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| **National 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.
 | **Patient selection**1. Audit 10 patient vital sign charts per week.
2. Select patients for audit who have been in the ward or unit for a minimum of 24-hours.
3. Review the last 24-hours of vital sign charting and associated documentation in the clinical record.
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| 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 | Did the frequency of vital sign monitoring comply with (or exceed the requirements of) current policy? | Current policy refers to the vital sign and early warning score policy applicable to the patient during the period of the audit. This may be determined by the organisational minimum standard, the escalation pathway, specialty, or procedural requirements (e.g. post-operative vital sign policies). | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo |
| 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, blood pressure, temperature, level of consciousness). | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo |
| **2a–h.** If **no,** note which vital sign(s) were present eg, RR, O2, SpO2, HR, BP, T, LOC |  |  |  |  |  |  |  |  |  |  |
| 3  | Was the early warning score (EWS) 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 EWS score is calculated correctly.
* Any valid modification is correctly applied in the EWS calculation.
 | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo |
| 4 | Were any modifications made to the EWS triggers? *(if yes, complete questions 4a and 4b)* | Circle ‘Yes’ if modifications are documented in the modifications box on the vital signs chart. | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo |
| 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.  | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo |
| 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). | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo |
|  | **Escalation and response** |
| 5 | Did the patient 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 patient had a total EWS of 6 or more, or a single parameter trigger in the red or blue zone in the 24-hour audit period. | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo |
| 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 escalation pathway. Circle ‘No’ for any deviation from the agreed escalation pathway. | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo |
| 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 escalation/response pathway.  | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo |
| 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). | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo |