

Date																			
Time																			
Respiratory Rate (breaths / min) If respiratory rate ≥ 35 or ≤4, write value in box	Write ≥ 35																	Write ≥ 35	
	30–34																	30–34	
	25–29																	25–29	
	20–24																	20–24	
	15–19																	15–19	
	10–14																	10–14	
	5–9																	5–9	
	Write ≤ 4																	Write ≤ 4	
O ₂ Saturation (%) If O ₂ saturation ≤ 84, write value in box	98–100																	98–100	
	95–97																	95–97	
	93–94																	93–94	
	90–92																	90–92	
	87–89																	87–89	
	85–86																	85–86	
	Write ≤ 84																	Write ≤ 84	
O ₂ Flow Rate (L / min)	≥ 13																	≥ 13	
	10–12																	10–12	
	7–9																	7–9	
	4–6																	4–6	
	≤ 3																	≤ 3	
Blood Pressure (mmHg) Score systolic BP If systolic BP ≥ 200, write value in box	Write ≥ 200																	Write ≥ 200	
	190s																	190s	
	180s																	180s	
	170s																	170s	
	160s																	160s	
	150s																	150s	
	140s																	140s	
	130s																	130s	
	120s																	120s	
	110s																	110s	
	100s																	100s	
	90s																	90s	
	80s																	80s	
	70s																	70s	
	60s																	60s	
	50s																	50s	
40s																	40s		
Heart Rate (beats / min) If heart rate ≥ 140 or ≤ 30, write value in box	Write ≥ 140																	Write ≥ 140	
	130s																	130s	
	120s																	120s	
	110s																	110s	
	100s																	100s	
	90s																	90s	
	80s																	80s	
	70s																	70s	
	60s																	60s	
	50s																	50s	
	40s																	40s	
	Write ≤ 30s																	Write ≤ 30s	
	Temperature (°C) If temperature ≥ 39.1 or ≤ 35.4, write value in box	Write ≥ 39.1																	Write ≥ 39.1
38.5–39.0																		38.5–39.0	
38.0–38.4																		38.0–38.4	
37.5–37.9																		37.5–37.9	
37.0–37.4																		37.0–37.4	
36.5–36.9																		36.5–36.9	
36.0–36.4																		36.0–36.4	
35.5–35.9																		35.5–35.9	
Write ≤ 35.4																		Write ≤ 35.4	
Consciousness If clinically necessary, wake patient to assess and score	Alert																	Alert	
	To Voice																	To Voice	
	To Pain																	To Pain	
	Unresp.																	Unresp.	
Pain Score None (0) – Worst (10)	Write																	Write	
Intervention	E.g. 'a'																	E.g. 'a'	

UR Number: _____

Family name: _____

Given names: _____

Date of birth: ____/____/____ Sex: ☐ M ☐ F

DRAFT - NOT FOR USE

(Affix patient identification label here)

Emergency Call

Response Criteria

- Any observation is in a purple area
- Cardiac or respiratory arrest
- You are worried about the patient but they do not fit the above criteria

Actions Required

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

Clinical Review

Response Criteria

- Any observation is in a red area
- You are worried about the patient but they do not fit the above criteria

Actions Required

- Senior medical officer review (registrar or above) within 30 minutes
- Request review, and note on the back of this form
- Increase frequency of observations [specify frequency]

Senior Nurse and/or Junior Medical Review

Response Criteria

- Any observation is in an orange area
- You are worried about the patient but they do not fit the above criteria

Actions Required

- Senior nurse and/or junior medical officer review within 30 minutes
- Increase frequency of observations [specify frequency]

Increased Surveillance

Response Criteria

- Any observation is in a yellow area
- You are worried about the patient but they do not fit the above criteria

Actions Required

- Inform senior nurse
- Increase frequency of observations [specify frequency]

<INSERT SITE LOGO>

Adult Observation and Response Chart (ORC)
Four-Tier Response System (R4)

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 record a full set of observations:

- 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 symbol indicated on the chart.

» Whenever an observation falls within a shaded area, you must initiate the actions required for that colour, unless a modification has been made (see below).

» If observations fall within two or more different coloured areas for the same time period, the actions required for the darker colour apply.

Modifications

- If abnormal observations are to be tolerated for the patient’s clinical condition, write the acceptable ranges below (where Increased Surveillance, Senior Nurse Review, Clinical Review or Emergency Call will not be triggered).

- 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

O₂ Saturation

O₂ Flow Rate

Systolic BP

Heart Rate

Temperature

Consciousness

Doctor’s name

Signature

Date

Time

breaths / min

%

L / min

mmHg

beats / min

°C

breaths / min

%

L / min

mmHg

beats / min

°C

breaths / min

%

L / min

mmHg

beats / min

°C

breaths / min

%

L / min

mmHg

beats / min

°C

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ORC R4

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