Wellington Adult Vital Signs & Fluid Balance Chart
5 SOUTH: ADULT HIGH DEPENDENCY BAY

Capital & Coast District Health Board
ŌPOKO KI TE URU HAUORA

Surname: ..... NHI: .....
First Names: .....
Date of Birth: ...../...../..... Sex: .....
PLACE PATIENT ID HERE

Vital Signs	Date / Time (24 hour)	EWS
Respiratory Rate (breaths/min) *write value in box*	> 35	MET
	25-35	3
	21-24	2
	12-20	0
	9-11	1
	5-8	3
	< 5	MET
Supplemental O_2	*write value* L/min	2
O_2 Saturation (%) *write value in box*	≥ 96	0
	94-95	1
	92-93	2
	≤ 91	3
Temperature (°C) *mark with X write value if off scale*	≥ 39s	2
	38s	1
	37s	0
	36s	
	35s	1
	≤ 34s	2
Blood Pressure (mmHg) *score systolic value only*	Write ≥ 220	3
	210s	
	200s	
	190s	
	180s	
	170s	
	160s	0
	150s	
	140s	
	130s	
	120s	
	110s	
	100s	1
	90s	2
	80s	3
	70s	
	60s	MET
	50s	
Heart Rate (bpm) *mark with X*	Write ≥ 140	MET
	130s	3
	120s	2
	110s	
	100s	1
	90s	
	80s	
	70s	0
	60s	
	50s	
	40s	2
	30s	MET
Level of Consciousness ✓	**A**lert	0
	Voice / **P**ain	3
	Unresponsive	MET
EARLY WARNING SCORE TOTAL		

		Move / Rest
Pain	*write score (0-10)*	
Urine Output ✓	Catheter	> 100mls / 4h
		< 100mls / 4h
	No catheter	PU last 8h
		Not PU last 8h

Height: cm

Weight: kg

Date: / /

Diagnosis:

Allergies:

Medical Staff Modification to EWS Triggers

The EWS can be changed to prevent chronic disease incorrectly triggering escalation. This can only be authorised by a Consultant or Registrar and should be regularly reviewed by the primary team.
Ignore any modification that is not signed & dated.

Vital Sign	Accepted Values & Modified EWS	Date & time	Doctors name, designation & contact details
		/ / :	
		/ / :	
		/ / :	
		/ / :	
NOT FOR CPR ☐		/ / :	
NOT FOR MET ☐			

All limitations must be documented in the patient's clinical record

Mandatory EWS Escalation Pathway

Total Early Warning Score	Mandatory Action
EWS 1-5 *or* any vital sign in yellow zone	▪ Manage pain, fever or distress ▪ Increase frequency of vital sign monitoring
EWS 6-7 *or* any vital sign in orange zone Acute illness or unstable chronic disease	House officer review within 60 minutes ▪ Inform nurse in charge ▪ Refer to Patient At Risk (PAR) nurse #6785 ▪ Increase frequency of vital signs ▪ Document plan including intervention, escalation & review timeframe
EWS 8-9 *or* any vital sign in red zone Likely to deteriorate rapidly	Registrar review within 20 minutes & suggest ICU referral
EWS 10+ *or* any vital sign in blue zone Immediately life threatening critical illness	▪ **Dial 777, state '*Medical Emergency Team*' & give your location** ▪ **Support Airway, Breathing & Circulation**

CALL 777 FOR ANY PATIENT YOU ARE WORRIED ABOUT REGARDLESS OF VITAL SIGNS OR EWS

A full set of vital signs with corresponding EWS must be taken & calculated each time at the frequency stated in the *'Essential Vital Sign Measurement - Adult Inpatients'* protocol. If there is no timely response to your request for review, escalate to the next coloured zone

Each vital sign is scored according to the coloured zone it falls within (see key below). Any patient receiving supplemental oxygen *automatically scores 2*, regardless of rate.

Previous fluid balance total

Date					
Total input (mls)					
Total output (mls)					
Balance (+/-)					

Plan, NIV prescription & targets

Fluid Balance

		Time (24 hour)	00⁰⁰	01⁰⁰	02⁰⁰	03⁰⁰	04⁰⁰	05⁰⁰	06⁰⁰	07⁰⁰	8hr TOTAL	08⁰⁰	09⁰⁰	10⁰⁰	11⁰⁰	12⁰⁰	13⁰⁰	14⁰⁰	15⁰⁰	16hr TOTAL	16⁰⁰	17⁰⁰	18⁰⁰	19⁰⁰	20⁰⁰	21⁰⁰	22⁰⁰	23⁰⁰	24hr TOTAL
Input (mls)	**Oral / Enteral**	**Fluid type**																											
		Volume																											
	Line 1 (I/V)	**Fluid type**																											
		Volume																											
	Line 2 (I/V)	**Fluid type**																											
		Volume																											
	Line 3 (I/V)	**Fluid type**																											
		volume																											
																													Total input
Output (mls)		**Urine**																											
		Vomit / NGT loss																											
		Bowels / stoma																											
		Drain(s) total *(from separate drain chart)*																											
		Hourly total																											
																													Total output
																													TOTAL BALANCE (indicate + or -)

Checklist: CPAP & humidifier delivery

- ☐ Have medical staff charted PEEP & target SpO_2 ?
- ☐ Is oxygen analyser calibrated to room air?
- ☐ Is 15cm H_2O safety valve in circuit?
- ☐ Baseline obs and blood gas?

Key: Intravenous fluid type

NS = *0.9% Saline*	DS = *Dex Saline*	TPN	RBC = *Red blood cells*
D5W = *5% Dextrose*	P148 = *Plasmalyte*	Cryo = *Cryoprecipitate*	Plt = *Platelets*
D10W = *10% Dextrose*	Har = *Hartmann's*	Alb = *Albumin*	FFP = *Fresh frozen plasma*

Combined Bi-level & CPAP observations

		Time (24 hour)	00⁰⁰	01⁰⁰	02⁰⁰	03⁰⁰	04⁰⁰	05⁰⁰	06⁰⁰	07⁰⁰	8hr TOTAL	08⁰⁰	09⁰⁰	10⁰⁰	11⁰⁰	12⁰⁰	13⁰⁰	14⁰⁰	15⁰⁰	16hr TOTAL	16⁰⁰	17⁰⁰	18⁰⁰	19⁰⁰	20⁰⁰	21⁰⁰	22⁰⁰	23⁰⁰
CPAP observations	% of O_2 on oxygen analyser FiO_2 (%)																											
	Air filter not obstructed ✓																											
	PEEP valve on mask (cmH_2O)																											
	Circuit leak free ✓																											
	Mask has blue valve flat & white cap closing air inlet ✓																											
	Breath felt at mask PEEP valve on exhalation & slightly on inhalation ✓																											
Humidifier	Water in bag and in chamber																											
	Temperature probes inserted																											
	Correct temperature setting																											
Bi-level settings	IPAP / PS																											
	EPAP / PEEP																											
	BPM (breaths per minute) setting on machine																											
	Ti (time of inspiration) setting																											
	Oxygen (L/min)																											
Mask & tubing	Air leaks (L/min)																											
	CO_2 outlet & anti-asphyxia outlet patent																											
Blood gasses	"A" arterial / "V" venous																											
	pH																											
	pCO_2 (mmHg)																											
	pO_2 (mmHg)																											
	Bicarbonate (mmol/L)																											

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NIGHT

Nurse: | **Signature:**

A AIRWAY

O_2 delivery device: ☐ NP ☐ HM ☐ NRB mask ☐ NIV

B INSPIRATORY / EXPIRATORY SOUNDS

Auscultation zone:	Left	Right
Apex:		
Mid-zone:		
Bases:		

WORK OF BREATHING

- ☐ Reduced breath sounds
- ☐ Normal breath sounds
- ☐ Moderate breath sounds
- ☐ Severe breath sounds

C CARDIOVASCULAR

Rhythm:

SCDs: ☐ on ☐ off

Capillary refill time: seconds

D DISABILITY

PCA prescription checked: ☐ yes ☐ no

Confusion: ☐ yes ☐ no | **Agitation:** ☐ yes ☐ no

Delirium score:

G GASTROINTESTINAL

Abdomen:
☐ soft
☐ firm
☐ distended

Bowel sounds:
☐ active
☐ hypoactive
☐ absent

Enteric tube insitu ☐ yes ☐ no | Free drainage ☐ yes ☐ no

Feeding protocol ☐ yes ☐ no | NBM ☐ yes ☐ no

Position confirmed on x-ray ☐ yes ☐ no

Last bowel movement Date: / / Type:

I INTEGUMENT

Skin temperature:
☐ warm
☐ cool
☐ dry
☐ clammy

Skin colour:
☐ normal
☐ pale
☐ flushed
☐ jaundiced
☐ mottled

Mouth:
☐ dry
☐ moist
☐ sores
☐ thrush

Braden score:

Air mattress ☐ yes ☐ no | **Wound care plan started** ☐ yes ☐ no

IV ACCESS / URINARY CATHETER

Site: | **Inspected / Phlebitis score:**

S SAFETY

- ☐ **O_2 level** correct & functioning
- ☐ **Suction** connected & functioning
- ☐ **Emergency equipment** checked
- ☐ **Monitor alarms** on & limits set
- ☐ **Falls risk**
- ☐ **Drug infusions** checked **& lines** labelled
- ☐ **Patient ID** in place
- ☐ **Allergy status** checked

NOTES

PLAN

AM

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