

FAMILY NAME _____ MRN _____
 GIVEN NAME _____ MALE FEMALE
 D.O.B. ____/____/____ M.O. ____
 ADDRESS _____
 LOCATION _____

STANDARD PAEDIATRIC OBSERVATION CHART (SPOC)

1 - 4 Years

Altered Calling Criteria

ALL OBSERVATIONS MUST BE GRAPHED

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

	Date Time			Date 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		
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	

Light Blue: Increase Frequency of Observations Yellow: Clinical Review Red: Rapid Response

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	Date Time			Date 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			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	• 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 • Gaping • 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



SMR110017

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NH606542 201213



FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____	M.O. _____	
ADDRESS		
LOCATION		

STANDARD PAEDIATRIC OBSERVATION CHART (SPOC)

1 - 4 Years

Altered Calling Criteria

ALL OBSERVATIONS MUST BE GRAPHED 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. Bloggs				

	Date	Time	INTERVENTIONS / COMMENTS / ACTIONS
1.			
2.			
3.			
4.			

STANDARD PAEDIATRIC OBSERVATION CHART 1-4 YEARS SMR110017

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 (< 1mL/kg/hr)
- 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**

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

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