

# Adult Vital Signs Chart side 1

Family Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Given Name: \_\_\_\_\_ NHI#: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_

AFFIX PATIENT LABEL HERE

Vital Signs	Date	EWS												Date	
	Time (24 hour)														Time (24 hour)
<b>Respiratory Rate</b> (breaths/min) <i>write RR value in box</i>	≥ 36														≥ 36
	25-35														25-35
	21-24														21-24
	12-20														12-20
	9-11														9-11
	5-8														5-8
	≤ 4														≤ 4
<b>Oxygen</b> (L/min)	Room air ✓														✓ Room air
	Supplement (L/min)														Supplement (L/min)
<b>Oxygen Saturation</b> (%) <i>write SpO<sub>2</sub> value in box</i>	≥ 96														≥ 96
	94-95														94-95
	92-93														92-93
	≤ 91														≤ 91
<b>Heart Rate</b> (bpm) <i>mark HR with X write value if off scale</i>	Write if ≥ 140														Write if ≥ 140
	130s														130s
	120s														120s
	110s														110s
	100s														100s
	90s														90s
	80s														80s
	70s														70s
	60s														60s
	50s														50s
	40s														40s
	30s														30s
<b>Blood Pressure</b> (mmHg) <i>score systolic BP value only</i>	Write if ≥ 220														Write if ≥ 220
	210s														210s
	200s														200s
	190s														190s
	180s														180s
	170s														170s
	160s														160s
	150s														150s
	140s														140s
	130s														130s
	120s														120s
	110s														110s
100s														100s	
90s														90s	
80s														80s	
70s														70s	
60s														60s	
50s														50s	
≥ 39s														≥ 39s	
38s														38s	
37s														37s	
36s														36s	
35s														35s	
≤ 34s														≤ 34s	
<b>Level Of Consciousness</b> <i>mark LOC with ✓</i>	Alert														Alert
	Voice														Voice
	Pain														Pain
	Unresponsive														Unresponsive
<b>EARLY WARNING SCORE TOTAL</b>															<b>EWS TOTAL</b>


Family Name: \_\_\_\_\_  
 Given Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ NHI#: \_\_\_\_\_

AFFIX PATIENT LABEL HERE

## ESCALATE CARE FOR ANY PATIENT YOU, THEY OR THEIR FAMILY ARE WORRIED ABOUT, REGARDLESS OF VITAL SIGNS OR EWS

Mandatory escalation pathway	
Total Early Warning Score (EWS)	Action
<b>EWS 1-5</b>	
<b>EWS 6-7</b> Acute illness or unstable chronic disease	
<b>EWS 8-9</b> or any vital sign in red zone Likely to deteriorate rapidly	
<b>EWS 10+</b> or any vital sign in blue zone Immediately life threatening critical illness	

### Modification to Early Warning Score (EWS) Triggers

The EWS can be changed to prevent chronic disease incorrectly triggering escalation. All modifications must be made in line with hospital policy and regularly reviewed by the primary team. Ignore any modification that is not signed and dated.

Vital sign (use abbreviation)	Accepted values and modified EWS	Date and time	Duration (hours)	Name and contact details
		/ / : :		
Reason:				
		/ / : :		
Reason:				
		/ / : :		
Reason:				

Any treatment limitations must be documented in the patient's clinical record.

A full set of vital signs with corresponding EWS must be taken and calculated each time at a frequency stated in hospital policy. If there is no timely response to your request for review, escalate to the next coloured zone.

Family Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Given Name: \_\_\_\_\_ NHI#: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_

Adult Vital Signs Chart side 2

Vital Signs	Date	EWS												Date	
	Time (24 hour)														Time (24 hour)
<b>Respiratory Rate</b> (breaths/min) <i>write RR value in box</i>	≥ 36														≥ 36
	25-35														25-35
	21-24														21-24
	12-20														12-20
	9-11														9-11
	5-8														5-8
<b>Oxygen</b> (L/min)	Room air ✓														✓ Room air
	Supplement (L/min)														Supplement (L/min)
<b>Oxygen Saturation</b> (%) <i>write SpO<sub>2</sub> value in box</i>	≥ 96														≥ 96
	94-95														94-95
	92-93														92-93
	≤ 91														≤ 91
<b>Heart Rate</b> (bpm) <i>mark HR with X write value if off scale</i>	Write if ≥ 140														Write if ≥ 140
	130s														130s
	120s														120s
	110s														110s
	100s														100s
	90s														90s
	80s														80s
	70s														70s
	60s														60s
	50s														50s
<b>Blood Pressure</b> (mmHg) <i>score systolic BP value only</i>	Write if ≥ 220														Write if ≥ 220
	210s														210s
	200s														200s
	190s														190s
	180s														180s
	170s														170s
	160s														160s
	150s														150s
	140s														140s
	130s														130s
	120s														120s
	110s														110s
	100s														100s
	90s														90s
80s														80s	
70s														70s	
60s														60s	
50s														50s	
<b>Temperature</b> (°C) <i>mark Temp with X write value if off scale</i>	≥ 39s														≥ 39s
	38s														38s
	37s														37s
	36s														36s
	35s														35s
≤ 34s														≤ 34s	
<b>Level Of Consciousness</b> <i>mark LOC with ✓</i>	Alert														Alert
	Voice														Voice
	Pain														Pain
	Unresponsive														Unresponsive
<b>EARLY WARNING SCORE TOTAL</b>															<b>EWS TOTAL</b>


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 Date of Birth: \_\_\_\_\_ NHI#: \_\_\_\_\_

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**ESCALATE CARE FOR ANY PATIENT YOU, THEY OR THEIR FAMILY ARE WORRIED ABOUT, REGARDLESS OF VITAL SIGNS OR EWS**

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Total Early Warning Score (EWS)	Action	
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		/ / : :		
Reason:				
		/ / : :		
Reason:				
		/ / : :		
Reason:				
		/ / : :		

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