### Altered Calling Criteria

**Additional RED ZONE Criteria**
- Cardiac or respiratory arrest
- Abnormal eCG or rhythm disturbance
- Patient unresponsive

**Additional YELLOW ZONE Criteria**
- Increasing oxygen requirement
- Poor perfusion: low BP, cool peripheries
- Sustained change in level of consciousness
- Increased urine output
- New onset headache
- New neurological deficit
- New FBC abnormality
- New or increased pain
- Nausea or vomiting

### Observations

**AIRWAY / BREATHING**
- Respiratory Rate
- Oxygen saturation
- Airway / Breathing

**CIRCULATION**
- Blood Pressure
- Heart Rate
- LRL

**GCS/PUPIL RESPONSE KEY**
- + = Resistant
- SL = Sluggish
- N = Normal
- C = Constricted
- P = Pupil
- ETT = Endotracheal Tube

### Allergy / Alerts

- **Weight:**
- **Fluid restriction:** N/A

### Intake / Output

<table>
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<th>Fluids 1</th>
<th>FLUIDS 2</th>
<th>ORAL</th>
<th>&amp; NG</th>
<th>PROG.</th>
<th>TOTAL</th>
<th>TIME</th>
<th>URINE</th>
<th>VOMIT</th>
<th>Other</th>
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<tbody>
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<td>IntraVas</td>
<td>IntraVas</td>
<td>Oral &amp;</td>
<td></td>
<td></td>
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</tbody>
</table>

### Final Diagnosis

- **Location:**
- **Address:**

---

**Additional Observations:**

- **BGL:**
- **FiO2/O2 Flow:**
- **O² Device:**
- **Ketones:**
- **Glucose:**
- **Blood Urobilinogen:**
- **pH:**
- **Bilirubin:**
- **Gravity:**
- **Nitrite:**
- **Blood Alcohol No:**
- **Serum Lactate:**

---

### Completed Details or Patient Label

**Complete All Details or Affix Patient Label Here**
ADULT EMERGENCY DEPARTMENT OBSERVATION CHART

**PART A: REASON FOR ADMISSION**

- **Date:** 12/03/2023
- **Time:** 15:30
- **Patient Name:** John Doe
- **Age:** 45
- **Gender:** Male
- **MRN:** 12345678
- **Admitting Department:** General Medicine
- **Admitting Physician:** Dr. Smith
- **Admitting Nurse:** Nurse Johnson
- **Admitting Consultant:** Dr. Lee

**SUBSTANCE ABUSE HISTORY**

- **Drug Use:** Yes
- **Alcohol Use:** Yes

**SOCIAL HISTORY**

- **Education:** High School
- **Occupation:** Teacher
- **Religion:** Protestant

**MEDICAL HISTORY**

- **Allergies:** Penicillin
- **Medications:** Aspirin 100mg

**FAMILY HISTORY**

- **Diabetes:** Yes
- **Hypertension:** Yes

**CURRENT ILLNESS**

- **Symptoms:** Headache, fatigue

**EXAMINATION**

- **Vitals:** BP 120/80, HR 90, RR 14, T 37.2°C
- **Pulse:** Regular

**DIAGNOSIS**

- **Primary:** Migraine headache
- **Secondary:** Hypertension

**TREATMENT**

- **Medications:** Aspirin 100mg
- **Diagnosis:** Migraine headache

**OUTCOME**

- **Discharge Time:** 16:00
- **Discharge Diagnosis:** Migraine headache

**DOCUMENTATION**

- **Nurse:** Nurse Johnson
- **Signature:** John Doe

**DIRECTIONS FOR FUTURE CARE**

- **Follow-up:** Primary Care Provider

**COMMENTS**

- **Special Instructions:** None

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**ADULT EMERGENCY DEPARTMENT OBSERVATION CHART**

**OTHER CHARTS IN USE**

- **ED Nurse:** Nurse Johnson
- **Signature:** John Doe

**ALTERNATIVES TO CALLING CRITERIA**

- **Pressure Ulcer Risk:** < 10 = Low risk 10 + = At risk 15 + High risk 20 + Very high risk

**MALNUTRITION SCREENING TOOL (MST)**

- **BMI:** 25
- **Height:** 170 cm
- **Weight:** 80 kg

**WATERLOW PRESSURE ULCER PREVENTION ASSESSMENT**

- **Total Score:** 6
- **Risk Score:** High

**VALUABLES CHECKLIST**

- **Cash:** Yes
- **Cash:** Yes
- **Specs:** Yes

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**MEDICAL ASSIGNMENT**

- **Medical Officer:** Dr. Smith
- **Signature:** John Doe

**DEPARTMENT OBSERVATION**

- **Time:** 15:30
- **Date:** 12/03/2023

**DEPARTURE CHECKLIST – ED TO USUAL PLACE OF RESIDENCE**

- **Time:** 16:00
- **Date:** 12/03/2023

**AUTHORIZATION FOR DEPARTURE FROM ED**

- **Name:** John Doe
- **Signature:** John Doe

**MEDICAL AUTHORIZATION**

- **Certified by:** Dr. Smith
- **Signature:** John Doe