<table>
<thead>
<tr>
<th>Observation Parameter</th>
<th>Observation Graphing Area</th>
<th>Observation Parameter Scales</th>
<th>Interventions Row</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory Rate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>O₂ Saturation (%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>O₂ Flow Rate (L/min)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Pressure (mmHg)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Score systolic BP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Rate (beats/min)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temperature (°C)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consciousness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain Score</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intervention</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Response Criteria Area**
- Any observation 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**
- 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**
- 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**
- 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)
**Additional Observations**

**Date**
- Time

**Blood Glucose Level**
- (mmol / L)

**Weight**
- (kg)

**Bowels**
- Urinalysis
  - Specific gravity
  - pH
  - Leukocytes
  - Blood
  - Nitrite
  - Ketones
  - Bilirubin
  - Urobilinogen
  - Protein
  - Glucose

**Specify reason:**
- Emergency
- Registrar
- Ward doctor

**Time**
- Date

**Review requested**
- Date

**Clinical Review Requests**

**Interventions**

**Modifications**

**Respiratory Rate**
- breaths / min

**O2 Saturation**
- %

**O2 Flow Rate**
- L / min

**Systolic BP**
- mmHg

**Heart Rate**
- beats / min

**Temperature**
- °C

**Consciousness**
- -

**Doctor’s name**
- Signature

**Date /   / /   / /   / /   /**
- Time : : :

If abnormal observations are to be tolerated for the patient’s clinical condition, write the acceptable ranges below.
- 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.

**DO nOt write in this binding margin**