VUC003

## General Instructions

You MUST record baseline observations, including blood pressure, on admission and thereafter:

- At a frequency appropriate for the child's clinical state
- Whenever staff or family members are worried about the child's clinical state
- If the child is deteriorating

Level of Consciousness should be documented using the AVPU scale, **except** for children receiving sedation, where a Level of Sedation score should be recorded in Additional Observations.

Select a Pain Assessment tool appropriate for the age, developmental level and clinical state of the child. Refer to the RCH clinical practice guidelines for further information.

***Show the Trend: Plot the Dot – Join the Line***

This chart is specifically designed to enhance the identification of trends in vital signs. It is important to look for worsening trends and report these.

When graphing observations, place a dot in the box and connect it to the previous dot with a straight line. For blood pressure use the symbols indicated on the chart. For $SpO_2$ write the number in the appropriate section.

Whenever an observation falls within an orange zone or purple zone, you MUST initiate the actions required for that colour, unless a modification has been made.

Modifications — refer to your local procedure for altering calling criteria.

## Assessment of Respiratory Distress Note, not all respiratory assessment features are relevant to all conditions

| | Mild | Moderate | Severe |
|---|---|---|---|
| **Airway** | • Stridor on exertion/crying | • Some stridor at rest | • Stridor at rest |
| **Behaviour and feeding** | • Normal<br>• Talks in sentences | • Some/intermittent irritability<br>• Difficultly talking/crying<br>• Difficultly feeding or eating | • Increased irritability and/or lethargy<br>• Looks exhausted<br>• Unable to talk or cry<br>• Unable to feed or eat |
| **Respiratory rate** | • Mildly increased | • Respiratory rate in orange zone | • Respiratory rate in purple zone<br>• Increased or markedly reduced respiratory rate as the child tires |
| **Accessory muscle use** | • Mild intercostal and suprasternal recession | • Moderate intercostal and suprasternal recession<br>• Nasal flaring | • Marked intercostal, suprasternal and sternal recession |
| **Oxygen** | • No oxygen requirement | • Mild hypoxemia corrected by oxygen<br>• Increasing oxygen requirement | • Hypoxemia may not be corrected by oxygen |
| **Other** | | • May have brief apnoeas | • Gasping, grunting<br>• Extreme pallor, cyanosis<br>• Increasingly frequent or prolonged apnoeas |

## FLACC Scale © University of Michigan

| | | | |
|---|---|---|---|
| **Face** | **0**<br>No particular expression or smile | **1**<br>Occasional grimace or frown, withdrawn, disinterested | **2**<br>Frequent to constant frown, clenched jaw, quivering chin |
| **Legs** | **0**<br>Normal position or relaxed | **1**<br>Uneasy, restless, tense | **2**<br>Kicking or legs drawn up |
| **Activity** | **0**<br>Lying quietly, normal position, moves easily | **1**<br>Squirming, shifting back and forth, tense | **2**<br>Arched, rigid or jerking |
| **Cry** | **0**<br>No cry (awake or asleep) | **1**<br>Moans or whimpers occasional complaints | **2**<br>Crying steadily, screams or sobs, frequent complaints |
| **Consolability** | **0**<br>Content, relaxed | **1**<br>Reassured by occasional touching, hugging or "talking to". Distractable | **2**<br>Difficult to console or comfort |

## Level of Sedation UMSS – University of Michigan Scoring System

ONLY complete if sedation administered

0 = Awake and alert

1 = Minimally sedated: may appear tired/sleepy, responds to verbal conversation and/or sound

2 = Moderately sedated: somnolent/sleeping, easily roused with tactile stimulation or simple verbal command

3 = Deep sedation: deep sleep, rousable only with deep or physical stimulation

4 = Unrousable

# Victorian Children's Tool for Observation and Response

## URGENT CARE

**under 3 mths**

UR NUMBER _____ DOB _____

FAMILY NAME _____ SEX _____

GIVEN NAME _____

ADDRESS _____

MEDICARE NUMBER _____

G.P. _____

Complete all details or affix label above

**Hospital** _____

| Arrival date: / / | Arrival time: | Arrival mode: | Accompanying adult(s) name and relationship to patient: |
|---|---|---|---|

| Next of kin: | Relationship: | Phone number: |
|---|---|---|

| Usual language spoken: | Interpreter required: ☐ Yes ☐ No | Is the patient: ☐ Aboriginal and/or ☐ Torres Strait Islander |
|---|---|---|

| Triage category: | Presenting problem: |
|---|---|
| Triage time: | |

Initial nursing assessment: (*if required add detailed assessment in Events/Comments over page*)

Past history:

| Current medications: | Allergies/adverse reactions: |
|---|---|

Child health record confirms immunisations are up to date: ☐ Yes ☐ No (if No refer to doctor or nurse immuniser)
Immunisation concerns or queries contact RCH Immunisation Centre 1300 822 924 (option 2)

| Weight Kg: | Blood glucose level: mmol/L<br>☐ Not measured. *(BGL <3.5 or >8 = orange zone)* | Urinalysis:<br>☐ Not measured |
|---|---|---|

## Presentation/Admission Checklist

☐ All baseline observations documented
☐ Correct name band attached
☐ Allergy band attached ☐ N/A
☐ IV line labelled and dated ☐ N/A
☐ Plan of care discussed with parent/caregivers

☐ Hospital risk assessments completed (circle relevant):
Falls Pressure Behavioural Other
☐ Outcomes of risk assessment(s) actioned ☐ N/A
☐ Frequency of observations updated for ward transfer ☐ N/A
☐ Ward handover given to (name/designation): _____ ☐ N/A

| Presentation/admission nurse: | Signature: | Time: |
|---|---|---|

## Transfer/Discharge Checklist

| Date: / / | Time: | Transfer/discharge to: | Transport mode: |
|---|---|---|---|

Discharged in the care of: (name) (relationship)

If patient is in the orange or purple zones at discharge, the patient must have:
☐ Doctor/Senior clinician review *and*
☐ Plan of care documented
refer to your local escalation of care procedure

Tick relevant:
☐ Transfer/discharge letter provided ☐ Medication(s) provided ☐ Follow up arrangements communicated
☐ Prescription(s) given ☐ Valuables returned ☐ Plan of care discussed with parent/caregivers

| Transfer/discharge nurse: | Signature: | Time: |
|---|---|---|

Victorian Children's Tool for Observation and Response (under 3 months) VUC003

Attach ADR sticker

**Allergies and adverse drug reactions (ADR)**
☐ Nil known ☐ Unknown
(tick appropriate box or complete details below)

| Medicine (or other) | Reaction/type/date | Initials |
|---|---|---|
| | | |
| | | |
| | | |
| Sign: | Print: | Date: / / |

UR NUMBER _____

FAMILY NAME _____

GIVEN NAME _____

DOB _____ SEX _____

Complete all details or affix label above

First prescriber to print patient name and check label correct:

| **Weight (kg):** | Height (cm): | BSA ($m^2$): |
|---|---|---|
| Date weighed: | Gestational age at birth (wks): | |

**Paediatric medication chart** **If patient admitted, transfer to a NIMC — paediatric**

## ONCE ONLY MEDICINES

### Medications Ordered by Attending Doctor/Nurse Practitioner

| Date prescribed | Medicine (print generic name) | Route | Dose | Date/time to be given | Prescriber: Signature | Prescriber: Print name | Dose calc e.g. mg/kg per dose | Given by | Date/time given | Pharm |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

### Telephone Orders (to be signed within 24 hours of order)

| Date time | Medicine (print generic name) | Route | Dose | Frequency | Clinicians initials: Cl 1 | Clinicians initials: Cl 2 | Prescriber name | Prescriber sign | Date | Record of administration: Time/ given by | Time/ given by | Time/ given by | Time/ given by |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

### Medications Administered by Nurse with Scheduled Medicines (Rural & Isolated Practice) Endorsement

| Date prescribed | Medicine (print generic name) | Route | Dose | Date/time to be given | Health management protocol | | Dose calc e.g. mg/kg per dose | Given by | Date/time given | Pharm |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

### Nurse Initiated Medications

| Date prescribed | Medicine (print generic name) | Route | Dose | Date/time to be given | Nurse initiator: Signature | Nurse initiator: Print name | Dose calc e.g. mg/kg per dose | Given by | Date/time given | Pharm |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

### Medications Taken Prior to Presentation at Hospital (prescribed, over the counter, complementary) Own medicines brought in: ☐ Yes ☐ No

| Medicine & formulation | Dose & frequency | Duration | Medicine & formulation | Dose & frequency | Duration |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| Doctor/G.P.: | | | Community pharmacy: | | |
| Sign: | Print: | Date: | Medicines usually administered by: | | |

Not for Administration

Drill holes where indicated by die cut colour. Do not print.



ERC 150838 November 2015

# Victorian Children's Tool for Observation and Response URGENT CARE

under 3 mths

Actual age:

Weight:

UR NUMBER

FAMILY NAME

GIVEN NAME

DATE OF BIRTH

Complete all details or affix label above

Date

Time

Staff initial *(with each set of obs)*

## $O_2$ Saturation (%)

*(write value)*

Modifications

| | |
|---|---|
| Purple | |
| Orange | |
| Duration *(maximum 2 hrs)* | |
| Date | |
| Time | |
| Dr | |
| Signature | |

≥94

90–93

≤89

$O_2$ delivery L/min or %

Device

$O_2$ device

NP = nasal prongs, HM = Hudson mask, HNP = humidified nasal prongs, HFNP = high flow nasal prongs

## Respiratory Rate (breaths/min)

Modifications

| | |
|---|---|
| Purple | |
| Orange | |
| Duration *(maximum 2 hrs)* | |
| Date | |
| Time | |
| Dr | |
| Signature | |

Write ≥100

95 90 85 80 75 70 65 60 55 50 45 40 35 30 25 20

## Respiratory Distress *(see legend over page)*

Severe

Moderate

Mild

Nil

## Heart Rate (beats/min)

Modifications

| | | |
|---|---|---|
| Purple | (e.g.) — | |
| Orange | 175 | |
| Duration *(maximum 2 hrs)* | 2/24 | |
| Date | 6/4/14 | |
| Time | 1600 | |
| Dr | Smith | |
| Signature | Smith | |

Write ≥200

195 190 185 180 175 170 165 160 155 150 145 140 135 130 125 120 115 110 105 100 95 90 85

Write ≤80

## Blood Pressure (mmHg) systolic BP is the trigger

Modifications

| | |
|---|---|
| Purple | |
| Orange | |
| Duration *(maximum 2 hrs)* | |
| Date | |
| Time | |
| Dr | |
| Signature | |

Write ≥130

125 120 115 110 105 100 95 90 85 80 75 70 65 60 55 50 45 40 35 30 25 20

Write ≤15

## Temperature (C°)

Reportable limits — if applicable, refer to local procedures

| | |
|---|---|
| Temp ≥ | (e.g.) 39.5 |
| Temp ≤ | — |
| Date | 6/4/14 |
| Time | 1800 |
| Dr | Smith |
| Signature | Smith |

Write ≥40

39.5 39 38.5 38 37.5 37 36.5 36 35.5 35

## Level of Consciousness

*(wake patient before scoring)*

Alert

Verbal

Pain

Unresponsive

## Pain Score

Refer to FLACC scale

*(see general instructions)*

8–10

4–7

1–3

Nil

*Observations to be plotted with a dot and joined with a line (except $SpO_2$ and BP)*

**Additional Observations** *(e.g. BSL, weight, capillary refill time, level of sedation score)*

## Frequency of Observations

Observations should be performed routinely at least ½ hourly, unless advised here. Refer to local procedure for ***who*** can alter frequency.

Date

Frequency

Name

## GENERAL ESCALATION RESPONSE

**You must refer to your local procedure for instructions on *how* to escalate patient care**

### Purple zone
### MANDATORY EMERGENCY CALL

**Response criteria**

- Staff member is very worried about the child's clinical state
- A family member is very worried about the child's clinical state
- Apnoea or cyanosis
- Cardiac or respiratory arrest
- Airway threat
- Prolonged convulsion
- Sudden decrease in conscious state
- Any observation in the purple zone
- 3 or more simultaneous orange zone criteria

**Actions required**

1. Place emergency call
2. Initiate appropriate clinical care until the arrival of the emergency respondent/s
3. Emergency respondent/s to attend immediately, stabilise patient and/or provide advice
4. Emergency respondent/s to document management plan

### Orange zone
### CLINICAL REVIEW RECOMMENDED

**Response criteria**

- Staff member is worried about the child's clinical state
- A family member is worried about the child's clinical state
- Any observation in the orange zone

**Actions required**

1. Initiate appropriate clinical care
2. Consider what is usual for the child and if the trend in observations suggests deterioration
3. Consult with nurse in charge, decide if a medical review is required. If no medical review, document rationale and plan of care in Events/Comments
4. Medical review
   - Increase frequency of observations as indicated by the child's condition
   - If not attended within 30 minutes, escalate to emergency call
   - Medical officer to document management plan

### White zone
### STAY VIGILANT

**Response criteria**

- Vital signs in the white zone but the child is unstable
- Looks unwell
- Has consecutive observations trending towards either coloured zone

**Actions required**

1. Inform senior clinical nurse
2. Review frequency of observations
3. Consider escalation of care

## Events/Comments

Record event details, including comments, interventions and parental concerns. Ensure you add the date, time and sign each entry.

| Date/Time | | Name/Signature |
|---|---|---|
| | | |