

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

| | | Date Time | | | | | | | | | | | | | | | Date Time | |
|---|--|-----------|--|--|--|--|--|--|--|--|--|--|--|--|----|----------|--------------------|-----------|
| Patient / Family Concern | Yes | | | | | | | | | | | | | | | | | Yes |
| | No | | | | | | | | | | | | | | | | | No |
| | Not asked | | | | | | | | | | | | | | | | | Not asked |
| AIRWAY/BREATHING | Respiratory Rate | 35 | | | | | | | | | | | | | | | | 35 |
| | | 30 | | | | | | | | | | | | | | | | 30 |
| | | 25 | | | | | | | | | | | | | | | | 25 |
| | | 20 | | | | | | | | | | | | | | | | 20 |
| SpO ₂ % | 100 | | | | | | | | | | | | | | | | 100 | |
| | 95 | | | | | | | | | | | | | | | | 95 | |
| | 90 | | | | | | | | | | | | | | | | 90 | |
| | 85 | | | | | | | | | | | | | | | | 85 | |
| Oxygen | O ₂ Lpm | | | | | | | | | | | | | | | | O ₂ Lpm | |
| | Device / mode | | | | | | | | | | | | | | | | Device / mode | |
| Key: RA = Room Air, NP = Nasal Prongs, FM = Simple facemask, NRB = Non Re-breather, VM = Venturi Mask | | | | | | | | | | | | | | | | | | |
| CIRCULATION | 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 • | Rhythm | | | | | | | | | | | | | | | Rhythm | | |
| | 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 | | | |
| Initials | | | | | | | | | | | | | | | | Initials | | |

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|---|--|-----------|--|--|--|--|--|--|--|--|--|--|--|---------|-----------------|------------|----------------|---------------|
| DISABILITY | Neurological | A | | | | | | | | | | | | | | | | A |
| | | C | | | | | | | | | | | | | | | | C |
| | | V | | | | | | | | | | | | | | | | V |
| | | P | | | | | | | | | | | | | | | | P |
| | | U | | | | | | | | | | | | | | | | U |
| A= Alert, C= new confusion/change in behaviour, V= Rousable by voice (conduct GCS), P= Rousable only by pain (conduct GCS), U= Unresponsive | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | Nil | | |
| EXPOSURE | 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 | | | |
| LACTATE | ≥ 4 mmol/L | | | | | | | | | | | | | | | ≥ 4 mmol/L | | |
| | 2 to 3.9 mmol/L | | | | | | | | | | | | | | 2 to 3.9 mmol/L | | | |
| | < 2 mmol/L | | | | | | | | | | | | | | < 2 mmol/L | | | |
| BGL | | | | | | | | | | | | | | | BGL | | | |
| Bowels | | | | | | | | | | | | | | | Bowels | | | |
| Weight | | | | | | | | | | | | | | | Weight | | | |
| Initials | | | | | | | | | | | | | | | Initials | | | |
| 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 | | | | |



Holes punched as per AS2828.1:2019
 BINDING MARGIN - NO WRITING



STANDARD ADULT GENERAL OBSERVATION CHART

Altered Calling Criteria

ALL OBSERVATIONS MUST BE GRAPHED

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

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 6th 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. Bloggs | | | | |

Alterations to calling criteria (ACC)

Acute ACC changes can be set for up to 12 hours. Chronic ACC changes apply for the episode of care. Any alterations MUST be signed by a Medical Officer and confirmed by the 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 | | | | |

| ACUTE / CHRONIC | | ACUTE | | | |
|-----------------|----------|-------------|--|--|--|
| Yellow Zone | | XXX-XXX | | | |
| | Red Zone | <= or >=XXX | | | |
| Yellow Zone | | | | | |
| | Red Zone | | | | |
| Yellow Zone | | | | | |
| | Red Zone | | | | |
| Yellow Zone | | | | | |
| | Red Zone | | | | |
| Yellow Zone | | | | | |
| | Red Zone | | | | |

| | | | | | |
|---|-----------|--|--|--|--|
| Medical Officer Name (BLOCK letters) | P. SMITH | | | | |
| Medical Officer Signature | P. SMITH | | | | |
| Attending Medical Officer Signature | R. Bloggs | | | | |

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**
- Sudden decrease in Level of Consciousness (a drop of 2 or more points on the GCS)
- New or prolonged seizure activity
- 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
- **Serious concern by any patient or family member**
- **Serious concern by you or any staff member**
- 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 ACVPU scale

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SMR110010