

Wellington Adult Vital Signs Chart

6 SOUTH: HEART & LUNG UNIT

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Capital & Coast
 District Health Board
 ŪPOKO KI TE URU HAUORA

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

Vital Signs	Date Time (24 hour)	EWS	Date Time
Respiratory Rate (breaths/min) <i>write value in box</i>	> 35	MET	> 35
	25-35	3	25-35
	21-24	2	21-24
	12-20	0	12-20
	9-11	1	9-11
	5-8	3	5-8
	< 5	MET	< 5
Supplemental O₂ <i>write value L/min</i>		2	L/min
O₂ Saturation (%) <i>write value in box</i>	≥ 96	0	≥ 96
	94-95	1	94-95
	92-93	2	92-93
	≤ 91	3	≤ 91
Temperature (°C) <i>mark with X</i> <i>write value if off scale</i>	≥ 39s	2	≥ 39s
	38s	1	38s
	37s	0	37s
	36s		36s
	35s	1	35s
	≤ 34s	2	≤ 34s
Blood Pressure (mmHg) <i>score systolic value only</i>	Write ≥ 220	3	≥220
	210s		210s
	200s		200s
	190s		190s
	180s		180s
	170s		170s
	160s	0	160s
	150s		150s
	140s		140s
	130s		130s
	120s		120s
	110s		110s
	100s	1	100s
90s	2	90s	
80s	3	80s	
70s		70s	
60s	MET	60s	
50s		50s	
Heart Rate (bpm) <i>mark with X</i>	Write ≥ 140	MET	≥140
	130s	3	130s
	120s	2	120s
	110s		110s
	100s	1	100s
	90s		90s
	80s		80s
	70s		70s
60s	0	60s	
50s		50s	
40s	2	40s	
30s	MET	30s	
Level of Consciousness ✓	Alert	0	A
	Voice / Pain	3	V / P
	Unresponsive	MET	U
EARLY WARNING SCORE TOTAL			EWS

ADMISSION	Height: _____ cm
Date: / /	Weight: _____ kg

PROCEDURE:	
Date of Procedure: / /	

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	<input type="checkbox"/>	/ /	
NOT FOR MET	<input type="checkbox"/>	:	

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

Mandatory EWS Escalation Pathway

Total EWS	Action
EWS 1-5 or any vital sign in yellow zone	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> House officer review within 60min Inform nurse in charge Refer to Patient At Risk (PAR) nurse #6785 Increase frequency of vital signs
EWS 8-9 or any vital sign in red zone Likely to deteriorate rapidly	<ul style="list-style-type: none"> Registrar review within 20 minutes & suggest ICU referral Document plan including intervention, escalation & review timeframe
EWS 10+ or any vital sign in blue zone Immediately life threatening critical illness	<ul style="list-style-type: none"> Dial 777, state 'Medical Emergency Team' & give your location Notify Cardiothoracic SMO 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.

Early Warning Score Colour Key				
0	1	2	3	MET: MEDICAL EMERGENCY TEAM

Daily Weight				
Date	/ /	/ /	/ /	
Weight	kg	kg	kg	kg

Cardiac rhythm																			
Pain <i>write score (0-10)</i>	Move	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	Move	
	Rest																	Rest	
Significant events																			
Blood glucose level	mmol/L																	mmol/L	
Site check	Ooze																	Ooze	
	Haematoma																	Haematoma	
	Colour																	Colour	
	Warmth																	Warmth	
	Movement																	Movement	
	Sensation																		Sensation
	Pulse																		Pulse
Pressure																		Pressure	
Output	Urine Output ✓ Catheter	> 100mls / 4h < 100mls / 4h																> 100mls / 4h < 100mls / 4h	
	Urine Output ✓ No catheter	PU last 8h Not PU last 8h																PU last 8h Not PU last 8h	