

Total ADDS Score 1–3

- Increase frequency of observations *[specify frequency]*
- Inform senior nurse and/or Team Leader

Total ADDS Score 4 - 5

- Senior nurse and/or junior medical officer review within 30 minutes

Total ADDS Score 6

- Senior medical officer review (registrar or above) within 30 minutes
- Request review, and note on the back of this form

Total ADDS Score ≥ 8

- Place Emergency call
- Begin initial life support interventions (support airway, breathing, circulation)
- Advanced life support provider to attend patient immediately

Emergency call if:

- Any observation is in a purple area
- Airway threat
- Respiratory or cardiac arrest
- New drop in O_2 saturation < 90%
- Sudden fall in level of consciousness
- Seizure
- You are seriously worried about the patient but they do not fit the above criteria

Usual/target systolic BP: **Signature:**

mmHg	
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Circle the column showing the patient's usual systolic BP

190s	180s	170s	160s	150s	140s	130s	120s	110s	100s	90s	80s	
0	0	1	1	2	2	2	3	3	4	5	5	
0	0	0	1	1	1	2	2	3	3	4	4	
0	0	0	0	0	1	1	2	2	3	3	4	
1	0	0	0	0	1	1	2	2	3	3	3	
1	1	0	0	0	0	0	1	1	2	2	2	
1	1	1	0	0	0	0	0	1	1	2	2	
2	1	1	1	0	0	0	0	0	1	1	1	
2	2	1	1	0	0	0	0	0	0	0	1	
2	2	2	1	1	0	0	0	0	0	0	0	
3	2	2	2	1	1	0	0	0	0	0	0	
3	3	3	2	2	2	1	1	0	0	0	0	
4	3	3	3	2	2	2	2	1	1	0	0	
											1	0

Emergency call

Adult Deterioration Detection System (ADDS)

If any observation is in a shaded area, add up the Total ADDS Score and take the action required for that score.

				Score 0
				Score 1
				Score 2
				Score 3
4	4	4	4	Score 4
5	5	5	5	Score 5
				Emergency call

<INSERT SITE LOGO>

Adult Deterioration Detection System (ADDS)
Chart

UR Number: _____

Family name: _____

Given names: _____

Date of birth: _____/_____/_____Sex: ☐ M ☐ F

(Affix patient identification label here)

Other Observation Charts In Use

☐ Alcohol Withdrawal☐ Insulin Infusion☐ Pain/Epidural/Patient Controlled Analgesia

☐ Anticoagulant☐ Neurology

☐ Fluid Balance☐ Neurovascular

General Instructions

- » You must record appropriate observations:
 - On admission
 - At a frequency appropriate for the patient’s clinical state.
- » You must calculate a Total ADDS Score:
 - If the patient is deteriorating or an observation is in a shaded area
 - Whenever you are concerned about the patient.
- » When graphing observations, place a dot (•) in the centre of the box which includes the current observation in its range of values and connect it to the previous dot with a straight line. For blood pressure, 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, unless a modification has been made (see below).

Modifications

- If abnormal observations are to be tolerated for the patient’s clinical condition, write the acceptable ranges below (where the ADDS Score will be 0).
- Modifications must be reviewed at least every 72 hours.
- If **any** vital sign needs further modifying, draw two diagonal lines through the entire Modification record in use and write the new acceptable ranges in the next Modification record.

	Modification 1	Modification 2	Modification 3	Modification 4
Respiratory Rate	- breaths / min	- breaths / min	- breaths / min	- breaths / min
O ₂ Saturation	- %	- %	- %	- %
O ₂ Flow Rate	- L / min	- L / min	- L / min	- L / min
Systolic BP	- mmHg	- mmHg	- mmHg	- mmHg
Heart Rate	- beats / min	- beats / min	- beats / min	- beats / min
Temperature	- °C	- °C	- °C	- °C
Consciousness	-	-	-	-
Doctor’s name				
Signature				
Date	/ /	/ /	/ /	/ /
Time	:	:	:	:

ADDS CHART WITH BP TABLE

DRAFT

DRAFT

UR Number: _____

Family name: _____

Given names: _____

Date of birth: _____/_____/_____Sex: ☐ M ☐ F

(Affix patient identification label here)

Interventions Associated With Abnormal Vital Signs

If you administer an intervention, record here and note letter in Intervention row over page in appropriate time column.	Reference Letter	Intervention (initial if required)
	a	
	b	
	c	
	d	
	e	
	f	
	g	
	h	

Clinical Review Requests

Review requested

Date

/ /

Time

:

☐ Ward doctor

☐ Emergency

Specify reason:

Review requested

Date

/ /

Time

:

☐ Ward doctor

☐ Emergency

Specify reason:

Review requested

Date

/ /

Time

:

☐ Ward doctor

☐ Emergency

Specify reason:

Additional Observations

Date																			
Time																			
Blood Glucose Level (mmol / L)																			
Weight (kg)																			
Bowels																			
Urinalysis	Specific gravity																		
	pH																		
	Leukocytes																		
	Blood																		
	Nitrite																		
	Ketones																		
	Bilirubin																		
	Urobilinogen																		
	Protein																		
	Glucose																		

DO NOT WRITE IN THIS BINDING MARGIN