

ICH Adult ICU Vital Signs & Fluid Balance

Surrogate: _____
 First Name: _____
 Date of Birth: _____ Sex: _____
 PLACE PATIENT ID HERE

Vital Signs	Date	Time (24 hour)	EWS MET
Respiratory Rate (breaths/min)	> 35	25-35	3
	21-24	12-20	2
	9-11	5-8	1
Supplemental O ₂	write value L/min		
O ₂ Saturation (%)	write value in box		
Temperature (°C)	mark with X		
	write value if off scale		
Blood Pressure (mmHg)	score systolic value only		
Heart Rate (bpm)	mark with X		
Level of Consciousness	Alert / Pain / Unresponsive		
EARLY WARNING SCORE TOTAL			
Pain	write score (0-10)	Rest	
Urine Output	> 100mls / 4h	< 100mls / 4h	
	PU last 8h	Net PU last 8h	

Height: _____ cm Weight: _____ kg
 Date: _____ / _____ / _____
 Diagnosis:
 Allergies:

Medical Staff Modification to EWS Triggers
 The EWS can be changed to prevent chronic disease incorrectly triggering escalation. This can only be authorised by a Consultant or Registrar and should be regularly reviewed by the primary team.
 Ignore any modification that is not signed & dated.

Vital Sign	Accepted Values & Modified EWS	Date & Time	Doctors name, designation & contact details
NOT FOR CPR			
NOT FOR MET			

All limitations must be documented in the patient's clinical record

Mandatory EWS Escalation Pathway

Total Early Warning Score

- EWS 1-5** or any vital sign in yellow zone
 - Manage pain, fever or distress
 - Increase frequency of vital sign monitoring
- EWS 6-7** or any vital sign in orange zone
 - Call Intern
 - Repeat Vitals in 15min
 - Inform nurse in charge
 - Increase frequency of vital signs
- EWS 8-9** or any vital sign in red zone
 - Register review within 30 minutes
 - Use ISOBAR to discuss concern
 - Document plan including escalation & review timeframe
- EWS 10+** or any vital sign in blue zone
 - Call for help immediately
 - Support Airway, Breathing & Circulation
 - Administer O₂ & Start CPR if needed

CALL FOR ANY PATIENT YOU ARE WORRIED ABOUT REGARDLESS OF VITAL SIGNS OR EWS

A full set of vital signs with corresponding EWS must be taken & calculated each time at the frequency stated in the 'Essential Vital Sign Measurement - Adult (patients)' protocol. If there is no timely response to your request for review, escalate to the next coloured zone

Each vital sign is scored according to the coloured zone it falls within (see key below). Any patient receiving supplemental oxygen automatically scores 2, regardless of rate.

Previous fluid balance total

Date	
Total input (mls)	
Total output (mls)	
Balance (+/-)	

Fluid Balance

Date	Time (24 hour)	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00	24hr-TOTAL	
Oral / Enteral	Fluid type																										
Line 1 (I/V)	Volume																										
Line 2 (I/V)	Fluid type																										
Line 2 (I/V)	Volume																										
Line 3 (I/V)	Fluid type																										
Line 3 (I/V)	Volume																										
Input (mls)																											
Output (mls)																											
Total input																											
Total output																											
TOTAL BALANCE (indicates + or -)																											

Checklist: Ventilation delivery

Have medical staff charted PEEP & target SpO₂? Enough oxygen available?
 Ambu bag available? Baseline obs?

Key: Intravenous fluid type
 NS = 0.9% Saline DS = Dex Saline TPN
 DSW = 5% Dextrose P148 = Plasmaolyte
 D10W = 10% Dextrose Har = Hartmann's Alb = Albumin

Respiratory Ventilator

Date	Time (24 hour)	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00		
Mask/NP/Airway																											
Invasive/ Non-invasive/ SV																											
SPO2																											
Oxygen (l/min)																											
Mode																											
Spontaneous respiration																											
Total breaths																											
Tidal Volume (TV)																											
Minute Volume (MV)																											
I time																											
E time																											
Pressure Control																											
Peak Pressure																											
PEEP																											
Flow																											
Humidification																											
Suction amount																											
Spurtum type																											
Position (side/supine etc)																											
mouth/eye cares/teeth																											

Cares

Position (side/supine etc)

mouth/eye cares/teeth