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## PATIENT OBSERVATIONS

Date: 

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Ward/Site: ☐ ward a ☐ ward b ☐ ward c ☐ ward d  
☐ ward e ☐ ward f ☐ ward g ☐ ward h

## OBSERVATION ELEMENTS

Please cross each section if ALL listed applicable elements are completed

	YES	NO	NA
<b>1. Patient Details</b>			
- Patient sticker been affixed to front of chart	<input type="checkbox"/>	<input type="checkbox"/>	
- ALL patient name/date sections been completed			
- Current ward recorded			
<b>2. Date/time of observations</b>			
- ALL observations have a been dated and timed	<input type="checkbox"/>	<input type="checkbox"/>	
<b>3. Person completing observations</b>			
- Number of person completing observation completed for ALL entries	<input type="checkbox"/>	<input type="checkbox"/>	
<b>4. Next observations</b>			
- ALL observations should have time of next observations section completed	<input type="checkbox"/>	<input type="checkbox"/>	
- Observation schedule should tally with these timings (+/- 30 minutes)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>5. MEWS</b>			
- ALL observations should be completed (Resp, Inspired O2, SPO2, Temp, Pulse, Systolic BP, CNS level, Urine Output)	<input type="checkbox"/>	<input type="checkbox"/>	
Which observations were NOT completed?			
<input type="checkbox"/> Resp <input type="checkbox"/> SPO2 <input type="checkbox"/> Inspired O2 <input type="checkbox"/> Temp <input type="checkbox"/> Pulse <input type="checkbox"/> Systolic BP <input type="checkbox"/> CNS level <input type="checkbox"/> Urine output			
- ALL observations should have a calculated MEWS score	<input type="checkbox"/>	<input type="checkbox"/>	
- Should there have been an escalation which did not happen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Pain score</b>			
- Pain score to be completed at ALL observations	<input type="checkbox"/>	<input type="checkbox"/>	
<b>7. VIP score</b>			
- Is a VIP score required?	<input type="checkbox"/>	<input type="checkbox"/>	
- ALL to be calculated when appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. Observation frequency</b>			
- Minimum of 2 observations in 24 hours (or at least 1 in first 12hours if admission less than this)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>9. Fluid Balance Chart</b>			
- Completed, totalled and without any significant gaps	<input type="checkbox"/>	<input type="checkbox"/>	
- Date recorded if discontinued	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

