ANTENATAL SHORT STAY OBSERVATION CHART

Antenatal Short Stay
Observation Chart

Complete Date/Time at review

OBSERVATION CHART

Date

Time

Comments

Date

Time

Comments

Date

Time

Comments

Date

Time

Comments

Date

Time

Comments

Date

Time

Comments

Pathology, imaging and tests performed

Antenatal Short Stay Observation Chart

This chart is to be used for non-admitted and short stay pregnancy assessment.

Management plans must be recorded within the woman's health care record. If this woman is admitted, observations and assessments must be recorded on the Standard Maternity Observation Chart (SMOC) or record of labour.

The coloured thresholds are triggers to review the woman and if required escalate her care. Please refer to specific treatment guidelines for management.

Pathology, imaging and tests performed

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Any alterations MUST be signed by a Medical Officer and confirmed by the Attending Medical Officer.

Document rationale for altering calling criteria in the woman's health care record.

OBSERVATION CHART

Date

Time

Comments

Date

Time

Comments

Date

Time

Comments

Date

Time

Comments

Antenatal Risk Factors

1.  
2.  
3.  
4.  

Yellow Zone Response

1. If a woman in your care 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 the woman's condition
   3. Consult promptly with the MIDWIFE/NURSE IN CHARGE if a CLINICAL REVIEW or other CERS call should be made

Consider the following:

   • What is usual for the woman and are there documented ALTERNATIONS 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 the woman?

IF A CLINICAL REVIEW IS CALLED:

   1. Reassess the woman and escalate according to your local CERS if the call is not attended within 30 minutes or you are becoming more concerned.
   3. Inform the Attending Medical Officer that a call was made as soon as it is practicable.

   *ADDITIONAL YELLOW ZONE CRITERIA

   1. New, increasing or uncontrolled pain (including headache and chest pain)
   2. Persistently greater than 15 mmHg systolic or 110 mmHg diastolic arterial blood pressure
   3. Persistent tachycardia (heart rate > 105 beats per minute)
   4. New Proteinuria (+)
   5. Persistent or unexpected oliguria < 150 mL over 4 hours
   6. Seizures

   *ADDITIONAL RED ZONE CRITERIA

   1. Cardiac or respiratory arrest
   2. Persistent unresponsive or combative
   3. Persistent tachypnoea (呼吸频率 > 30 breaths per minute)
   4. Persistent or unexpected tachycardia (heart rate > 105 beats per minute)
   5. Persistent or unexpected hypotension (systolic blood pressure < 90 mmHg)
   6. Persistent unresponsive or uncooperative
   7. Increasing oxygen requirements to maintain arterial oxygen saturation > 95%
   8. Continuous drop in level of consciousness (drop of 2 or more points on the GCS)

   *ADDITIONAL RAPID RESPONSE CRITERIA

   1. Arterial Blood Gas: PaO2 < 60 mmHg, pH < 7.2, or pH < 7.2
   2. Venous Blood Gas: PVCO2 > 50 mmHg
   3. Persistent hypocalcaemia (血清钙 < 2 mmol/L)
   4. Persistent unresponsive or uncooperative
   5. Persistent or unexpected hypotension (systolic blood pressure < 90 mmHg)

   *ADDITIONAL RED ZONE CRITERIA

   1. Persistent hypocalcaemia (血清钙 < 2 mmol/L)
   2. Persistent or unexpected tachycardia (heart rate > 105 beats per minute)
   3. Persistent or unexpected hypotension (systolic blood pressure < 90 mmHg)
   4. Persistent or unexpected tachypnoea (呼吸频率 > 30 breaths per minute)
   5. Persistent or unexpected hypoxemia (血氧饱和度 < 95%)

   *ADDITIONAL RAPID RESPONSE CRITERIA

   1. Persistent unresponsive or uncooperative
   2. Persistent or unexpected hypotension (systolic blood pressure < 90 mmHg)
   3. Persistent or unexpected hypoxemia (血氧饱和度 < 95%)
   4. Persistent or unexpected tachycardia (heart rate > 105 beats per minute)
   5. Persistent or unexpected tachypnoea (呼吸频率 > 30 breaths per minute)