

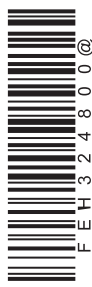




UR Number: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Given Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex: M / F  
(Affix Hospital I.D. Label if Available)

Date Time																						
<b>Respiratory Rate</b> (breaths / min) (<8 or >30 write in value) Record •	write > 30																					
	26-30																					
	21-25																					
	16-20																					
	11-15																					
<b>O<sub>2</sub> Saturation (%)</b> (≤89 write in value) Record •	8-10																					
	write < 8																					
	96-100																					
<b>O<sub>2</sub> Delivery</b>	Mode																					
	write ≥ 6																					
<b>O<sub>2</sub> Flow Rate (L / min)</b> (write in value)	2-6L																					
	1-2L																					
	RA																					
<b>Respiratory distress</b> (see page 4) Record •	Severe																					
	Moderate																					
	Mild																					
	None																					
<b>Blood Pressure</b> ↑ ↓ (mmHg)  Systolic BP is trigger  (If Systolic BP ≥200, or ≤60 write value in box)  Diastolic BP >90 needs medical review	write ≥ 200																					
	190																					
	180																					
	170																					
	160																					
	150																					
	140																					
	130																					
	120																					
	110																					
<b>Heart Rate</b> (beats / min)  (If HR ≥150, or ≤39 write value in box) Record •	100																					
	90																					
	80																					
	70																					
	60																					
	50																					
	write ≤ 40																					
	Tick Yes																					
	Tick No																					
	<b>Comments</b> record code																					
<b>Initial</b> sign signature log																						

MATERNITY OBSERVATION AND RESPONSE CHART EH 324800



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Date Time																						
<b>Temperature</b> Record • or write in value	write > 39																					
	38-38.9																					
	37-37.9																					
	36-36.9																					
	write < 36																					
<b>Conscious Level</b> Record •	Alert																					
	Responds to voice																					
	Responds to pain																					
	Unconscious																					
<b>Pain Score</b> Record •	0-2																					
	3-5																					
	6-8																					
	>8																					
<b>Urine Output</b> Record •	Passed urine (✓)																					
	> 30 mL / hr																					
	< 50 mL / 2 hr																					
<b>BSL</b> write in value	< 30 mL / 2 hr																					
	N/A or 4-8mmol/L																					
	<4mmol/L																					
<b>PV Loss Antenatal</b> Record •	>8mmol/L																					
	Nil liquor																					
	Clear / pink liquor																					
	Green / foul liquor																					
<b>AN/PN</b>	Blood																					
	Offensive loss																					
<b>PN PV Loss Uterus</b> Record •	Normal Loss																					
	Increasing lochia rubra																					
	Constant blood trickle																					
	Pad change																					
<b>Uterus (PN)</b> Record •	Central, firm, contracted																					
	Above umbilicus record height cm ↑																					
	Diverted to left/right																					
	Boggy																					
<b>Comments</b> record code	Increasing fundal height																					
<b>Initial</b> sign signature log																						

MATERNITY OBSERVATION AND RESPONSE CHART EH 324800



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(Affix Hospital I.D. Label if Available)

Medical Review	MET call or Code Blue or Code Pink		
<b>Response criteria:</b> <ul style="list-style-type: none"> <li>Any observation is in the orange area</li> <li>Abdominal pain (not related to 'normal' uterine activity)</li> <li>Epigastric pain</li> <li>Severe headache</li> <li>Breathlessness</li> <li><b>You are worried about the woman but they do not fit into the above criteria</b></li> </ul>	<b>Response criteria:</b> <ul style="list-style-type: none"> <li>Any observation in the purple area</li> <li>Patient meets MET criteria</li> <li>Sudden onset anxiety/ panic in woman</li> <li>New or unrelenting chest pain</li> <li>Any acute airway concerns (Code Blue)</li> <li>Cardiac or respiratory arrest (Code Blue)</li> <li>Unconscious collapse (Code Blue)</li> <li><b>You are worried about the woman but they do not fit into the above criteria</b></li> </ul>		
<b>Actions required:</b> <ul style="list-style-type: none"> <li>Review by Midwife in charge</li> <li>Inform RMO by Lanpage</li> <li>Increase frequency of observations</li> <li>Medical review within 30 minutes if required</li> </ul>	<b>Actions required:</b> <p><b>MET CALL</b></p> <ul style="list-style-type: none"> <li>Call a MET call</li> <li>Inform midwife in charge</li> <li>MET team responds within 3 minutes</li> <li>Attending doctor to ensure Consultant informed</li> </ul> <p><b>CODE BLUE</b></p> <ul style="list-style-type: none"> <li>Call a Code Blue</li> <li>Code Blue team arrive within 3 minutes</li> </ul> <p><b>CODE PINK</b></p> <ul style="list-style-type: none"> <li>Call a Code Pink</li> <li>Code Pink team arrive within 3 minutes</li> <li>Can be combined call or upgraded to Code Blue</li> </ul>		
<b>If no improvement or more than one observation in orange area:</b> <ul style="list-style-type: none"> <li>Notify Obstetric Registrar/Consultant to attend within 15 minutes</li> </ul>			
<b>IF REQUIRED ANY STAFF MEMBER MAY ESCALATE TO A MET CALL or CODE PINK or CODE BLUE</b>			
<b>Assessment of respiratory distress (ref: NSW Health)</b>			
	<b>MILD</b>	<b>MODERATE</b>	<b>SEVERE</b>
<b>Airway</b>	Stridor on exertion	Stridor at rest Partial airway obstruction	New onset stridor Imminent airway obstruction
<b>Behaviour</b>	Normal Talks in sentences	Difficulty talking Difficulty eating Anxious	Agitated/confused Drowsy Unable to talk/eat
<b>Respiratory Rate</b>	Mildly increased	Moderately increased	Rapid or decreased due to exhaustion Air hunger
<b>Accessory Muscle Use</b>	None/minimal	Moderate use of accessory muscles/increased work of breathing	Severe recession Gasping/Grunting Pallor/cyanosis Absent breath sounds
<b>Oxygen Requirements</b>	No oxygen required	Mild hypoxaemia Increasing O <sub>2</sub> requirements	Hypoxaemia
<b>Legend - Oxygen Delivery Mode</b> NP = Nasal prongs      HM = Hudson mask			
<b>Urinalysis</b>			
<b>Date</b>	<b>Time</b>	<b>Results</b>	<b>Initials</b>

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