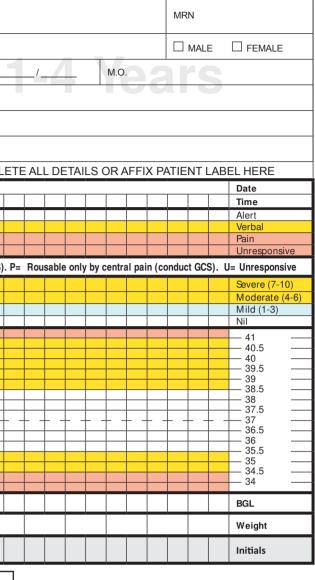


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	STANDARD PAEDIATRIC OBSERVATION CHART (SPOC)								ł	ADDRESS							
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I		Level of Consciousness	Verbal														
	≻	nscio	Pain														
	5	Ē	Unresponsive														
		Enter appropriate letter. A= Alert, V= Rousable only by ve										voice (consider GCS).					
Ī	DISABIUTY	re	Severe (7-10)														
		Pain Score	Moderate (4-6)														
			Mild (1-3)														
ŀ			Nil														
		Temperature (°C) ● (Check unit policy)	41													-	┝
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Opioid Infusions

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 Gasping 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				



ADDITIONAL CRITERIA FOR ESCALATION **ON BACK PAGE**

				FAMILY NAME		MRN					
NSW GOVERNMENT HE	alth	-	GIVEN NAME								
ST/	ANDARD P	D.O.B// M.O 215									
_	OBSERVATION CHART (SPOC)			ADDRESS							
	1 - 4 Ye										
Altered	I Calling Cri	iteria		LOCATION COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE							
		ST BE GRAPH	IED								
			ulin Infusion								
☐ Fluid Bala	nce al Observation	Patient Cor	ntrol Analge	· 							
□ Neurovas	cular	Res									
	Observa	ations must be p		-	st 4th hourly	, unless	advised be	elow	1		
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	Fragua	TIME:	hh:mm								
Madiasla		ncy Required	Twice dail								
	fficer Name (E	-	P. SMITH								
		cer Signature	P. SMITH				_				
Attending	g Medical Offic	-	R. Bloggs								
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REFER TO YOUR LOCAL CLINICAL EMERGENCY RESPONSE
FOR INSTRUCTIONS ON HOW TO MAKE A CALL TO ESCALAT

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)

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

Page 1 of 4

SYSTEM (CERS) PROTOCOL E CARE FOR YOUR PATIENT

• 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

BINDING MARGIN - NO WRITING per AS2828.1:2012

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