2012
tralia 2
of Aus
wealth
nommo
12 - © Cc
4/2012
2 - 0

	Date														
	ime			<u> </u>		1									
<u>'</u>	iiie	Write ≥ 35													Write ≥ 35
		30–34													30–34
		25–29													25–29
	atory Rate	20–24													20–24
(breat	ths / min)	15–19													15–19
		10–14													10–14
	y rate ≥ 35 or	5–9													5–9
≤4, write val	lue in box	Write ≤ 4										_			Write ≤ 4
		98–100 95–97		-		-		-				_			≥ 98 95–97
O. Sa	turation	93–94													93–94
	(%)	90–92													90–92
	(/*/	87–89													87–89
If O ₂ saturat	tion ≤ 84, write	85–86													85–86
value in box		Write ≤ 84													Write ≤ 84
		≥ 13													≥ 13
O. Fl	ow Rate	10–12													10–12
	/ min)	7–9													7–9
(-	, , , , , , , , , , , , , , , , , , , ,	4–6 ≤3		_				_		\vdash		-			4–6 ≤ 3
		Write ≥ 200													Write ≥ 20
		190s													190s
		180s													180s
		170s													170s
		160s													160s
	lood 1	150s													150s
Pre	essure i	140s				_				_		_			140s
(m	nmHg) 🖞	130s 120s				_				_		_			130s 120s
	•	120s 110s		\vdash								\vdash			120s 110s
		100s													100s
Score s	systolic BP	90s													90s
If systolic B	P ≥ 200, write	80s													80s
value in box		70s													70s
		60s										_			60s
		50s 40s										_			50s 40s
		Write ≥ 140				\vdash		_				\vdash			Write ≥ 14
		130s													130s
		120s													120s
Hea	rt Rate	110s													110s
	ats / min)	100s													100s
(504		90s													90s
		80s										_			80s
		70s 60s		<u> </u>		-		_				-	-		70s 60s
		50s													50s
If heart rate	> 140 or	40s													40s
	value in box	Write ≤ 30s													Write ≤ 30
= 00, WHILE V	value III box	Write ≥ 39.1													Write ≥ 39
		38.5–39.0		-		-		_				-			38.5–39.0
T	4	38.0–38.4													38.0–38.4
-	perature	37.5–37.9													37.5–37.9
((°C)	37.0–37.4													37.0-37.4
		36.5–36.9													36.5–36.9
		36.0–36.4													36.0–36.4
If temperatu	ure ≥ 39.1 or ≤	35.5–35.9													35.5–35.9
	value in box	Write ≤ 35.4													Write ≤ 35
Consc	iousness	Alert To Voice													Alert To Voice
If clinically n	ecessary, wake	To Pain													To Pain
patient to as	ssess and score	Unresp.													Unresp.
	Respiratory F														
	O ₂ Saturation														
				\vdash								_	-	+	
	O ₂ Flow Rate			<u> </u>		<u> </u>		<u> </u>		_		<u> </u>		-	
ADDS	Systolic BP														ADDS
Scores	Heart Rate														Score
	Temperature														
	Consciousne	SS													
	TOTAL ADD							i –				i –			
						\vdash		\vdash				\vdash		+	
	vention	E.g. 'a'		I		I		I		l		I			E.g. 'a'



Adult Deterioration Detection System (ADDS)

If any observation is in a shaded area, add up the Total ADDS Score and take the action required for that score.

Emergency cal
Score 3
Score 2
Score 1
Score 0

Actions Required

Total ADDS Score 1-3

- Inform senior nurse and/or Team Leader
- Increase frequency of observations [specify frequency]

Total ADDS Score 6-7

- Senior medical officer review (registrar or above) within 30 minutes
- Request review, and note on the back of this form
- Increase frequency of coservations
 [specify frequency]

Total ADDS Score 4-5

- Senior nurse and/or junior medical officer review within 30 minutes
- Increase frequency of observations [specify frequency]

Tetal A2DS Score ≥

- Begin initial life support interventions (support airway, breathing, circulation)
 - Advanced life support provider to attend patient immediately

Emergency call if:

- Any poservation is in a purple area
- Airway threat
- Respiratory or cardiac arrest
- New drop in O₂ saturation < 90%
- Sudden fall in level of consciousness
- Seizure
- You are seriously worried about the patient but they do not fit the above criteria

		UR Numb	UR Number:											
<insert< td=""><td>SITE LOGO></td><td>Family nar</td><td>me:</td><td></td><td></td><td></td><td></td><td></td></insert<>	SITE LOGO>	Family nar	me:											
		Given nan	nes:											
Adult Deterioration D	etection System (ADDS)	Date of bir	rth:		<i>I</i>	Sex:	M F							
	Chart		(Affi	x patient ide	ntification lab	bel here)								
Other Observat	ion Charts In Us	е												
Alcohol Withdrawa	l Insulin In	fusion		Pain/Epidura	al/Patient Co	ntrolled Anal	gesia							
Anticoagulant	Neurolog	у												
Fluid Balance	Neurova	scular												
General Instruc	tions													
» You must record- On admission	appropriate observation	ons:												
	cy appropriate for the	patient's clir	nical stat	te.										
 If the patient 	te a Total ADDS Score t is deteriorating or an ou are concerned abo	observation		haded are	ea									
•		•		of the box	which inclu	ıdes the cu	ırrent							
observation in its	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 symbols indicated on the chart.													
» Whenever an observer sign in the appropriate below).	servation falls within a priate row of the ADDS	shaded area S Scores tab	a, you m le, unle	nust enter ss a modif	the ADDS ication has	Score for to been made	that vital de (see							
Modifications														
 If abnormal observation below (where the ADD 		the patient's	clinical c	ondition, w	rite the acc	eptable ran	ges							
- Modifications must be i	reviewed at least every 7				ine Medifie	-4:d		A						
 If any vital sign needs to and write the new access 	further modifying, draw t eptable ranges in the ne				tire Modifica	ation record	in use	DS						
	Modification 1	Modification	on 2	Modific	ation 3	Modific	ation 4							
Respiratory Rate	breaths / min	_	oreaths min	-	breaths / min	-	breaths / min	CHART						
O ₂ Saturation	- %	- 9	%	-	%	-	%							
O ₂ Flow Rate	- L/min	- L	_/ min	-	L / min	-	L / min							
Systolic BP	- mmHg	- r	nmHg	-	mmHg	-	mmHg							
Heart Rate	beats / min	_	neats min	-	beats / min	-	beats / min							
Temperature														
	- °C	- °	С	-	°C	-	°C							
Consciousness	- °C	- °	С	-	°C	-	°C							
Consciousness Doctor's name	- °C	-	C	-	°C	-	°C							
	- °C	-	C	-	°C	-	°C	DF						
Doctor's name	- °C	- °	C	-	°C	1	°C	DRAFT						

Time

DRAFT

Glucose

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

DO NOT WRITE IN THIS BINDING MARGIN

							Gi	ven i	name	s:										
										:		/_ patien	/			abel h		:	vi [_]F
Intervent	ions A	ssoc	iate	ed V	Vit	h A	bno	rm	al \	/ita	al S	ign	s							
	Referer	nce																		
If you	Lette	r					Inter	/ent	ion (initia	al if	requi	ired)							
administer an	а																			
intervention, record here	b																			
and note letter in	С																			
Intervention row over	d																			
page in appropriate time column.	е																			
	f																			
	g																			
	h																			
Clinical F	Review	Req	ues	ts																
Review req		Date			/		Time	e	:			Ward	doct	or [Re	gistra	ar _	Em	erger	псу
Specify reason	1:																			
Review req	uested	Date		1	/		Time	e [:			Ward	l doct	or [Re	gistra	ar [Em	nerger	тсу
Specify reason	1:																			
Review req	uested	Date		/	/		Time	e _	:			Ward	l doct	or [Re	gistra	ar _	Em	nerger	псу
Specify reason	:																			
Additiona	al Obse	rvat	ion																	
	ate																			
Т	ime																			
Blood Glu	ICOSE Lev	vel																		
We	eight																			
	_{kg)} wels											 								
	Specific	rravity				-			_			-			-			\vdash		
	Specific (pH									-									
		ocytes																		
		Blood				<u> </u>						<u> </u>						<u> </u>		
Urinalysis		Nitrite etones				-			_			\vdash			_			<u> </u>		
		lirubin										+-						-		-
	Urobili					\vdash						1						\vdash		
		rotein				<u> </u>						†					-		-	