

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	
AIRWAY/BREATHING	Respiratory Rate	35	35
		30	30
		25	25
		20	20
		15	15
		10	10
		5	5
	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	
	90	90	
	80	80	
	70	70	
	60	60	
	50	50	
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
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			
Initials		Initials	

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Date Time		Date Time	
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	
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	



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

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OTHER CHARTS IN USE

- | | | |
|---|--|---|
| <input type="checkbox"/> Neurological Observation | <input type="checkbox"/> Insulin Infusion | <input type="checkbox"/> Alcohol Withdrawal |
| <input type="checkbox"/> Fluid Balance | <input type="checkbox"/> Pain / Epidural / Patient Control Analgesia | <input type="checkbox"/> Resuscitation Plan |
| <input type="checkbox"/> Anticoagulant | <input type="checkbox"/> Neurovascular | <input type="checkbox"/> 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 8 hours. Chronic ACC changes apply for episode of care
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				

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)
- 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**
- 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

