Adult Vital Signs Chart side 1

AFFIX PATIENT LABEL HERE

Given Name:

Date Date **Vital Signs** Time (24 hour) Time (24 hour) ≥ 36 ≥ 36 25-35 25-35 **Respiratory Rate** 21-24 21-24 (breaths/min) 12-20 12-20 9-11 9-11 write **RR** value in box 5-8 5-8 ≤ 4 ≤ 4 Room air 🗸 ✓ Room air Oxygen (L/min) ≥96 ≥96 Oxygen 94-95 94-95 Saturation (%) 92-93 92-93 write SpO, value in ≤91 ≤ 91 Date of Birth: Write if ≥ 140 Write if ≥ 140 130s 130s 120s 120s 110s 110s **Heart Rate** 100s 100s (bpm) 90s 90s 80s 80s mark **HR** with X 70s 70s write value if off scale 60s 60s 50s 50s 40s 40s 30s 30s Write if ≥ 220 Write if ≥ 220 210s 210s 200s 200s **Blood Pressure** 190s 190s (mmHg) 180s 180s 170s 170s score systolic BP 160s 160s value only 150s 150s 140s 140s 130s 130s 120s 120s 110s 110s 100s 100s 90s 90s 80s 80s 70s 70s 60s 60s 50s 50s ≥ 39s ≥ 39s Temperature 38s 38s (°C) 37s 37s 36s 36s mark **Temp** with X 35s 35s write value if off scale ≤ 34s ≤ 34s Alert Alert Level Of Voice Voice Consciousness Pain Pain mark **LOC** with  $\checkmark$ Unresponsive **EARLY WARNING SCORE TOTAL EWS TOTAL** 

Family Name:	
Given Name:	Gender:
	AFFIX PATIENT LABEL HERE
Date of Birth:	NHI#:

## ESCALATE CARE FOR ANY PATIENT YOU, THEY OR THEIR FAMILY ARE WORRIED ABOUT, REGARDLESS OF VITAL SIGNS OR EWS

Mandatory escalation pathway										
Total Early Warning Score (EWS)		Action								
EWS 1-5										
EWS 6-7										
Acute illness or unstable chronic disease										
EWS 8-9 or any vital sign in red zone										
Likely to deteriorate rapidly										
EWS 10+ or any vital sign in blue zone										
Immediately life threatening critical illness										

## **Modification to Early Warning Score (EWS) Triggers**

The EWS can be changed to prevent chronic disease incorrectly triggering escalation.

All modifications must be made in line with hospital policy and regularly reviewed by the primary team.

Ignore any modification that is not signed and dated.

Accepted values ar modified EWS	nd Date and time	Duration (hours)	Name and contact details
	/ /		
	/ /		
	/ /		
	/ /		
		modified EWS time	modified EWS  / / :  // / :  // / :

Any treatment limitations must be documented in the patient's clinical record.

A full set of vital signs with corresponding EWS must be taken and calculated each time at a frequency stated in hospital policy. If there is no timely response to your request for review, escalate to the next coloured zone.

Adult Vital Signs Chart side 2

AFFIX PATIENT LABEL HERE

				 			 		_			 			
\/:+-  C:	Date							FILE							Date
Vital Signs	Time (24 hour)							EWS							Time (24 hour)
	≥ 36														≥ 36
	25-35							3							25-35
<b>Respiratory Rate</b>	21-24							2							21-24
(breaths/min)	12-20							0							12-20
	9-11							1							9-11
write <b>RR</b> value in box	5-8							3							5-8
	≤ 4														≤ 4
Oxygen	Room air 🗸							0							✓ Room air
(L/min)	Supplement (L/min)							2							Supplement (L/mir
	≥ 96							0							≥ 96
Oxygen Saturation (%)	94-95							1							94-95
write SpO <sub>2</sub> value in	92-93							2							92-93
box	≤ 91							3							≤ 91
	Write if ≥ 140			 		 	 				 	 		 	Write if ≥ 14
	130s			 		 	 	3			 			 	130s
	120s			 		 	 							 	120s
Haart Data	110s			 		 	 	2			 	 		 	110s
Heart Rate (bpm)	100s			 		 	 				 	 		 	100s
(bpiii)	90s			 		 	 	1			 	 		 	90s
	80s			 		 	 				 	 		 	80s
mark <b>HR</b> with X	70s			 		 	 				 	 		 	70s
write value if off scale	60s			 		 	 	0			 	 		 	60s
	50s			 		 	 				 	 		 	50s
	40s			 		 	 	2			 	 		 	40s
	30s			 		 	 				 	 		 	30s
	Write if ≥ 220			 		 	 	3			 	 		 	Write if ≥ 220
	210s			 		 	 				 	 		 	210s
Discriberry of	200s			 		 	 				 	 		 	200s
Blood Pressure (mmHg)	190s			 		 	 				 	 		 	190s
(IIIIIIII)	180s			 		 	 				 	 		 	180s
score systolic BP	170s			 		 	 	-			 	 		 	170s
value only	160s			 		 	 	0			 	 		 	160s
	150s					 								 	150s
<u>^</u>	140s 130s			 		 					 	 		 	140s 130s
	130s			 		 	 	-			 	 		 	120s
	110s			 		 	 	-			 	 		 	110s
	100s			 			 	1						 	100s
	90s			 		 	 	2			 	 		 	90s
· · ·	80s			 		 	 				 	 		 	80s
*	70s			 		 	 	3			 	 		 	70s
	60s			 		 	 				 	 		 	60s
	50s			 		 	 				 	 		 	50s
Tomporaturo	≥ 39s			 		 	 	2			 	 		 	≥ 39s
Temperature (°C)	38s					 		1			 	 		 	38s
( 0)	37s			 	1	 	 	0	-	1	 	 	1	 1	37s
mark <b>Temp</b> with X	36s														36s
write value if off scale	35s ≤ 34s							2							35s ≤ 34s
	≤ 343 Alert							0							≥ 345 Alert
Level Of	Voice														Voice
Consciousness	Pain							3							Pain
mark <b>LOC</b> with 🗸	Unresponsive														Unresponsive
EARLY WARNING	SCORE TOTAL														<b>EWS TOTA</b>
		1													
													+		
				1									1		
				1											
													1		
			1	 				I			(	 1			1

Family Name:	
Given Name:	Gender:_
AFFIX	PATIENT LABEL HERE
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Vital sign (use abbreviation)	A	ccepted values ar modified EWS	nd	Date and time	Duration (hours)	Name and contact details
				/ / :		
Reason:						
				/ / :		
Reason:						
				/ / :		
Reason:						
				/ / :		

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