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| **Maternity vital signs chart audit form** | | | | | | | | | | | | | |
| **Instructions**   1. Circle ‘Yes’ or ‘No’ for each question. 2. Use abbreviations for vital signs that are absent. 3. See the operational definitions for details on what is required for each question. 4. Exclude observations for exemptions marked ‘EX’, such as intrathecal opioids or patient-controlled analgesia. | | | **Case selection**   1. Audit 10 women’s vital sign charts per week. 2. Select the charts for audit of women who have been in the ward or unit for a minimum of 6 hours. 3. Review up to the last 24-hours of vital signs charting and associated documentation in the clinical record. | | | | | | | | | | |
| If you identify adverse events or near misses that have not been previously reported (eg, failures to recognise, escalate or respond to deterioration), follow the usual organisational reporting guidelines | | | | | | | | | | | | | |
| **Question #** | **Hospital:** |  | | | | | | | | | | | |
| **Ward:** |  | | | | | | | | | | | |
| **Date:** |  | | | | | | | | | | | |
|  | **Case number🡪** | | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **Ethnicity🡪** | |  |  |  |  |  |  |  |  |  |  |
|  | **Recognition** | **Operational definitions** | |  | | | | | | | | | |
| 1 | Was the frequency of vital sign monitoring appropriate for the woman? | This may be determined by the organisational minimum standard, the escalation pathway, procedural requirements (eg, postoperative vital sign policies) or documented in the plan of care. | | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| 2 | Was the core vital sign set completed for the most recent set of vital signs? | The core vital sign set includes all the vital signs required to calculate the early warning score (respiratory rate, supplemental oxygen, oxygen saturation, heart rate, systolic and diastolic blood pressures, temperature, level of consciousness). | | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| **2a–h.** If **no,** note which vital sign(s) were present eg, RR, O2, SpO2, HR, SBP, DBP, T, LOC | |  |  |  |  |  |  |  |  |  |  |
| 3 | Was the total MEWS score calculated correctly for the most recent set of vital signs? | Only circle ‘Yes’ when **all** the following are found:   * Question 2 is a ‘yes’. * The total MEWS score is calculated correctly. * Any valid modification is correctly applied in the MEWS calculation. | | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| 4 | Were any modifications made to the MEWS score triggers? *(if yes, complete questions 4a and 4b)* | Circle ‘Yes’ if modifications are documented in the modifications box on the vital signs chart. | | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| 4a | Was a rationale and duration for the modification documented?  *(clinical requirements)* | Circle ‘Yes’ only if **both** the rationale and duration for the modification are documented on the vital signs chart. | | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| 4b | Did the person making the modification legibly date and sign it, and record their contact details? *(documentation requirements)* | Circle ‘Yes’ only if **all** the documentation requirements are completed (legible date, signature and contact details). | | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
|  | **Escalation and response** | | | | | | | | | | | | |
| 5 | Did the woman reach any of the defined triggers for escalation in, or up to, the 24-hour audit period? *(If no, audit is complete; if yes, complete questions 5a−c)* | Circle ‘Yes’ if the woman had a total MEWS score of 5 or more, or a single parameter trigger in the pink or blue zone in the 24-hour audit period. | | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| 5a | Did escalation occur according to the pathway? | If more than one escalation was triggered in the 24-hour audit period, select the most recent for inclusion in the audit.  Circle ‘Yes’ if an escalation occurred according to the pathway.  Circle ‘No’ for any deviation from the agreed escalation pathway. | | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| 5b | Did the response occur according to the pathway? | Circle ‘Yes’ if the responder attended in the time frame specified on the escalation pathway.  Circle ‘No’ for any deviation from the agreed response pathway. | | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| 5c | Did the responder complete documentation requirements (according to local policy)? | Circle ‘Yes’ only if **all** documentation requirements are completed according to local policy (for example, this may include documenting an assessment and plan for ongoing care in the clinical record and completing a rapid response call sticker). | | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |