

Adult Deterioration Detection System (ADDS) Chart

(Affix patient identification label here)

URN:

Family name:

Given names:

Date of birth:

Sex: M F

Facility:

Chart number: of

(Affix patient identification label here)

URN:

Family name:

Given names:

Date of birth:

Sex: M F

Observations

» You should record appropriate observations:

- On admission
- At a frequency appropriate for the patient's clinical state
- Whenever you are concerned about the patient.

» For each vital sign (except blood pressure and increased pain), place a dot (●) in the centre of the box which includes the current observation in its range of values. Then draw a line between this dot and the previous dot to create a graph (unless this is the first observation). For blood pressure and increased pain, use the symbols indicated on the chart.

» Whenever an observation falls within a shaded area, you must enter the ADDS Score for that vital sign in the appropriate row of the ADDS Scores table.

» Every time that observations are recorded, you must enter a Total ADDS Score (even if 0).

Modifications

If abnormal observations are to be tolerated for the patient's clinical condition, write the acceptable ranges (where the ADDS Score will be 0) below.

Respiratory Rate	<input type="text"/>	to	<input type="text"/>
O ₂ Flow Rate	<input type="text"/>	to	<input type="text"/>
O ₂ Saturation	<input type="text"/>	to	<input type="text"/>
Systolic BP	<input type="text"/>	to	<input type="text"/>
Heart Rate	<input type="text"/>	to	<input type="text"/>
Temperature	<input type="text"/>	to	<input type="text"/>
4 Hour Urine Output	<input type="text"/>	to	<input type="text"/>
Consciousness	<input type="text"/>	to	<input type="text"/>

Doctor's name (please print)

Designation

Signature

Date

/ /

Time

:

ADDS CHART

Interventions

1
2
3
4
5
6
7
8

Clinical Reviews

Review requested Date / / Time : Ward doctor Registrar MET

Reason ADDS Other Specify:

Review undertaken Date / / Time :

✓	Not examined	Normal	Abnormal	If abnormal, give details
Airway				
Breathing				
Circulation				
Neurology				
Skin				
ENT				
Bones / Joints				

Management

Management changed → Specify:
 No change, observe

Doctor's name (please print) Designation Signature

Review requested Date / / Time : Ward doctor Registrar MET

Reason ADDS Other Specify:

Review undertaken Date / / Time :

✓	Not examined	Normal	Abnormal	If abnormal, give details
Airway				
Breathing				
Circulation				
Neurology				
Skin				
ENT				
Bones / Joints				

Management

Management changed → Specify:
 No change, observe

Doctor's name (please print) Designation Signature

DO NOT WRITE IN THIS BINDING MARGIN