

Date																	
Time																	
Respiratory Rate (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	
O <sub>2</sub> Saturation (%)	≥ 98															≥ 98	
	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 <sub>2</sub> 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	
	30s															30s	
	Heart Rate (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			</														

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>
<b>Clinical Review</b>	
<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></ul>

## General Instructions

- » You must record appropriate observations:
  - On admission and pre-operatively
  - Post-operatively 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.

<INSERT SITE LOGO>

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

UR Number: \_\_\_\_\_  
Family name: \_\_\_\_\_  
Given names: \_\_\_\_\_  
Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: ☐ M ☐ F

(Affix patient identification label here)

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).

	Modification
Respiratory Rate	-      breaths / min
O <sub>2</sub> Saturation	-      %
O <sub>2</sub> Flow Rate	-      L / min
Systolic BP	-      mmHg
Heart Rate	-      beats / min
Temperature	-      C
Consciousness	-
Doctor's name	
Signature	
Date	/  /
Time	:

Additional Observations

Date																		
Time																		
Specify observation to be recorded:																		
Date																		
Time																		
Specify observation to be recorded:																		

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

:

☐ Anaesthetist

☐ Surgeon

☐ Emergency

Specify reason:

Review requested

Date

/ /

Time

:

☐ Anaesthetist

☐ Surgeon

☐ Emergency

Specify reason:

DO NOT WRITE IN THIS BINDING MARGIN