

<INSERT SITE LOGO> Adult Deterioration Detection System (ADDS) Chart	UR Number: _____ Family name: _____ Given names: _____ Date of birth: ____/____/____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F (Affix patient identification label here)
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Other Observation Charts In Use

<input type="checkbox"/> Alcohol Withdrawal	<input type="checkbox"/> Insulin Infusion	<input type="checkbox"/> Pain/Epidural/Patient Controlled Analgesia
<input type="checkbox"/> Anticoagulant	<input type="checkbox"/> Neurology	<input type="text"/>
<input type="checkbox"/> Fluid Balance	<input type="checkbox"/> Neurovascular	<input type="text"/>

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

DRAFT

DRAFT

UR Number: _____
Family name: _____
Given names: _____
Date of birth: ____/____/____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F (Affix patient identification label here)

Interventions Associated With Abnormal Vital Signs

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

Clinical Review Requests

Review requested	Date: ____/____/____	Time: ____:____	<input type="checkbox"/> Ward doctor	<input type="checkbox"/> Emergency
Specify reason: _____				
Review requested	Date: ____/____/____	Time: ____:____	<input type="checkbox"/> Ward doctor	<input type="checkbox"/> Emergency
Specify reason: _____				
Review requested	Date: ____/____/____	Time: ____:____	<input type="checkbox"/> Ward doctor	<input type="checkbox"/> 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