLOW ZONE OBSERVATIONS OR ADDITIONAL CRITERIA* YOU MUST

1. Initiate appropriate clinical care
2. Repeat and increase the frequency of observations, as indicated by your patient's condition
3. Consult promptly with the **NURSE IN CHARGE** to decide whether a **CLINICAL REVIEW** (or other CERS) call should be made

Consider the following:

- What is usual for your patient and are there documented 'ALTERATIONS TO CALLING CRITERIA'?
- Does the trend in observations suggest deterioration?
- Is there more than one Yellow Zone observation or additional criterion?
- Are you concerned about your patient?

IF A CLINICAL REVIEW IS CALLED:

1. Reassess your patient and escalate according to your local CERS if the call is not attended within 30 minutes or you are becoming more concerned
2. Document an A-G assessment, reason for escalation, treatment and outcome in your patient's health care record
3. Inform the Attending Medical Officer that a call was made as soon as it is practicable

***Additional YELLOW ZONE Criteria**

- Increasing oxygen requirement
- Poor peripheral circulation
- Excess or increasing blood loss
- Decrease in Level of Consciousness or new onset of confusion
- Low urine output persistent for 4 hours (< 100mLs over 4 hours or < 0.5mL/kg/hr via an IDC)
- Polyuria, in the absence of diuretics (urine output > 200mL/hr for 2 hours)
- Greater than expected fluid loss from a drain
- New, increasing or uncontrolled pain (including chest pain)
- Blood Glucose Level < 4mmol/L or > 20mmol/L with no decrease in Level of Consciousness
- Ketonaemia > 1.5mmol/L or Ketonuria 2+ or more
- **Concern by patient or family member**
- **Concern by you or any staff member**

CONSIDER IF YOUR PATIENT'S DETERIORATION COULD BE DUE TO SEPSIS, A NEW ARRHYTHMIA, HYPOVOLAEMIA/HAEMORRHAGE, PULMONARY EMBOLUS/DVT, PNEUMONIA/ATELECTASIS, AN AMI, STROKE, OR AN OVERDOSE/OVER SEDATION

Red Zone Response

IF YOUR PATIENT HAS ANY RED ZONE OBSERVATIONS OR ADDITIONAL CRITERIA# YOU MUST CALL FOR A RAPID RESPONSE (as per local CERS) AND

1. Initiate appropriate clinical care
2. Inform the **NURSE IN CHARGE** that you have called for a **RAPID RESPONSE**
3. Repeat and increase the frequency of observations, as indicated by your patient's condition
4. Document an A-G assessment, reason for escalation, treatment and outcome in your patient's health care record
5. Inform the Attending Medical Officer that a call was made as soon as it is practicable

#Additional RED ZONE Criteria

- **Cardiac or respiratory arrest**
- **Airway obstruction or stridor**
- **Patient unresponsive**
- Deterioration not reversed within 1 hour of Clinical Review
- Increasing oxygen requirements to maintain oxygen saturation > 90%
- Arterial Blood Gas: PaO₂ < 60 or PaCO₂ > 60 or pH < 7.2 or BE < -5
- Venous Blood Gas: PvCO₂ > 65 or pH < 7.2
- Only responds to Pain (P) on the AVPU scale
- Sudden decrease in Level of Consciousness (a drop of 2 or more points on the GCS)
- Seizures
- Low urine output persistent for 8 hours (< 200mLs over 8 hours or < 0.5mL/kg/hr via an IDC)
- Blood Glucose Level < 4mmol/L or > 20mmol/L with a decreased Level of Consciousness
- Lactate ≥ 4mmol/L
- **Serious concern by any patient or family member**
- **Serious concern by you or any staff member**

