**Wellington Adult Vital Signs & Fluid Balance Chart**

**5 SOUTH: ADULT HIGH DEPENDENCY BAY**

### Vital Signs

| Time (24 Hour) | Respiratory Rate (breaths/min) | Blood Pressure (mmHg) | Body Temperature °C | Heart Rate (bpm) | Level of Consciousness
|---------------|-------------------------------|-----------------------|---------------------|------------------|----------------------
| 00            | 25-35                         | 110/60                | 36.5                | 80               | 110/60                | 36.5                | 80               | 110/60                | 36.5                | 80               |
| 20            | 23-34                         | 110/60                | 36.5                | 80               | 120/70                | 36.5                | 80               | 120/70                | 36.5                | 80               |
| 04            | 22-33                         | 110/60                | 36.5                | 80               | 130/80                | 36.5                | 80               | 130/80                | 36.5                | 80               |
| 08            | 21-34                         | 110/60                | 36.5                | 80               | 140/90                | 36.5                | 80               | 140/90                | 36.5                | 80               |
| 16            | 20-35                         | 110/60                | 36.5                | 80               | 150/100               | 36.5                | 80               | 150/100               | 36.5                | 80               |
| 20            | 19-36                         | 110/60                | 36.5                | 80               | 160/110               | 36.5                | 80               | 160/110               | 36.5                | 80               |
| 00            | 18-37                         | 110/60                | 36.5                | 80               | 170/120               | 36.5                | 80               | 170/120               | 36.5                | 80               |
| 20            | 17-38                         | 110/60                | 36.5                | 80               | 180/130               | 36.5                | 80               | 180/130               | 36.5                | 80               |
| 04            | 16-39                         | 110/60                | 36.5                | 80               | 190/140               | 36.5                | 80               | 190/140               | 36.5                | 80               |
| 08            | 15-40                         | 110/60                | 36.5                | 80               | 200/150               | 36.5                | 80               | 200/150               | 36.5                | 80               |
| 16            | 14-41                         | 110/60                | 36.5                | 80               | 210/160               | 36.5                | 80               | 210/160               | 36.5                | 80               |
| 20            | 13-42                         | 110/60                | 36.5                | 80               | 220/170               | 36.5                | 80               | 220/170               | 36.5                | 80               |
| 04            | 12-43                         | 110/60                | 36.5                | 80               | 230/180               | 36.5                | 80               | 230/180               | 36.5                | 80               |
| 08            | 11-44                         | 110/60                | 36.5                | 80               | 240/190               | 36.5                | 80               | 240/190               | 36.5                | 80               |
| 16            | 10-45                         | 110/60                | 36.5                | 80               | 250/200               | 36.5                | 80               | 250/200               | 36.5                | 80               |

### Medical Staff Modification to EWS Triggers

The EWS can be adjusted in a patient’s clinical record for a temporary or permanent adjustment. This can be done by a Consultant or Registrar and should be regularly reviewed by the primary team. Ignore any modification that is not signed and dated.

### Fluid Balance

<table>
<thead>
<tr>
<th>Date (24 Hour)</th>
<th>Total input (mls)</th>
<th>Total output (mls)</th>
<th>Fluid Balance</th>
<th>Previous fluid balance total</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

### Plan, NIV prescription & targets

- Date
- Total input (mls)
- Total output (mls)
- Fluid Balance (mmH2O)

### Previous fluid balance total

**Date**

- Total input (mls)
- Total output (mls)
- Fluid Balance (mmH2O)

### Fluid Balance

<table>
<thead>
<tr>
<th>Oral / Enteral</th>
<th>Fluid Type</th>
<th>Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>Line 1 (IV)</td>
<td>Fluid Type</td>
<td>Volume</td>
</tr>
<tr>
<td>Line 2 (IV)</td>
<td>Fluid Type</td>
<td>Volume</td>
</tr>
<tr>
<td>Line 3 (IV)</td>
<td>Fluid Type</td>
<td>Volume</td>
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### Input (mls)

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### Combined Bi-level & CPAP observations

<table>
<thead>
<tr>
<th>Date (24 Hour)</th>
<th>Bi-level</th>
<th>CPAP &amp; Humidifier delivery</th>
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### Checklist: CPAP & Humidifier delivery

- Have medical staff charted PEEP & target SpO2?
- Is oxygen analyzer calibrated to room air?
- Is oxygen catheter valve in circuit?
- Does line enter stoma & bleed?
**NIGHT**

### AIRWAY
- O2 delivery device: N, NIV
- Nostril: Left
- Mill mask: Right

### INSPIRATORY / EXPIRATORY SOUNDS
- Assimilation zone: Right
- Type: Normal
- Base: Absent
- WORK OF BREATHING
  - Moderate breath sounds
  - Severe breath sounds

### CARDIOVASCULAR
- Rhythm: S" on & off
- Capillary refill time: Sec

### DISABILITY
- PCA prescription checked: Yes
- Confusion: Yes
- Agitation: Yes
- Delirium score:

### GASTROINTESTINAL
- Abdomen:
  - soft
  - firm
  - distended
- Bowel sounds:
  - active
  - hypoactive
  - silent
  - air mattress
  - no
- Enteric tube instill:
  - yes
  - no
  - position confirmed on x-ray
- Fasting protocol:
  - yes
  - no
- Last bowel movement Date: / Type:

### INTEGUMENT
- Skin appearance:
  - wet
  - dry
  - flushed
  - normal
- Mouth:
  - dry
  - moist
  - thrush

### SAFETY
- Site
- Wound care plan started

### IV ACCESS / URINARY CATHETER
- Site:
- Inspected / Phlebitis:

### NOTES

**AM**

### AIRWAY
- O2 delivery device: N, NIV
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- Mill mask: Right

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### IV ACCESS / URINARY CATHETER
- Site:
- Inspected / Phlebitis:

### NOTES

**PM**

### AIRWAY
- O2 delivery device: N, NIV
- Nostril: Left
- Mill mask: Right

### INSPIRATORY / EXPIRATORY SOUNDS
- Assimilation zone: Right
- Type: Normal
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### NOTES