TASMANIAN HEALTH SERVICE

Tasmanian Government

DANGERS

Adult Observation and Escalation Chart

FACILITY/WARD:_____

THS - North

PT ID									

SURNAME..... D.O.B. .....

OTHER NAMES .....

ADDRESS.....

Attach Patient Sticker Label

Other Charts In Use

- ☐ Alcohol Withdrawal
- ☐ Anticoagulant
- ☐ Fluid Balance
- ☐ Insulin Infusion
- ☐ Neurological
- ☐ Neurovascular
- ☐ Pain/Epidural/Patient Controlled Analgesia
- _____
- _____

General Instructions

- Record a minimum set of observations every 8/24 or at a frequency appropriate for the patient's clinical state.
- 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 on the chart.
- When an observation falls within a shaded area, you must initiate the actions required for that colour, unless a modification has been made.
- If observations fall within two or more different coloured areas for the same time period, the actions required for the darker colour apply.

☐ Tick box if Goals of Care Form completed. ☐ Tick box if patient has an Advanced Care Directive.

Modifications

- If a patient's abnormal observations are to be tolerated, a Registrar or Consultant must write modifications to activate each DANGERS level for that observation.
- The reason for the modification must be documented on the chart and in the progress notes and the primary Consultant notified. Modifications **must** be reviewed at least every **72 hours**.
- To cancel modifications draw a diagonal line through the modification record.
- The doctor's name/signature/date/time **must** be completed to be **valid**.

Reason for Modification:

Name of Consultant notified: **Date of notification:**

	Increased Surveillance	RMO / Senior Nurse Review	Registrar Review	MET
Respiratory Rate	≤ or ≥	≤ or ≥	≤ or ≥	≤ or ≥
O_2 Saturation	≤.....%	≤.....%	≤.....%	≤.....%
Systolic BP	≤ or ≥	≤ or ≥	≤ or ≥	≤ or ≥
Heart Rate	≤ or ≥	≤ or ≥	≤ or ≥	≤ or ≥
Temperature	≤ or ≥	≤ or ≥	≤ or ≥	≤ or ≥
Consciousness				
Doctor's name				
Doctor's signature and date / time				
Date / time reviewed and Doctor's signature				

THS-N 3/16 142302 F&P 48591 MAR16 H10

ADULT OBSERVATION AND ESCALATION CHART

PT ID

SURNAME..... D.O.B. .....

OTHER NAMES .....

ADDRESS.....

Attach Patient Sticker Label

Interventions Associated With Abnormal Vital Signs

If you administer an intervention, record here and note letter in Intervention row over page in appropriate time column.

Reference Letter	Intervention	Intials
a		
b		
c		
d		
e		
f		
g		
h		
i		
j		
k		
l		

Doctor Review Requests

Review requested Date / / Time : ☐ RMO ☐ Registrar Name:_____

Specify reason:

Name and designation of Reviewing Doctor Time :

If no review within 30 minutes: ☐ Consultant called Name of Consultant: Time :

Review requested Date / / Time : ☐ RMO ☐ Registrar Name:_____

Specify reason:

Name and designation of Reviewing Doctor Time :

If no review within 30 minutes: ☐ Consultant called Name of Consultant: Time :

Additional Observations

Date																			
Time																			
Blood Glucose Level (mmol / L)																			
Weight (kg)																			
Bowels																			
Urinalysis	Blood																		
	Bilirubin																		
	Urobilinogen																		
	Ketones																		
	Protein																		
	Nitrite																		
	Glucose																		
	pH																		
	Specific gravity																		
	Leukocytes																		

DO NOT WRITE IN THIS BINDING MARGIN

Date																														
Time																														
Respiratory Rate (breaths / min) If Respiratory Rate ≥ 36 or ≤ 4, write value in box	Write ≥ 36																													≥ 36 Write
	30–35																													30–35
	25–29																													25–29
	20–24																													20–24
	15–19																													15–19
	10–14																													10–14
	5–9																													5–9
	Write ≤ 4																													≤ 4 Write
O_2 Saturation (%) If O_2 Saturation ≤ 84, write value in box	98–100																													98–100
	95–97																													95–97
	93–94																													93–94
	90–92																													90–92
	87–89																													87–89
	85–86																													85–86
	Write ≤ 84																													Write ≤ 84
O_2 Flow Rate / O_2%	L / min / O_2%																													L / min / O_2%
Blood Pressure (mmHg) Escalate using systolic BP If systolic BP ≥ 200 or ≤ 50, 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
	Write ≤ 50s																													Write 50s ≤
Heart Rate (beats / min) If heart rate ≥ 150 or ≤ 30 write value in box	Write ≥ 150																													Write ≥ 150
	140s																													140s
	130s																													130s
	120s																													120s
	110s																													110s
	100s																													100s
	90s																													90s
	80s																													80s
	70s																													70s
	60s																													60s
	50s																													50s
	40s																													40s
	Write 30s																													Write 30s
Temperature (C) If temperature ≥ 39.1 or ≤ 35.4 write value in box	Write ≥ 39.1																													Write 39.1
	38.5–39.0																													38.5–39.0
	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 Wake patient before scoring	Alert																													Alert
	To Voice																													To Voice
	To Pain																													To Pain
Urine Output (mL / hour)	≥ 30																													≥ 30
	≤ 29																													≤ 29
Pain Score None (0) - Worst (10)	Write																													Write
Intervention	E.g. 'a'																													E.g. 'a'

PT ID

SURNAME..... D.O.B. .....

OTHER NAMES .....

ADDRESS.....

Attach Patient Sticker Label

ESCALATION AND RESPONSE PATHWAY

CODE BLUE

AIRWAY	Threatened / Stridor
BREATHING	All respiratory arrests
CIRCULATION	All cardiac arrests
NEUROLOGICAL	Unresponsive or fall in GCS of 2 or more if on neuro obs chart

Medical Emergency Team (MET) Call

Response Criteria

- **Any observation in a purple area**
- Prolonged Seizure
- You are seriously worried about the patient but they do not fit the above criteria

Actions Required

- Place MET call by dialling 222
- Ward staff to notify Home Team Registrar and RMO/Intern to attend within 10 minutes
- Home Team Registrar to ensure Consultant is notified
- Observations as clinically indicated

Registrar Review

Response Criteria

- **Any observation in a red area**
- New or unrelenting chest pain
- ↑or unexpected fluid or blood loss

Actions Required

- Request review, and note on the back of this form
- Registrar to review within 30 minutes
- Registrar to ensure Consultant is notified
- Home team RMO to attend
- Observations 15 minutely until review
- Increase frequency of observations after review as per Registrar

RMO/Intern and Senior Nurse Review

Response Criteria

- **Any observation in an orange area**

Actions Required

- RMO/Intern and Senior Nurse must review patient within 30 minutes
- RMO to discuss with Registrar if required
- Record vital signs at least 1/24 for 4/24

Increased Surveillance

Response Criteria

- **Any observation in a yellow area**

Actions Required

- Record observations at least 4/24
- Inform In Charge Nurse or Senior Clinical Nurse

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DO NOT WRITE IN THIS BINDING MARGIN