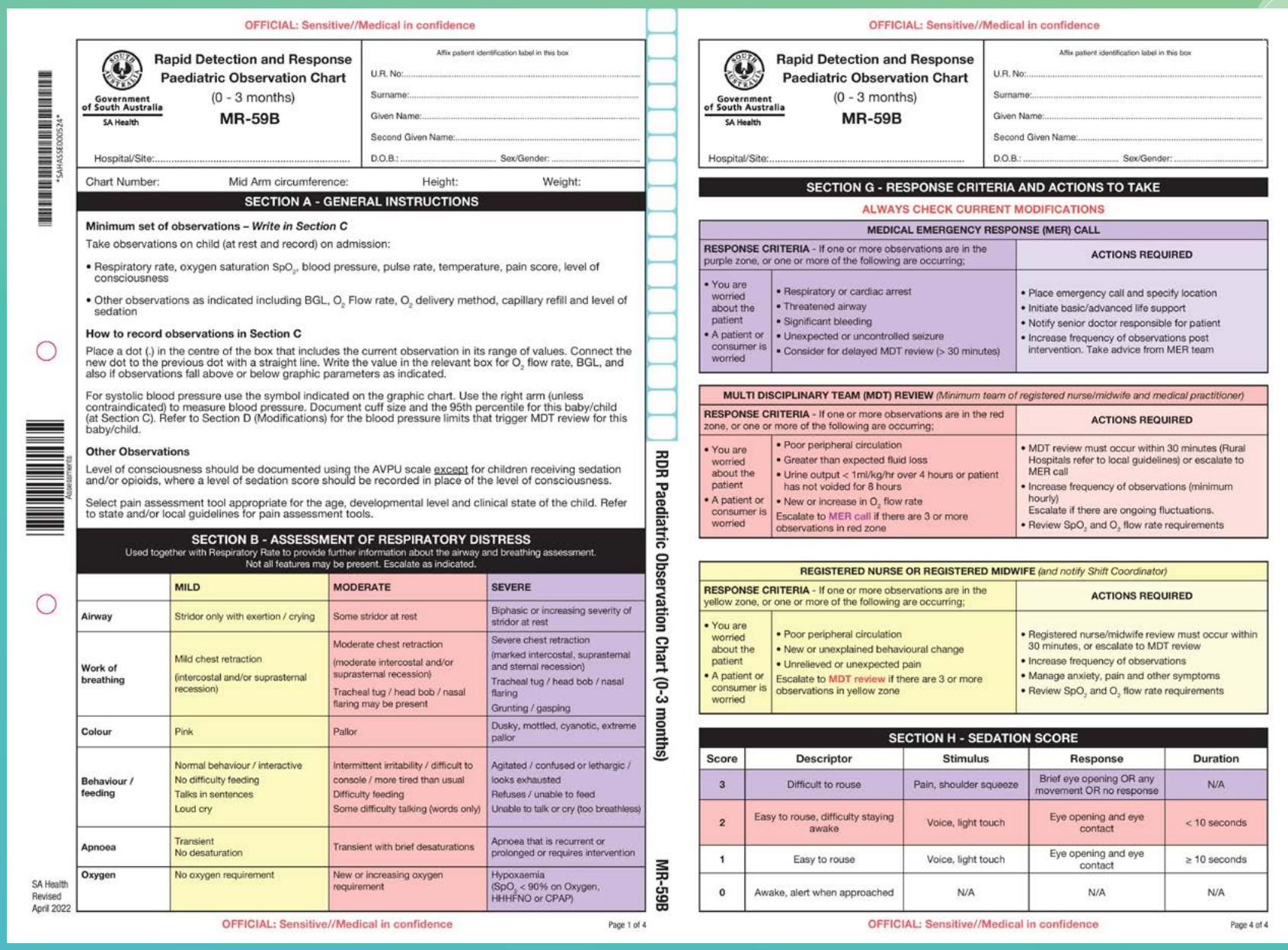
NOVEMBER 16

Implementation of revised Paediatric RDR charts (MR59B-F)



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Government of South Australia
SA Health

Rapid Detection and Response Paediatric Observation Chart
(0 - 3 months)
MR-59B

Affix patient identification label in this box

U.R. No:
Surname:
Given Name:
Second Given Name:
D.O.B.: Sex/Gender:
Hospital/Site:

Chart Number: Mid Arm circumference: Height: Weight:

SECTION A - GENERAL INSTRUCTIONS

Minimum set of observations – *Write in Section C*

Take observations on child (at rest and record) on admission:

- Respiratory rate, oxygen saturation SpO_2, blood pressure, pulse rate, temperature, pain score, level of consciousness
- Other observations as indicated including BGL, O_2 Flow rate, O_2 delivery method, capillary refill and level of sedation

How to record observations in Section C

Place a dot (.) in the centre of the box that includes the current observation in its range of values. Connect the new dot to the previous dot with a straight line. Write the value in the relevant box for O_2 flow rate, BGL, and also if observations fall above or below graphic parameters as indicated.

For systolic blood pressure use the symbol indicated on the graphic chart. Use the right arm (unless contraindicated) to measure blood pressure. Document cuff size and the 95th percentile for this baby/child (at Section C). Refer to Section D (Modifications) for the blood pressure limits that trigger MDT review for this baby/child.

Other Observations

Level of consciousness should be documented using the AVPU scale except for children receiving sedation and/or opioids, where a level of sedation score should be recorded in place of the level of consciousness.

Select pain assessment tool appropriate for the age, developmental level and clinical state of the child. Refer to state and/or local guidelines for pain assessment tools.

SECTION B - ASSESSMENT OF RESPIRATORY DISTRESS

Used together with Respiratory Rate to provide further information about the airway and breathing assessment.
Not all features may be present. Escalate as indicated.

	MILD	MODERATE	SEVERE
Airway	Stridor only with exertion / crying	Some stridor at rest	Biphasic or increasing severity of stridor at rest
Work of breathing	Mild chest retraction (intercostal and/or suprasternal recession)	Moderate chest retraction (moderate intercostal and/or suprasternal recession) Tracheal tug / head bob / nasal flaring may be present	Severe chest retraction (marked intercostal, suprasternal and sternal recession) Tracheal tug / head bob / nasal flaring Grunting / gasping
Colour	Pink	Pallor	Dusky, mottled, cyanotic, extreme pallor
Behaviour / feeding	Normal behaviour / interactive No difficulty feeding Talks in sentences Loud cry	Intermittent irritability / difficult to console / more tired than usual Difficulty feeding Some difficulty talking (words only)	Agitated / confused or lethargic / looks exhausted Refuses / unable to feed Unable to talk or cry (too breathless)
Apnoea	Transient No desaturation	Transient with brief desaturations	Apnoea that is recurrent or prolonged or requires intervention
Oxygen	No oxygen requirement	New or increasing oxygen requirement	Hypoxaemia (SpO_2 < 90% on Oxygen, HHHFNO or CPAP)

RDR Paediatric Observation Chart (0-3 months) MR-59B

SA Health
Revised
April 2022

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SECTION G - RESPONSE CRITERIA AND ACTIONS TO TAKE

ALWAYS CHECK CURRENT MODIFICATIONS

MEDICAL EMERGENCY RESPONSE (MER) CALL

RESPONSE CRITERIA - If one or more observations are in the purple zone, or one or more of the following are occurring;		ACTIONS REQUIRED
• You are worried about the patient • A patient or consumer is worried	• Respiratory or cardiac arrest • Threatened airway • Significant bleeding • Unexpected or uncontrolled seizure • Consider for delayed MDT review (> 30 minutes)	• Place emergency call and specify location • Initiate basic/advanced life support • Notify senior doctor responsible for patient • Increase frequency of observations post intervention. Take advice from MER team

MULTI DISCIPLINARY TEAM (MDT) REVIEW *(Minimum team of registered nurse/midwife and medical practitioner)*

RESPONSE CRITERIA - If one or more observations are in the red zone, or one or more of the following are occurring;		ACTIONS REQUIRED
• You are worried about the patient • A patient or consumer is worried	• Poor peripheral circulation • Greater than expected fluid loss • Urine output < 1ml/kg/hr over 4 hours or patient has not voided for 8 hours • New or increase in O_2 flow rate Escalate to MER call if there are 3 or more observations in red zone	• MDT review must occur within 30 minutes (Rural Hospitals refer to local guidelines) or escalate to MER call • Increase frequency of observations (minimum hourly) Escalate if there are ongoing fluctuations. • Review SpO_2 and O_2 flow rate requirements

REGISTERED NURSE OR REGISTERED MIDWIFE *(and notify Shift Coordinator)*

RESPONSE CRITERIA - If one or more observations are in the yellow zone, or one or more of the following are occurring;		ACTIONS REQUIRED
• You are worried about the patient • A patient or consumer is worried	• Poor peripheral circulation • New or unexplained behavioural change • Unrelieved or unexpected pain Escalate to MDT review if there are 3 or more observations in yellow zone	• Registered nurse/midwife review must occur within 30 minutes, or escalate to MDT review • Increase frequency of observations • Manage anxiety, pain and other symptoms • Review SpO_2 and O_2 flow rate requirements

SECTION H - SEDATION SCORE

Score	Descriptor	Stimulus	Response	Duration
3	Difficult to rouse	Pain, shoulder squeeze	Brief eye opening OR any movement OR no response	N/A
2	Easy to rouse, difficulty staying awake	Voice, light touch	Eye opening and eye contact	< 10 seconds
1	Easy to rouse	Voice, light touch	Eye opening and eye contact	≥ 10 seconds
0	Awake, alert when approached	N/A	N/A	N/A

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All SA Health (non Sunrise EMR) sites with Paediatric patients adopt the revised Paediatric RDR charts on 16 November 2022. (EMR chart equivalent for release in December 2022)

Education resources

Learn more about the changes to the Paediatric RDR charts, visit **sahealth.sa.gov.au/RDRcharts**, or **scan the QR code** to watch the narrated presentation.

Site Contacts	DHW/LHN Project Contact
	DHW: Clinical Governance Unit celine.heithersay@sa.gov.au
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