

Adult Vital Signs Chart side 1

Family Name:
Given Name:
Date of Birth:

Gender:
AFFIX PATIENT LABEL HERE
NHI#:

Vital Signs	Date									EWS									Date
	Time (24 hour)															Time (24 hour)			
Respiratory Rate (breaths/min) <i>write RR value in box</i>	≥ 36															≥ 36			
	25-35									3						25-35			
	21-24									2						21-24			
	12-20									0						12-20			
	9-11									1						9-11			
	5-8									3						5-8			
	≤ 4															≤ 4			
Oxygen (L/min)	Room air ✓									0						✓ Room air			
	Supplement (L/min)									2						Supplement (L/min)			
Oxygen Saturation (%) <i>write SpO₂ value in box</i>	≥ 96									0						≥ 96			
	94-95									1						94-95			
	92-93									2						92-93			
	≤ 91									3						≤ 91			
Heart Rate (bpm) <i>mark HR with X</i> <i>write value if off scale</i>	Write if ≥ 140															Write if ≥ 140			
	130s									3						130s			
	120s									2						120s			
	110s															110s			
	100s									1						100s			
	90s															90s			
	80s															80s			
	70s									0						70s			
	60s															60s			
	50s															50s			
	40s									2						40s			
	30s															30s			
Blood Pressure (mmHg) <i>score systolic BP</i> <i>value only</i>	Write if ≥ 220									3						Write if ≥ 220			
	210s															210s			
	200s															200s			
	190s															190s			
	180s															180s			
	170s															170s			
	160s									0						160s			
	150s															150s			
	140s															140s			
	130s															130s			
	120s															120s			
	110s															110s			
	100s									1						100s			
	90s									2						90s			
	80s									3						80s			
	70s															70s			
	60s															60s			
	50s															50s			
	Temperature (°C) <i>mark Temp with X</i> <i>write value if off scale</i>	≥ 39s									2						≥ 39s		
38s										1						38s			
37s										0						37s			
36s																36s			
35s										1						35s			
≤ 34s										2						≤ 34s			
Level Of Consciousness <i>mark LOC with ✓</i>	Alert									0						Alert			
	Voice									3						Voice			
	Pain															Pain			
	Unresponsive															Unresponsive			
EARLY WARNING SCORE TOTAL																EWS TOTAL			

Family Name: _____ Gender: _____
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.

Vital sign (use abbreviation)	Accepted values and modified EWS	Date and time	Duration (hours)	Name and contact details
		/ / :		
Reason:				
		/ / :		
Reason:				
		/ / :		
Reason:				
		/ / :		

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

Family Name: _____ Gender: _____

Given Name: _____ NHI#: _____

Date of Birth: _____

AFFIX PATIENT LABEL HERE

Vital Signs	Date									EWS									Date
	Time (24 hour)																		Time (24 hour)
Respiratory Rate (breaths/min) write RR value in box	≥ 36																		≥ 36
	25-35									3									25-35
	21-24									2									21-24
	12-20									0									12-20
	9-11									1									9-11
	5-8									3									5-8
	≤ 4																		≤ 4
Oxygen (L/min)	Room air ✓									0									✓ Room air
	Supplement (L/min)									2									Supplement (L/min)
Oxygen Saturation (%) write SpO ₂ value in box	≥ 96									0									≥ 96
	94-95									1									94-95
	92-93									2									92-93
	≤ 91									3									≤ 91
Heart Rate (bpm) mark HR with X write value if off scale	Write if ≥ 140																		Write if ≥ 140
	130s									3									130s
	120s									2									120s
	110s																		110s
	100s									1									100s
	90s																		90s
	80s									0									80s
	70s																		70s
	60s																		60s
	50s																		50s
	40s									2									40s
	30s																		30s
Blood Pressure (mmHg) score systolic BP value only	Write if ≥ 220									3									Write if ≥ 220
	210s									0									210s
	200s																		200s
	190s																		190s
	180s																		180s
	170s																		170s
	160s																		160s
	150s																		150s
	140s																		140s
	130s																		130s
	120s																		120s
	110s																		110s
	100s									1									100s
	90s									2									90s
	80s									3									80s
	70s																		70s
	60s																		60s
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	37s									0									37s
	36s																		36s
	35s									1									35s
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Level Of Consciousness mark LOC with ✓	Alert									0									Alert
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EARLY WARNING SCORE TOTAL																			EWS TOTAL

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EWS 8-9						
or any vital sign in red zone						
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		/ / :		
Reason:				
		/ / :		
Reason:				
		/ / :		
Reason:				
		/ / :		

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