

AD HOC CHARTING

Ad Hoc Charting - EMRU, Mr Allan

<input type="checkbox"/> Inpatient	<input type="checkbox"/> Clinical Review (Yellow Zone)
<input type="checkbox"/> Assessments	<input type="checkbox"/> Discharge Referral Supplement
<input type="checkbox"/> Community Health	<input type="checkbox"/> Handover
<input type="checkbox"/> CDM Program	<input type="checkbox"/> Medications
<input type="checkbox"/> AMBER Care Bundle	<input type="checkbox"/> Paediatric Asthma Action Plan
<input type="checkbox"/> All Items	<input type="checkbox"/> Paediatric Asthma Reducing Medication Plan
	<input checked="" type="checkbox"/> Rapid Response Team (Red Zone)

SECTION 1

SBB Desktop - Citrix Receiver

Rapid Response Team (Red Zone) - EMRU, Mr Allan

Performed on: 02/06/2014 1019 AEST

Rapid Response (Red Zone) Last Reviewed: July 2012

Emru, Allan MRN: 489 DOB: 30/05/1948 AGE: 66 Years MC: 9999999999
U 2 23 Adelaide St WOOLLAHRA NSW 2025 SEX: M LOC: 2W; 102; 6

INTRODUCTION

Date / Time Patient in Red Zone Senior Responder / Team Leader

Date / Time Call Received Tran. Amy

Date / Time Patient First Seen Additional Responders? Yes No

Is the Patient on Std. Maternity Obs. Chart? Yes No

Teams activated Cardiac Arrest Team CERS Assist Outreach
 Rapid Response Team Attending Medical Team Other:

SITUATION

Primary Reason for Rapid Response Activation

Other reasons for Rapid Response Activation - Red Zone Criteria (Tick all that apply)

<input type="checkbox"/> Respiratory Arrest	<input type="checkbox"/> Urine output low
<input type="checkbox"/> Airway obstruction or stridor	<input type="checkbox"/> Blood Glucose Level low
<input type="checkbox"/> Respiratory Rate high	<input type="checkbox"/> Blood Glucose Level high
<input type="checkbox"/> Respiratory Rate low	<input type="checkbox"/> Lactate > 4mmol/L
<input type="checkbox"/> SpO2 low	<input type="checkbox"/> Deterioration not reversed within 1 hour of Clinical Review
<input type="checkbox"/> Increasing O2 requirements to maintain SpO2	<input type="checkbox"/> Serious concerns by staff
<input type="checkbox"/> ABG/VBG	<input type="checkbox"/> Serious concerns by family / patient
<input type="checkbox"/> Systolic Blood Pressure high	<input type="checkbox"/> Other:
<input type="checkbox"/> Systolic Blood Pressure low	
<input type="checkbox"/> Heart Rate high	
<input type="checkbox"/> Heart Rate low	
<input type="checkbox"/> AVPU Score = P or U	
<input type="checkbox"/> Sudden decrease in GCS >= 2 points	
<input type="checkbox"/> Seizures	

BACKGROUND

Previous Clinical Review / Rapid Response (Last 24 hrs) Yellow Zone trigger without Clinical Review call
 Yellow Zone trigger with Clinical Review
 Red Zone trigger without Rapid Response call
 Red Zone trigger with Rapid Response
 Not Applicable

Current Medical Orders Altered Calling Criteria Other:
 Not for Rapid Response
 Not for CPR
 Natural Death / Palliative Care Pathway
 Not Applicable

Background / History

SECTION 2

SBB Desktop - Citrix Receiver

Rapid Response Team (Red Zone) - EMRU, Mr Allan

Performed on: 02/06/2014 10:19 AEST

Assessment, Interventions and Management Plan

Emru, Allan **MRN: 489** **DOB: 30/05/1948** **AGE: 66 Years** **MC: 9999999999**
 U 2 23 Adelaide St WOOLLAHRA NSW 2025 **SEX: M** **LOC: 2W; 102; 6**

ASSESSMENT

Airway

Tracheostomy? Yes No

Breathing

Circulation

Disability

Exposure, Fluids, Glucose

Impression / Provisional Diagnosis

Clinical Pathway Chest Pain Pathway Sepsis Pathway Stroke Pathway Other:

Interventions (Tick all that apply)

<input type="checkbox"/> No specific intervention	<input type="checkbox"/> Nebulised Medications	<input type="checkbox"/> IV Medications
<input type="checkbox"/> CPR	<input type="checkbox"/> Cardiac Monitoring	<input type="checkbox"/> NGT/OGT
<input type="checkbox"/> Defibrillation	<input type="checkbox"/> ECG	<input type="checkbox"/> Oral/Enteral Medications
<input type="checkbox"/> Airway Management	<input type="checkbox"/> Intravenous Cannula	<input type="checkbox"/> X-Ray
<input type="checkbox"/> Intubation/Ventilation	<input type="checkbox"/> Central venous catheter	<input type="checkbox"/> CAT Scan
<input type="checkbox"/> Bag/Mask Ventilation	<input type="checkbox"/> ABG/VBG	<input type="checkbox"/> Attending Medical Officer contacted
<input type="checkbox"/> Oxygen Therapy	<input type="checkbox"/> Blood Tests	<input type="checkbox"/> Other:
<input type="checkbox"/> CPAP/BIPAP	<input type="checkbox"/> IV Fluids	
<input type="checkbox"/> Tracheostomy Care	<input type="checkbox"/> IV Antibiotics	

RECOMMENDATIONS

Response to Interventions

Management Plan

Frequency of Observations

Outcomes

<input type="checkbox"/> Remains on ward	<input type="checkbox"/> Transfer to Theatre
<input type="checkbox"/> Altered Calling Criteria	<input type="checkbox"/> Transfer to another hospital
<input type="checkbox"/> Made not for Rapid Response	<input type="checkbox"/> Died
<input type="checkbox"/> Made not for CPR	
<input type="checkbox"/> Referred to palliative care	
<input type="checkbox"/> Transfer to higher level of care	

Higher Level of Care

Date / Time RR Call Completed

Total Time spent attending to RR Call

SECTION 3

