

STANDARD PAEDIATRIC OBSERVATION CHART (SPOC)

1 - 4 Years

☐ Altered Calling Criteria

ALL OBSERVATIONS MUST BE GRAPHED

LOCATION

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Date																						Date		
Time																						Time		
AIRWAY / BREATHING	Respiratory Rate ● (breaths per minute)	80																					80	
		75																					75	
		70																					70	
		65																					65	
		60																					60	
		55																					55	
		50																					50	
		45																					45	
		40																					40	
		35																					35	
		30																					30	
		25																					25	
		20																					20	
		15																					15	
		10																					10	
		5																					5	
		Respiratory Distress	Severe																					Severe
			Moderate																					Mod
Mild																					Mild			
Normal																					Normal			
SpO ₂ % ●	100																					100		
	95																					95		
	90																					90		
	85																					85		
	80																					80		
	75																					75		
	<70																					<70		
	Probe Change																					Probe Change		
Oxygen	L/min or %																					L/min or %		
	Device																					Device		
CIRCULATION	Heart Rate ● (beats per minute)	220																					220	
		210																					210	
		200																					200	
		190																					190	
		180																					180	
		170																					170	
		160																					160	
		150																					150	
		140																					140	
		130																					130	
		120																					120	
		110																					110	
		100																					100	
		90																					90	
	80																					80		
	70																					70		
	60																					60		
	Capillary Refill	≥ 3 Seconds																					≥ 3 Seconds	
		< 3 Seconds																					< 3 Seconds	
	Blood Pressure (mmHg) SBP is the trigger	150																					150	
		140																					140	
		130																					130	
120																						120		
110																						110		
100																						100		
90																						90		
80																						80		
70																						70		
60																						60		
50																						50		
40																						40		
30																						30		
20																						20		
10																					10			
Initials																						Initials		

Increase Frequency of Observations
 Clinical Review
 Rapid Response

STANDARD PAEDIATRIC OBSERVATION CHART (SPOC)

1 - 4 Years

☐ Altered Calling Criteria

ALL OBSERVATIONS MUST BE GRAPHED

LOCATION

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Date																		Date	
Time																		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																		
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
		36																	36
		35.5																	35.5
		35																	35
		34.5																	34.5
		34																	34
		BGL																	
Weight																		Weight	
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	<ul style="list-style-type: none"> • Stridor on exertion 	<ul style="list-style-type: none"> • Stridor at rest • Partial airway obstruction 	<ul style="list-style-type: none"> • New onset of stridor • Imminent airway obstruction
Behaviour & Feeding	<ul style="list-style-type: none"> • Normal • Talks in sentences 	<ul style="list-style-type: none"> • Some / intermittent irritability • Difficulty talking or crying • Difficulty feeding or eating 	<ul style="list-style-type: none"> • Agitated / confused • Drowsy • Unable to talk or cry • Unable to feed or eat
Respiratory Rate	<ul style="list-style-type: none"> • Mildly increased 	<ul style="list-style-type: none"> • Respiratory rate in the Yellow Zone 	<ul style="list-style-type: none"> • Respiratory rate in the Red Zone • Decreasing (exhaustion)
Accessory Muscle Use	<ul style="list-style-type: none"> • None / minimal 	<ul style="list-style-type: none"> • Moderate recession • Tracheal tug • Nasal flaring 	<ul style="list-style-type: none"> • Severe recession • Gasping • Grunting • Extreme pallor • Cyanosis • Absent breath sounds
Apnoeic Episodes	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Abnormal pauses in breathing 	<ul style="list-style-type: none"> • Apnoeic episodes
Oxygen	<ul style="list-style-type: none"> • No oxygen requirement 	<ul style="list-style-type: none"> • Mild hypoxaemia, corrected by oxygen • Increasing oxygen requirement 	<ul style="list-style-type: none"> • 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		

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. Bloggs				

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 - 20 50 - 60					
	Red Zone	< 15 > 60					
SpO ₂	Yellow Zone	90 - 95					
	Red Zone	< 90					
Heart Rate	Yellow Zone	70 - 80 150 - 170	xxx-xxx				
	Red Zone	< 70 > 170	≤ 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.			

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 ($< 1\text{mL/kg/hr}$)

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**
- Deterioration not reversed within 1 hour of Clinical Review
- 3 or more simultaneous 'Yellow Zone' observations