First Name DOB/Age Ward

Fathers Name

Adult Patient

| Adult Patient | | | | | | | | | | | | | | | | |
|--|---------------|----------|---|---|--|------|---|---|---|---|---|---|--|---|----------|---------------|
| Any cinyou | Date | | i | 1 | | | | i | 1 | i | i | | | 1 | | |
| threat is a medical | Гime | | | | | | | | | | | | | | | |
| emergency Sco | | | | | | | | | | | | | | | | |
| Looks Unwell | 1 | | | | | | | | | | | | | | | 1 |
| B 35 | 3 | | | | | | | | | | | | | | | 3 |
| Breathing 30 | 2 | | | | | | | | | | | | | | | 2 |
| Pospiratory Pata 20 | 0 | | | | | | | | | | | | | | | 1 0 |
| 15 | ۳ | | | | | | | | | | | | | | | ۳ |
| Write the number if 5 | 3 | | | | | | | | | | | | | | | 3 |
| >96 | E | | | | | | | | | | | | | | | E |
| 95-93 | 1 | | | | | | | | | | | | | | | 1 |
| SaO ₂ % 92-91 90-88 | 3 | | | | | | | | | | | | | | | 3 |
| <88 | E | | | | | | | | | | | | | | | E |
| Oxygen Flow Rate >10L | 3 | | | | | | | | | | | | | | | 3 |
| 3-10L Mask O2 must be <2L | 2 | | | | | | | | | | | | | | | 2 |
| >5L/min None | 0 | | | | | | | | | | | | | | | 0 |
| Mode: N.prongs/Mask Mask | | | | | | | | | | | | | | | | |
| Severe Moderate | 2 | | | | | | | | | | | | | | | 3 |
| Respiratory Distress Mild | 1 | | | | | | | | | | | | | | | 1 |
| None | 0 | | | | | | | | | | | | | | | 0 |
| C 140 | 3 | | | | | | | | | | | | | | | 3 |
| Circulation 130 | 2 | | | | | | | | | | | | | | | 2 |
| 110 | _ | | | | | | | | | | | | | | | 1 |
| Heart Rate 90 | 1 | | | | | | | | | | | | | | | ' |
| Heart Rate 90 | 0 | | | | | | | | | | | | | | | 0 |
| Write the number if 70 | <u> </u> | - | | | | | | | | | | | | | | |
| >140 or <30 60 50 | | | | | | | | | | | | | | | | |
| 40 | 2 | | | | | | | | | | | | | | | 2 |
| E = Emergency 30 | 3 E | | | | | | | | | | | | | | | 3 E |
| | | | | | | | | | | | | | | | | |
| Blood Pressure 190 | 3 | - | | | | | | | | | | | | | | 3 |
| Score the 180 | 2 | | | | | | | | | | | | | | | 2 |
| systolic 160 | 1 | | | | | | | | | | | | | | | 1 |
| only: 150 | 0 | | | | | | | | | | | | | | | 0 |
| 140 | | | | | | | | | | | | | | | | |
| 130 | _ | | | | | | | | | | | | | | | |
| 110 | 1 | | | | | | | | | | | | | | | 1 |
| Write the number if 90 | 3 | | | | | | | | | | | | | | | 3 |
| >200 or <50 | E | | | | | | | | | | | | | | | E |
| (also inform Dr if | _ | | | | | | | | | | | | | | | _ |
| diastolic abnormally high or low) 60 | | | | | | | | | | | | | | | | |
| Alam | 0 | | | | | | | | | | | | | | | 0 |
| Voice | 2 | | | | | | | | | | | | | | | 2 |
| Disability Pain Unresponsive | 3 E | | | | | | | | | | | | | | | 3 E |
| | 2 | | | | | | | | | | | | | | | 2 |
| 38.5 | | | | | | | | | | | | | | | | |
| Exposure 38.0 | 1 | | | | | | | | | | | | | | | 1 |
| Temperature 37.5 | | | | | | | | | | | | | | | | |
| 36.5 | | | | | | | | | | | | | | | | |
| Write the number if | | | | | | | | | | | | | | | | |
| 35.5 | 3 | | | | | | | | | | | | | | | 3 |
| Total KEWS score | | | | | | | | | | | | | | | | |
| Pathway Actions: Done ✔ RBS normal 4.0-8.0 Call Dr if <4.0 | \vdash | - | | | | | - | | | | | - | | | \vdash | \vdash |
| FBS normal 4.0-5.2 Call Dr if <4.0 | | | | | | | | | | | | | | | | |
| Pain Score 0-10 | | | | | | | | | | | | | | | | |
| PAC Done (see back of chart) Hourly Urine Output requested | Date | \vdash | | | | | | | | | | | | | | |
| | | | | | | | | | 1 | | | | | | | |

| Mandatory Escalation Patr | iway: | | |
|--|---|--------------------------------|---|
| If Total KEWS Score: | Do these Actions: | | |
| 1-3: Normal to low level response to an illness | | king | distress. Repeat the vitals in 30 minutes: If KEWS still 1-3 discuss with SNO g vitals, otherwise continue at minimum of 4 hourly vitals. n in the patients notes |
| 4-5: Unstable acute illness | Call Intern to review within 60 minutes Use ISOBAR to discuss patient | aking ussior & Stay v | Repeat the vitals in 15 minutes, if KEWS remains 4-7 also discuss patient with SNO or Nurse in Charge if after hours. Document this discussion and request |
| 6-7: Patient likely to deteriorate quickly | Call Registrar to review within 30 minutes. Use ISOBAR to discuss patient | | for Dr review in the patients notes. Increase frequency of vitals (30 minutely, 1, 2 or 4 hourly). Dr to document their review and plan |
| 8+ Or any vital sign in \ zone: Patient critical. E=Emergency | Call for help from a doctor immeadiately. Sta Support Airway, Breathing and Circulation. (Document outcome in clinical notes | | with the patient e oxygen and start CPR/Advanced Life Support as needed. |
| Dre additional instructions: | | | |

| Vital Sign | ign New accepted values and new KEWS score | | | Т | ime a | and D | ate | | Dur | atio | n | | Name and contact details | | | | | |
|-------------------------|---|--------|---------|-----------|-------|------------|------|---------|------------|--------|----------|----------|--------------------------|------------|---------|--------|----|---|
| | | | | | | | | | | | | | | | | | | _ |
| Reason: | | | | ļ | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | _ |
| Reason: | | | | | | | | | _ | | | | | | | | | _ |
| | | | | | | | | | | | | | | | | | | |
| Reason: | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | _ |
| Glasgov | v Coma Score: | | | | | | | | | | | | | | | | | _ |
| Date | v Coma Score. | | | | | | | | | | | | | | | | | _ |
| Time | | | | | | | | | | | | | | | | | | Τ |
| Pupil Size | Eye Response | | | | | | | | | | | | | | | | | _ |
| _ | Open normally | 4 | | | | | | | | | | | | | | | | |
| 2 | React to speech/touch | 3 | | | | | | | | | | | | | | | | Ļ |
| | React to pain | 2 | | | | | | | | | | | | | | | | Ĺ |
| | No response | 1 | | | | | | | | | | | | | | | | |
| ω | Verbal Response | , . | | | | | , , | - | | | | - | | | | | | |
| - | Orientated, speaking normally/appropriately | 5 | | | | | | | | | | | | | | | | |
| _ | Confused/disorientated | 4 | | | | | | _ | _ | | | | + | | | | + | + |
| 4 | Inappropriate words/ | 1 1 | | | | | | | | | | | | | | | + | + |
| | makes no sense | 3 | | | | | | | | | | | | | | | | |
| _ | Moans, grimaces | 2 | | | | | | | | | | | | | | | | L |
| 0 | None | 1 | | | | | | | | | | | | | | | | |
| | Best Motor Response | | | | | | | | | | | | | | | | | _ |
| | Obeys/usual movement | 6 | | | | | | | | | | | | | | | | L |
| 0: | Localises painful stimuli | 5 | | | | | | | | | | | | | | | | L |
| | Withdraws from pain | 4 | | | | | | | | | | | _ | | | | | L |
| | Abnormal flexion | 3 | | | | | | | | | | | | | | | | L |
| • · | Abnormal extension | 2 | | | | | | | | | | | | | | | | H |
| Pupil | No response | | | + | | _ | + | | | | _ | | | | + | ╁ | | |
| Response: | Total Score Pupil Size | | | _ | | _ | | _ | _ | _ | | | + | - | | | +- | L |
| R)Reactive | Pupil Size Pupil Response | + | | | | | | | | | | | _ | | | | | H |
| S)Sluggish | Pupil Size | R | | | | | | | | | | | | | | | | H |
| F) Fixed | Pupil Response | R | | | | | | | | | | | + | | | | + | H |
| ny other | Nausea/vomiting | + | | | | | | | | | | | | | | | + | t |
| igns of | Headache | 1 1 | | | | | | | | | | | | | | | | t |
| lltered status (✔ if | Photophobia | 1 1 | | | | | | | | | | | | | | | | H |
| resent) | Double vision | + + | | | | | | | | | | | | | | | | H |
| | Double vision | | | | | | | | | | | | | | | | | _ |
| Ask Pati | ent to rate pain us | ing t | he n | umk | er se | cale | (1-1 | 0) o | rask | the | m t | o po | int to | o a f | ace | : | | |
| | analgesia | | 1 | 5 | / | | / | 1 | - 2 | - | | 1 | 1 | | 1 | 1 | 1 | |
| or eg. Par | acetamol | | (0 | œ, |) (| ∞ | | (' | ΘΘ, / | 1 | Ó | 9. / | 1 | ∞ | | (2 | 30 | ì |
| | jer analgesia | | 1 |) | / \ | - | / | (- | -/ | / | _ | -/ | 1 | | / | 1 | ペノ | |
| or eg. Dic | | | - | _ | , | <u> </u> | | - | _ | | - | | 1 | _ | | - | | |
| | Strongest analgesia | | No | 0 Hurt | | 2 Hurts | | 1 | 4 lurts | | Hu | rts | | 8 Hurts | | Hu | T | |
| or eg. Mo | | | | | 9 | Little B | | | e More | 1 | Even | | | nole L | ot | Wo | | _ |
| Pressure | Area Care (PAC): | | | | | | | | | | | | | | | | | |
| For patier | nts resting on a bed r | urses | s sho | uld d | 0 | | P | ressur | e points | | | Elbo | W | | | | | |
| | eck of these areas fo | | | | | | | | _ | ٧_ | 7 | 1 | | | | Λ | | |
| - | of a pressure area. | | - , | | | | | | (_ | | |) | | _ | | 2 | | |
| , , | | | | | | | | | | | | | | | | | | |
| Keeping r | pressure off the red a | rea fo | or a da | ay or | . | | E | lack of | héad | Should | der bla | | Coccyx tail bor | | He | els | | |
| | orevent a pressure so | | | - | | | | | | | _ | _ ' | tall DOI | 10) | | Ear | | |
| | loes develop inform (| | r and | | | | | | | / | _ | | 1 | | | | | |
| | vound as needed | | | | | | | | \leq | | \angle | >/ | // | _(| (|) | | |
| | | | | | | | | | | | | -0 | - | | | • | | |
| | | | | | | | | Malleo | lus (ankl | e bone | es) | Hip | Pelvis | Side | e of sh | oulder | | |