

<b>Date</b>											
<b>Time</b>											
<b>Respiratory Rate</b> (breaths / min)	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	
≤ 4									≤ 4		
<b>O<sub>2</sub> Saturation</b> (%)	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		
<b>O<sub>2</sub> Flow Rate</b> (L / min)	≥ 13									≥ 13	
	10–12									10–12	
	7–9									7–9	
	4–6									4–6	
	≤ 3									≤ 3	
<b>Blood Pressure</b> (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		
30s									30s		
<b>Heart Rate</b> (beats / min)  If heart rate ≥ 140, 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		
30s									30s		
<b>Temperature</b> (°C)	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		
<b>Consciousness</b> If clinically necessary, wake patient to assess and score	Alert									Alert	
	To Voice									To Voice	
	To Pain									To Pain	
	Unresp.									Unresp.	
<b>Pain Score</b> None (0) – Worst (10)	Write									Write	
<b>Intervention</b>	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**

<b>Response Criteria</b> <ul style="list-style-type: none"> <li>Any observation is in a purple area</li> <li>You are worried about the patient but they do not fit the above criteria</li> </ul>	<b>Actions Required</b> <ul style="list-style-type: none"> <li>Place Emergency call</li> <li>Begin initial life support interventions</li> <li>Advanced life support provider to attend patient immediately</li> </ul>
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**Clinical Review**

<b>Response Criteria</b> <ul style="list-style-type: none"> <li>Any observation is in an orange area</li> <li>You are worried about the patient but they do not fit the above criteria</li> </ul>	<b>Actions Required</b> <ul style="list-style-type: none"> <li>Senior medical officer review (registrar or above) within 30 minutes</li> <li>Request review, and note on the back of this form</li> <li>Increase frequency of observations [specify frequency]</li> </ul>
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- 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 overleaf).
  - » If observations fall within both purple and orange coloured areas for the same time period, the actions required for the purple area apply.

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UR Number: \_\_\_\_\_  
 Family name: \_\_\_\_\_  
 Given names: \_\_\_\_\_  
 Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  M  F  
 (Affix patient identification label here)

**Interventions Associated With Abnormal Vital Signs**

Reference Letter	Intervention (initial if required)
a	
b	
c	
d	
e	
f	
g	
h	

If you administer an intervention, record here and note letter in Intervention row over page in appropriate time column.

**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												
<b>Blood Glucose Level</b> (mmol / L)												
<b>Weight</b> (kg)												
<b>Bowels</b>												
<b>Urinalysis</b>	Specific gravity											
	pH											
	Leukocytes											
	Blood											
	Nitrite											
	Ketones											
	Bilirubin											
	Urobilinogen											
Protein												
Glucose												

<INSERT SITE LOGO>

UR Number: \_\_\_\_\_  
 Family name: \_\_\_\_\_  
 Given names: \_\_\_\_\_  
 Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  M  F  
 (Affix patient identification label here)

Adult Observation and Response Chart (ORC)  
 Two-Tier Response System (R2)

**Other Observation Charts In Use**

Alcohol Withdrawal  Insulin Infusion  Pain/Epidural/Patient Controlled Analgesia  
 Anticoagulant  Neurology \_\_\_\_\_  
 Fluid Balance  Neurovascular \_\_\_\_\_

**Modifications**

- If abnormal observations are to be tolerated for the patient's clinical condition, write the acceptable ranges below (where a Medical 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	- breaths / min	- breaths / min	- breaths / min	- breaths / min
O <sub>2</sub> Saturation	- %	- %	- %	- %
O <sub>2</sub> 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	:	:	:	:

ORC R2

DRAFT

DO NOT WRITE IN THIS BINDING MARGIN