

# NSW Health Standard Observation Charts

## What is a track and trigger tool?

A 'track and trigger' tool refers to an observation chart that is used to record vital signs or observations graphically so that trends can be 'tracked' visually and which incorporates a threshold (a 'trigger' zone) beyond which a standard set of actions is required by health professionals if a patient's observations breach this threshold.

## The Standard Adult General Observation Chart

The Standard Adult General Observation Chart was developed by the Between the Flags Management Committee, and has undergone extensive consultation.

### Key Features:

1. The most sensitive indicators of deterioration are represented on the chart. Therefore, respiratory rate, pulse, blood pressure, SaO<sub>2</sub>, oxygen requirement and neurological assessment are included.
2. There are no overlapping observations, to reduce confusion when recording or interpreting vital signs.
3. Observations are displayed graphically so trends can be monitored (tracking).
4. Trigger zones are colour coded to draw attention to when calling criteria are met.
5. The Chart allows for the recording of variations to the standard calling criteria for individual patients, as appropriate. The supervising medical officer must sign the alterations. (Registrar may alter criteria only in consultation with AMO /VMO and must document the agreed alterations in the clinical record).
6. The number of charts that a patient has is minimised by combining the BTF standard observations with the more commonly recorded general observations in a single chart
7. The calling criteria are clearly displayed and easily accessible.
8. Space is allocated to allow for the recording of Blood Glucose Level (BGL). This is so that a one-off BGL check does not require a separate BGL form, particularly if it is part of the assessment of a deteriorating patient.
9. The ability of the Chart to identify deterioration depends on the reliability and completeness of observation
10. A Clinical Review or Rapid Response call can also be initiated under the 'serious concern by any staff member' criterion. For example, if a deteriorating trend in clinical observations is detected, even if the patient is not yet in a coloured zone, a clinician may initiate either a Clinical Review or Rapid Response.

Key suggested strategies for implementation of the Standard General Observation charts are at **Appendix 1**.

## Order numbers for observation Charts

Standard General Observation Chart: SALMAT Stock Code NH 606512 (pack 200)

Standard Paediatric Observation Charts

- Under 30 days: SALMAT Stock Code TBA
- 1-12 months: SALMAT Stock Code TBA
- 1-4 years: SALMAT Stock Code TBA

- 5-11 years: SALMAT Stock Code TBA
- 12 years and over: SALMAT Stock Code TBA

Maternity Observation Chart: SALMAT Stock Code TBA

### How to Use the SAGO Chart

The SAGO Chart should be used like any other adult general observation chart. The Chart indicates which symbols should be used to record observations and these should be charted graphically so that the trend in each observation can be monitored. If a patient's observations enter the Yellow Zone, you should refer to the back of the SAGO Chart for the instructions on what you should do next. The instructions describe when to make a call not how to make a call. Your local escalation protocol will explain how to make a call.

All the Clinical Review criteria are listed in the Yellow box on page 4 of the Chart. If a patient has any one or more of these criteria present you should consult with the Nurse in Charge and assess whether a Clinical Review is needed. Use your clinical judgement regarding whether a Clinical Review is needed. There may be some circumstances in which a patient may have Yellow Zone criteria present but they do not represent deterioration in that patient. You should know what is usual for your patient. For example, exercise by a physiotherapist or an emotional reaction to an incident could raise a patient's heart rate to above 120 beats per minute (into the Yellow Zone), yet this may not represent deterioration. Clinical judgement remains paramount at all times. If you are concerned about your patient you can call for a Clinical Review at any time, regardless of whether Clinical Review criteria are met. For example, your patient may have an increasing trend in their respiratory rate that does not yet reach the Yellow Zone yet but you are concerned because he or she doesn't feel well or has a heart rate which shows a rising trend but has not reached the Yellow Zone.

If a patient has criteria within the Red Zone, there is no discretion. You must call a Rapid Response. This is because patients who have criteria within the Red Zone are likely to be seriously ill. The only exemption to this rule is if a doctor has documented a variation to the calling criteria on the front page of the Chart. This may be appropriate for some patients. For example, patients with chronic obstructive airways disease or emphysema may have a usual respiratory rate that does not represent deterioration in their condition and it would be inappropriate to call a Rapid Response in these cases.

At all times, you remain responsible for your patient and for giving them appropriate treatment for their condition, within your scope of practice.

The Between the Flags Program is designed to give you the confidence to call for help when you and your patient need it.

**A standard set of general observations should be documented on the SAGO Chart at least once every shift or three times per day, whichever is the more frequent. Refer to the Policy Directive for exceptions.**

Standard observation charts are being developed for a number of other patient groups, including paediatric patients, maternity patients and patients attending emergency departments.

### Example of a completed SAGO

FAMILY NAME BLOGGS MBS 723456  
 GIVEN NAME JO  MALE  FEMALE  
 D.O.B. 1.1.1987 M.O. SMITH  
 ADDRESS 21 BETTER STREET  
WELLSVILLE  
 LOCATION WARD 1  
 COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Facility: RMDP

ADULT  
GENERAL OBSERVATION CHART

OTHER CHARTS IN USE

- Neuro  Insulin Infusion  Alcohol Withdrawal  
 Fluid Balance  Pain / Epidural / Patient Control Analgesia  Other \_\_\_\_\_  
 Anticoagulant  Neurovascular  Other \_\_\_\_\_

VARIATIONS TO FREQUENCY OF OBSERVATIONS

DATE:						
Frequency Required						
Medical or Rapid Response Officer Name						
Signature						

ALTERATIONS TO CALLING CRITERIA (MUST BE REVIEWED AT LEAST EVERY 72 HOURS)  
ANY ALTERATIONS MUST BE CONFIRMED BY CONSULTANT

DATE:						
Respiratory Rate						
Systolic Blood Pressure						
SpO <sub>2</sub>						
Heart Rate						
Other						
Consultant Medical Officer Name						
Signature						

INTERVENTIONS

1. 0200 - Clinical Review Call, GCS attended 14/15, obs 2/24
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Hives printed as per AS2320-1203  
 BINDING MARGIN - NO WRITING

ADULT GENERAL OBSERVATION CHART SMR110.010

FAMILY NAME BLOGGS MR 723456  
 GIVEN NAME Jo  MALE  FEMALE  
 D.O.B. 1.1.1987 M.O. SMITH  
 ADDRESS 21 BETTER STREET  
WELLSVILLE  
 LOCATION WARD 1  
 COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Facility: RMDP

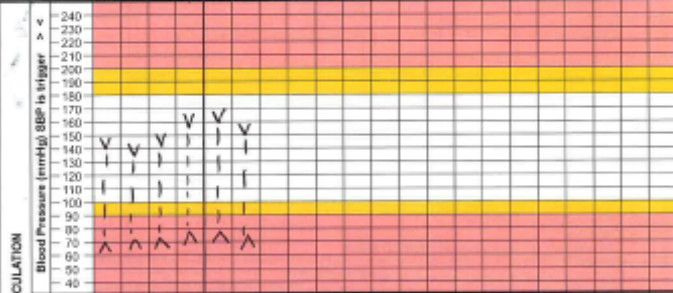
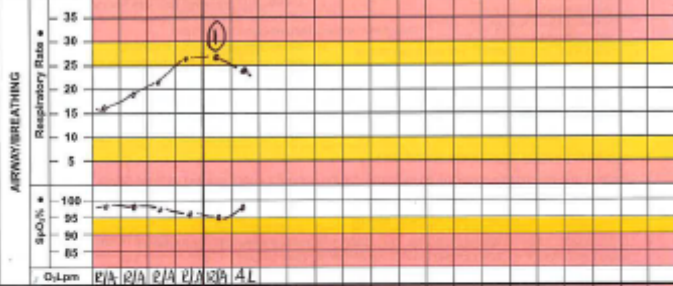
ADULT  
 GENERAL OBSERVATION CHART

Altered Coiling Criteria

Date 14/10/09 | 15/10/09  
 Time 06:14:22 | 24:02:04 | 06:



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**DISABILITY**

Neurological

A	A	A	A	A	V	A
V						
P						
U						

Enter appropriate letters: A= Alert, V= Responsive only by voice (overider GCS), P= Responsive only by central pain (overider GCS), U= Unresponsive

Rapid Response  Clinical Review

FAMILY NAME BLOGGS MRN 123456

GIVEN NAME JO  MALE  FEMALE

Facility: RMDP

D.O.B. 1.1.1989 M.O. SMITH

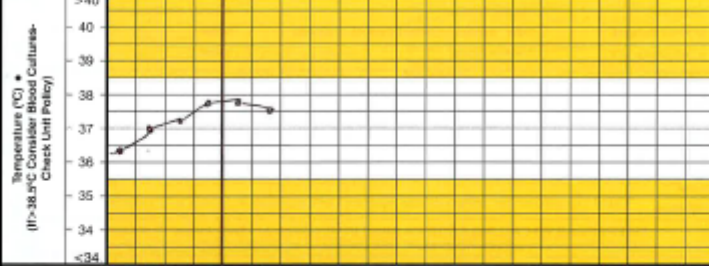
ADDRESS 21 BETTER STREET

**ADULT  
GENERAL OBSERVATION CHART**

LOCATION WELLSVILLE  
WARD 1

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Date: 14/10/09 15/10/09  
Time: 06:14 22:24 02:04



**PAIN SCORE**

(No pain) 0 ————— 5 ————— 10 (Worst)

Date	Time	Score
14/10/09	06:14	0
14/10/09	22:24	0
15/10/09	02:04	0

Date	Time	BGL
14/10/09		
15/10/09	02:00	5.145

Date	Time	Notes
14/10/09		
15/10/09		

Date	Time	Weight
14/10/09		68.8g
15/10/09		

Date	Time	Total
14/10/09		1500
15/10/09		

Date	Time	Total
14/10/09		1300
15/10/09		

BALANCE +200

Date	Time	SG	pH	Leuk	Blood	Nitrite	Ketones	Bilirubin	U/Bil	Protein	Glucose

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