

FAMILY NAME _____ MRN _____
 GIVEN NAME _____ MALE FEMALE
 D.O.B. ____/____/____ M.O. _____
 ADDRESS _____
 LOCATION _____

STANDARD PAEDIATRIC OBSERVATION CHART (SPOC)

3 - 12 months

Altered Calling Criteria

ALL OBSERVATIONS MUST BE GRAPHED

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Date Time	AIRWAY / BREATHING		Date Time
	Respiratory Rate (breaths per minute)	Respiratory Distress	
SpO ₂ %	Oxygen	Heart Rate (beats per minute)	SpO ₂ %
Capillary Refill	Blood Pressure (mmHg) SBP is the trigger	Capillary Refill	Heart Rate (beats per minute)
Initials	Initials	Initials	Initials

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

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Date Time	DISABILITY		Date Time
	Level of Consciousness	Pain Score	
EXPOSURE	Temperature (°C)	EXPOSURE	Temperature (°C)
BGL	Weight	BGL	Weight
Initials	Initials	Initials	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 • Age appropriate vocalisation	• Irritability • Difficulty talking or crying • Difficulty feeding or eating	• 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



SMR110016

Holes Punched as per AS2828.1: 2012
 BINDING MARGIN - NO WRITING



FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____	M.O.	
ADDRESS		
LOCATION		

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OTHER CHARTS IN USE

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

PRESCRIBED FREQUENCY OF OBSERVATIONS

Observations must be performed routinely at least 4th hourly, unless advised below

DATE:	dd/MM/yy				
TIME:	hh:mm				
Frequency Required	Twice daily				
Medical Officer Name (BLOCK letters)	P. SMITH				
Medical Officer Signature	P. SMITH				
Attending Medical Officer Signature	R. Blaggs				

ALTERATIONS TO CALLING CRITERIA

MUST BE REVIEWED WITHIN 48 HOURS OR EARLIER IF CLINICALLY INDICATED
Any alterations **MUST** be signed by a Medical Officer and confirmed by Attending Medical Officer
Document rationale for altering **CALLING CRITERIA** in the patient's health care record

DATE:	dd/MM/yy				
TIME:	hh:mm				
Next review due Date & Time	dd/MM/yy hh:mm				

Vital Sign	Zone	Standard Thresholds			
Respiratory Rate	Yellow Zone	15 - 25 55 - 65			
	Red Zone	< 15 > 65			
SpO ₂	Yellow Zone	90 - 95			
	Red Zone	< 90			
Heart Rate	Yellow Zone	80 - 90 170 - 180	xxx-xxx		
	Red Zone	< 80 > 180	≤ or ≥ xxx		
Other	Yellow Zone				
	Red Zone				

Medical Officer Name (BLOCK letters)	P. SMITH				
Medical Officer Signature	P. SMITH				
Attending Medical Officer Signature	R. Blaggs				

Date	Time	INTERVENTIONS / COMMENTS / ACTIONS
1.		
2.		
3.		
4.		

STANDARD PAEDIATRIC OBSERVATION CHART 3 - 12 months SMR110.016

REFER TO YOUR LOCAL CLINICAL EMERGENCY RESPONSE SYSTEM (CERS) PROTOCOL FOR INSTRUCTIONS ON HOW TO MAKE A CALL TO ESCALATE CARE FOR YOUR PATIENT

CHECK THE HEALTH CARE RECORD FOR AN END OF LIFE CARE PLAN WHICH MAY ALTER THE MANAGEMENT OF YOUR PATIENT

Blue Zone Response

IF YOUR PATIENT HAS ANY BLUE ZONE OBSERVATIONS YOU MUST

1. Initiate appropriate clinical care
2. Increase the frequency of observations, as indicated by your patient's condition
3. Manage anxiety, pain and review oxygenation in consultation with the **NURSE IN CHARGE**
4. You can make a call to escalate the care of your patient at any time if you are worried or unsure whether to call

Consider the following:

1. What is usual for your patient and are there documented 'ALTERATIONS TO CALLING CRITERIA'?
2. Does the abnormal observation reflect deterioration in your patient?
3. Is there an adverse trend in observations?

Yellow Zone Response

IF YOUR PATIENT HAS ANY YELLOW ZONE OBSERVATIONS OR ADDITIONAL CRITERIA* YOU MUST

1. Initiate appropriate clinical care
2. Repeat and increase the frequency of observations, as indicated by your patient's condition
3. Consult promptly with the **NURSE IN CHARGE** to decide whether a **CLINICAL REVIEW** (or other CERS) call should be made

Consider the following:

- What is usual for your patient and are there documented 'ALTERATIONS TO CALLING CRITERIA'?
- Does the trend in observations suggest deterioration?
- Is there more than one Yellow Zone observation or additional criteria?
- Are you concerned about your patient?

IF A CLINICAL REVIEW IS CALLED:

1. Reassess your patient and escalate according to your local CERS if the call is not attended within 30 minutes or you are becoming more concerned
2. Document an A-G assessment, reason for escalation, treatment and outcome in your patient's health care record
3. Inform the Attending Medical Officer that a call was made as soon as it is practicable

*Additional YELLOW ZONE Criteria

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

CONSIDER IF YOUR PATIENT'S DETERIORATION COULD BE DUE TO SEPSIS, DEHYDRATION / HYPOVOLAEMIA / HAEMORRHAGE, OR AN OVERDOSE / OVER SEDATION

Red Zone Response

IF YOUR PATIENT HAS ANY RED ZONE OBSERVATIONS OR ADDITIONAL CRITERIA# YOU MUST CALL FOR A RAPID RESPONSE (as per local CERS) AND

1. Initiate appropriate clinical care
2. Inform the **NURSE IN CHARGE** that you have called for a Rapid Response
3. Repeat and increase the frequency of observations, as indicated by your patient's condition
4. Document an A-G assessment, reason for escalation, treatment and outcome in your patient's health care record
5. Inform the Attending Medical Officer that a call was made as soon as it is practicable

#Additional RED ZONE Criteria

- Cardiac or respiratory arrest
- Circulatory collapse
- Patient unresponsive
- New onset of stridor
- Significant bleeding
- Sudden decrease in Level of Consciousness (a drop of 2 or more points on the GCS)
- New or prolonged seizure activity
- BGL < 2mmol/L or symptomatic
- Lactate ≥ 4mmol/L
- Deterioration not reversed within 1 hour of Clinical Review
- 3 or more simultaneous 'Yellow Zone' observations
- **Serious concern by you or any staff or family member**

