

FAMILY NAME _____ MRN _____
 GIVEN NAME _____ MALE FEMALE
 D.O.B. ____/____/____ M.O. ____
 ADDRESS _____
 LOCATION _____
 COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Facility: _____
**STANDARD PAEDIATRIC
 OBSERVATION CHART (SPOC)**
5-11 Years

Altered Calling Criteria

Date			
Time			
AIRWAY / BREATHING	Respiratory Rate (breaths per minute)	60	60
		55	55
		50	50
		45	45
		40	40
		35	35
		30	30
		25	25
		20	20
		15	15
Respiratory Distress	Severe		Severe
	Moderate		Mod
	Mild		Mild
	Normal		Normal
SpO ₂ (in any amount of O ₂)	100	100	
	95	95	
	90	90	
	85	85	
	80	80	
Oxygen	L/min or %	L/min or %	
	Device	Device	
CIRCULATION	Heart Rate (beats per minute)	180	180
		170	170
		160	160
		150	150
		140	140
		130	130
		120	120
		110	110
		100	100
		90	90
Capillary Refill	≥3 Seconds	≥3 Seconds	
	<3 Seconds	<3 Seconds	
Blood Pressure (mmHg) Systolic Blood Pressure is the trigger	160	160	
	150	150	
	140	140	
	130	130	
	120	120	
	110	110	
	100	100	
	90	90	
	80	80	
	70	70	
Initials			

Light Blue: Increase Frequency of Observations Yellow: Clinical Review Red: Rapid Response

FAMILY NAME _____ MRN _____
 GIVEN NAME _____ MALE FEMALE
 D.O.B. ____/____/____ M.O. ____
 ADDRESS _____
 LOCATION _____
 COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Facility: _____
**STANDARD PAEDIATRIC
 OBSERVATION CHART (SPOC)**
5-11 Years

Altered Calling Criteria

Date			
Time			
DISABILITY	Level of Consciousness	Alert	Alert
		Verbal	Verbal
		Pain	Pain
		Unresponsive	Unresponsive
Enter appropriate letter. A= Alert, V= Rousable only by voice (consider GCS). P= Rousable only by central pain (conduct GCS). U=Unresponsive			
DISABILITY	Pain Score	Severe (7-10)	Severe (7-10)
		Moderate (4-6)	Moderate (4-6)
		Mild (1-3)	Mild (1-3)
		Nil	Nil
EXPOSURE	Temperature (°C) (Check unit policy)	41	41
		40.5	40.5
		40	40
		39.5	39.5
		39	39
		38.5	38.5
		38	38
		37.5	37.5
		37	37
		36.5	36.5
BGL		BGL	
Weight		Weight	
Initials			

- CONSIDER EARLIER ESCALATION OF PATIENTS WITH**
- Chronic or complex conditions
 - Post-operative
 - Pre-Existing cardiac or respiratory conditions
 - Opioid Infusions

ADDITIONAL CRITERIA FOR ESCALATION ON BACK PAGE

ASSESSMENT OF RESPIRATORY DISTRESS

	MILD	MODERATE	SEVERE
Airway	• Stridor on exertion	• Stridor at rest • Partial airway obstruction	• New onset of stridor • Imminent airway obstruction
Behaviour & Feeding	• Normal • Talks in sentences	• Some / Intermittent irritability • Difficulty talking or crying • Difficulty feeding or eating	• Agitated /Confused • Drowsy • Unable to talk or cry • Unable to feed or eat
Respiratory Rate	• Mildly increased	• Respiratory rate in the yellow zone	• Respiratory rate in the red zone • Decreasing (exhaustion)
Accessory Muscle Use	• None /Minimal	• Moderate recession • Tracheal tug • Nasal flaring	• Severe recession • Gaspings • Grunting • Extreme pallor • Cyanosis • Absent breath sounds
Apnoeic Episodes	• None	• Abnormal pauses in breathing	• Apnoeic episodes
Oxygen	• No oxygen requirement	• Mild Hypoxaemia, corrected by oxygen • Increasing oxygen requirement	• Hypoxaemia, may not be corrected by oxygen

FAMILY NAME	MRN
GIVEN NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____	M.O. _____
ADDRESS	
LOCATION	
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	

Facility: _____

STANDARD PAEDIATRIC OBSERVATION CHART (SPOC)

5-11 Years

OTHER CHARTS IN USE

<input type="checkbox"/> Fluid Balance	<input type="checkbox"/> Insulin Infusion	<input type="checkbox"/> Other _____
<input type="checkbox"/> Neurological	<input type="checkbox"/> Pain / Epidural / Patient Control Analgesia	<input type="checkbox"/> Other _____
<input type="checkbox"/> Neurovascular		<input type="checkbox"/> Other _____

VARIATIONS TO FREQUENCY OF OBSERVATIONS

Date								
Time								
Frequency Required								
Medical or Rapid Response Officer Name								
Signature								

ALTERATIONS TO CALLING CRITERIA

(MUST BE REVIEWED WITHIN 48 HOURS OR EARLIER IF CLINICALLY INDICATED)

Any alteration **MUST** be signed by a Medical Officer and confirmed by the Attending Medical Officer

Date								
Time								
Next review - date & time								
Respiratory Rate								
SpO ₂								
Heart Rate								
Other								
Medical Officer name								
Medical Officer signature								
Attending Medical Officer signature								

INTERVENTIONS/COMMENTS

	DATE	TIME	
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

STANDARD PAEDIATRIC OBSERVATION CHART 5-11 YEARS SMR110.018

THESE INSTRUCTIONS EXPLAIN WHEN TO MAKE A CLINICAL REVIEW OR RAPID RESPONSE CALL, YOUR LOCAL ESCALATION PROTOCOL WILL EXPLAIN HOW TO MAKE A CALL

Blue Zone Actions

IF A CHILD HAS ANY ONE (1) BLUE ZONE CRITERION PRESENT YOU **MUST** INCREASE THE FREQUENCY OF OBSERVATIONS AS CLINICALLY APPROPRIATE, **AND**

- You **MUST** initiate appropriate clinical care
 - Manage anxiety, pain and review oxygenation in consultation with the nurse in charge
 - You may call for a Clinical Review or Rapid Response at any time if worried about a patient or are unsure whether to call
- You should also consider**
- Whether abnormal observations reflect deterioration in your patient
 - What is usual for your patient or if there are altered calling criteria (see front of chart)
 - Whether there is an adverse trend in observations

Additional Yellow Zone Criteria

- Increasing oxygen requirement
- Poor peripheral circulation
- Greater than expected fluid loss
- Reduced urine output or anuria (<1 ml/kg/hr)
- BGL 2-3mmol/L
- Altered mental state: Agitation, Combative or Inconsolable
- New onset of fever > 38.5°C
- New, increasing or uncontrolled pain
- Concern by any staff or family member

IF A CHILD HAS ANY ONE (1) OR MORE CLINICAL REVIEW CRITERIA PRESENT, YOU **MUST** CONSULT PROMPTLY WITH THE NURSE IN CHARGE AND ASSESS WHETHER A CLINICAL REVIEW IS NEEDED (REFER TO YOUR LOCAL PROTOCOL) **AND**

- You **MUST** Initiate appropriate clinical care
 - Repeat and record observations as indicated by the patient's condition, but at least within 30 minutes
 - If you called for a Clinical Review and it has not been attended within 30 minutes, you **MUST** ACTIVATE YOUR LOCAL RAPID RESPONSE
 - If the patient's observations enter the **RED** Zone while you are waiting for a Clinical Review, you **MUST** ACTIVATE YOUR LOCAL RAPID RESPONSE (See below)
 - You may call for a Clinical Review or Rapid Response at any time if you are worried about a patient or are unsure whether to call.
- You should also consider**
- Whether abnormal observations reflect deterioration in your patient
 - What is usual for your patient or if there are altered calling criteria (see front of chart)
 - Whether there is an adverse trend in observations

Additional Red Zone Criteria

- New onset of stridor
- Respiratory arrest
- Cardiac arrest or circulatory collapse
- Significant bleeding
- Sudden decrease in level of consciousness of ≥2 points on GCS
- BGL < 2mmol/L or symptomatic
- New or prolonged seizure activity
- 3 or more simultaneous 'Yellow Zone' observations
- Deterioration not reversed within 1 hour of Clinical Review
- Patient deteriorates further before, during or after Clinical Review
- Serious concern by any staff or family member

IF A CHILD HAS ANY ONE (1) RED ZONE CRITERION PRESENT, CALL FOR A RAPID RESPONSE (REFER TO YOUR LOCAL ESCALATION PROTOCOL) **AND**

- You **MUST** initiate appropriate clinical care
- Inform the Nurse in Charge
- Repeat observations as indicated by patient's condition

CHECK THE CLINICAL RECORD FOR ADVANCE CARE DIRECTIVES OR ALTERATIONS TO CALLING CRITERIA WHICH MAY AFFECT WHETHER A CLINICAL REVIEW OR RAPID RESPONSE CALL IS INDICATED

DOCUMENTATION

- Write interventions on the front of the chart under 'interventions'
- Write treatment, escalation process, and outcome in the clinical record
- Write date, signature and designation with each entry

Holes punched as per AS2828-1999
BINDING MARGIN - NO WRITING

