



Rapid Detection and Response Adult Observation Chart (MR59A)

Hospital:

Affix patient identification label in this box

UR No:

Surname:

Given Name:

Second Given Name:

D.O.B: Sex:

SECTION A - GENERAL INSTRUCTIONS

Minimum set of observations- Write in Section C

- Respiratory rate, oxygen saturation, blood pressure, pulse rate, temperature, pain and level of sedation.
- Other observations on this chart are O₂ flow rate and delivery method.

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 O₂ flow rate, and also if observations fall above or below graphic parameters, as indicated.

For systolic blood pressure use the symbol indicated on the graphic chart.

Modifications – Write Modifications to triggers in Section D

Only an RMO, or more senior doctor, can document:

- observation(s) for patients within a specified time that modify the trigger point for escalation.
- the duration of the modification, by writing start and finish dates and times. A modification will cease if not reviewed.

Modifications should be reviewed at a minimum every 24 hours and during transfers / handover to another team or doctor

Modifications should consider ACD and 7 Step Pathway – Resuscitation Plan

A nurse must countersign the modifications as acknowledgement. A consultant must sign if modifications are continued beyond 24 hours

Changes to usual frequency of observations – Frequency, duration and reason should be recorded in Section E

A. if requested by treating doctor

B. if you are worried about the patient

C. if the patient / family is concerned

D. after an intervention, incident, procedure and/or treatment as per local procedures

E. after a MER call

F. until all observations are in their normal range as defined by the white zones and any modifications

G. terminal phase

H. other

Interventions and review – Use Section F to record any MDT or MER calls. Document any intervention or action taken in response to:

- changes in observations e.g. use space blanket to warm patient, increase oxygen flow rate, give food to diabetic
- concerns raised by patient, family or carer (Record actions taken and tick 'patient / family concern')
- new unexplained deterioration in behaviour or mental state (e.g. reassure patient)

SECTION B RESUSCITATION PLAN

7 Step Pathway – Resuscitation Plan (MR RESUS) Current In Progress No plan 7 Step Pathway – Resuscitation Plan needs review

Advance Care Directive (ACD) In Medical Record In MyHealth Record

- A patient who is at the end of their life and is not for resuscitation may still require urgent medical response for symptom management.
- Refer to current MR RESUS or Advance Care Directives for instructions / patients wishes regarding MER call, CPR and other treatment limitations.
- Other advance care plan

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SECTION G – RESPONSE CRITERIA AND ACTIONS TO TAKE

ALWAYS CHECK CURRENT MODIFICATIONS, ACD and RESUSCITATION PLAN

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	
<ul style="list-style-type: none"> You are worried about the patient A patient or consumer is worried 	<ul style="list-style-type: none"> Respiratory or cardiac arrest Threatened airway Significant bleeding Unexpected or uncontrolled seizure Delayed MDT review (> 30 minutes) 	<ul style="list-style-type: none"> 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
Refer to ACD or 7 Step Pathway - Resuscitation Plan if MER call required		

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	
<ul style="list-style-type: none"> You are worried about the patient A patient or consumer is worried 	<ul style="list-style-type: none"> Unrelieved chest pain Urine output < 30mL/hr over 4 hours from patient with IDC, or patient has not voided for over 12 hours (unless intra-dialysis) Delayed RN/RM review (> 30 minutes) <p>Escalate to MER call if there are 3 or more observations in red zone.</p>	<ul style="list-style-type: none"> MDT review must occur within 30 minutes (Country Hospitals refer to local guidelines) or escalate to MER call Increase frequency of observations to hourly. Escalate if there are ongoing fluctuations Review SpO₂ and O₂ 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	
<ul style="list-style-type: none"> You are worried about the patient A patient or consumer is worried 	<ul style="list-style-type: none"> New or unexplained behavioural change Intra-dialysis BP drop > 20mmHg from baseline For new or unexpected pain or 2 pain scores 8-10 within 1 hour, senior nurse to review and consider MDT review if required. <p>Escalate to MDT review if there are 3 or more observations in yellow zone.</p>	<ul style="list-style-type: none"> 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 SpO₂ and O₂ flow rate requirements For new or unexpected pain or 2 consecutive pain score 8-10 within 1 hour, Senior nurse to request MDT review if required

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



Assessments

SECTION C - OBSERVATION CHART		MER	MDT	RN/RM
Year	Date			
	Time			
Respiratory Rate (breaths/min)	Write ≥ 36			
	31 - 35			
	26 - 30			
	21 - 25			
	16 - 20			
	11 - 15			
	8 - 10			
	Write ≤ 7			
O ₂ Saturation (%)	≥ 98			
	95 - 97			
	92 - 94			
	89 - 91			
	Write ≤ 88			
O ₂ Flow Rate (L/min) Write value:	Write > 8			
	Write 7 - 8			
	Write 5 - 6			
	Write 0 - 4			
Delivery Method/Air				
Blood Pressure (mmHg) Use systolic blood pressure as trigger for response	Write ≥ 200s			
	190s			
	180s			
	170s			
	160s			
	150s			
	140s			
	130s			
	120s			
	110s			
	100s			
	90s			
	80s			
	70s			
	60s			
	50s			
	Write ≤ 40			
Heart Rate (beats/min)	Write ≥ 140			
	130s			
	120s			
	110s			
	100s			
	90s			
	80s			
	70s			
	60s			
	50s			
40s				
Write ≤ 30				
Temperature (°C)	Write ≥ 39.1			
	38.6 - 39.0			
	38.1 - 38.5			
	37.6 - 38.0			
	37.1 - 37.5			
	36.6 - 37.0			
	36.1 - 36.5			
	35.6 - 36.0			
	35.1 - 35.5			
	Write ≤ 35			
Sedation Score Refer to Section H	3			
	2			
	1			
	0			
New/Unexpected pain (2 or more 'Y' within the hour see section G)	Write Y or N			
Pain Score At rest (2 or more pain scores of 8-10 within 1 hour see section G)	8 - 10			
	5 - 7			
	0 - 4			
Initials				

SECTION D - MODIFICATIONS					
An RMO, or more senior doctor, must write and review any Modifications . These are any observation(s) for this patient, within a specified time, that modify the trigger point for escalation. Check ACD and 7 Step Pathway – Resuscitation Plan.					
	Modification 1	Modification 2	Modification 3	Modification 4	
Start Date and Time	/ /	/ /	/ /	/ /	
Finish date and time	/ /	/ /	/ /	/ /	
Observation(s)					
Triggers for MDT review					
Triggers for MER call					
Doctor's Signature					
Doctor's Name (print)					
Doctor's Designation					
Nurse/Midwife Signature					
Nurse/Midwife Name (print)					
Nurse/Midwife Designation					
SECTION E - CHANGES TO USUAL FREQUENCY OF OBSERVATIONS					
Date and Time					
New frequency					
Reason (See Section A)					
Finish date / time					
Name					
Signature					
Designation					
SECTION F - INTERVENTION OR REVIEW DONE (INCLUDING MDT OR MER CALL)					
Date	Intervention or review (e.g. Urine Output, increased frequency BGL's, O2 changes etc)	Patient, family/carer concern	Physical state change	Mental state change	Name
Time					Signature
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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