



Kidney Solutions Clinical Observation Chart

UR Number: _____
Family name: _____
Given names: _____
Date of birth: ____ / ____ / ____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F
(Affix patient identification label here)

Emergency Call	
<p>Response Criteria</p> <ul style="list-style-type: none"> Any observation is in a purple area You are worried about the patient but they do not fit the above criteria If the patient shows signs of mental health agitation or deterioration 	<p>Actions Required</p> <ul style="list-style-type: none"> Place Emergency call 000

Critical Review	
<p>Response Criteria</p> <ul style="list-style-type: none"> Any observation is in an orange area You are worried about the patient but they do not fit the above criteria If the patient shows signs of mental health agitation or deterioration 	<p>Actions Required</p> <ul style="list-style-type: none"> Immediately call Consultant Physician and LHD Liverpool Home Therapy Unit - mobile 02 8738 4504 Place Emergency call 000

General Instructions
<p>>> You must record appropriate observations: At the commencement and completion of dialysis – and hourly for the duration and at completion of the dialysis.</p>
<p>>> You must record a full set of observations:</p> <ul style="list-style-type: none"> - If the patient is deteriorating or an observation is in a shaded area - Whenever you are concerned about the patient.
<p>>> When graphing observations, place a dot (•) in the centre of the box which includes the current observation in its range of values and connect it to the previous dot with a straight line. For blood pressure, use the symbol indicated in the chart.</p>
<p>>> Whenever an observation falls within a shaded area, you must initiate the actions required for that colour, unless a modification has been made (<i>see overleaf</i>).</p>
<p>>> If observations fall within both purple and orange coloured areas for the same time period, the actions required for the purple area apply.</p>

Date																
Time																
Respiratory Rate (breaths / min)	30-34															30-34
	25-29															25-29
	20-24															20-24
	15-19															15-19
	10-14															10-14
	5-9															5-9
	≤4															≤4
O₂ Saturation (%)	≥ 98															≥ 98
	95-97															95-97
	93-94															93-94
	90-92															90-92
	87-89															87-89
	85-86															85-86
	Write ≤ 84															Write ≤ 84
Blood Pressure (mmHg) Score systolic BP If systolic BP ≥ 200, Write value in box	Write ≥ 200															Write ≥ 200
	190s															190s
	180s															180s
	170s															170s
	160s															160s
	150s															150s
	140s															140s
	130s															130s
	120s															120s
	110s															110s
	100s															100s
	90s															90s
	80s															80s
	70s															70s
	60s															60s
	50s															50s
	40s															40s
30s															30s	
Heart Rate (beats / min) If heart rate ≥ 140, write value in box	Write ≥ 140															Write ≥ 140
	130s															130s
	120s															120s
	110s															110s
	100s															100s
	90s															90s
	80s															80s
	70s															70s
	60s															60s
	50s															50s
	40s															40s
30s															30s	
Temperature (C)	Write ≥ 38.5															Write ≥ 38.5
	38.0-38.4															38.0-38.4
	37.5-37.9															37.5-37.9
	37.0-37.4															37.0-37.4
	36.5-36.9															36.5-36.9
	36.0-36.4															36.0-36.4
	35.5-35.9															35.5-35.9
	Write ≤ 35.4															Write ≤ 35.4
Consciousness If concerned, wake patient before scoring	Alert															Alert
	To Voice															To Voice
	To Pain															To Pain
	Unresp.															Unresp.
Pain Score None (0) – Worst (10)	Write															Write
PIVC Site Check	Write															Write
Mental Health	Calm															Calm
	Agitated															Agitated
	Aggressive															Aggressive

Adult Observation and Response Chart (ORC)
 Day Surgery Two-Tier Response System (R2)

UR Number: _____
 Family name: _____
 Given names: _____
 Date of birth: ____ / ____ / ____ Sex: M F
 (Affix patient identification label here)

Clinical Review Requests

Review requested Date / / Time : Anaesthetist Surgeon Emergency

Specify reason:

Modifications

If abnormal observations are to be tolerated for the patient's clinical condition, write the acceptable ranges below (where a Medical Review or Emergency Call will not be triggered)

Modifications	
Respiratory Rate	- breaths / min
O ₂ Saturation	- %
Systolic BP	- mmHg
Heart Rate	- beaths / min
Temperature	- C
Consciousness	-
Doctor's Name	
Signature	
Date	/ /
Time	: