



PATIENT OBSERVATIONS

Date: / /

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
1. Patient Details <ul style="list-style-type: none">- Patient sticker been affixed to front of chart- ALL patient name/date sections been completed- Current ward recorded	<input type="checkbox"/>	<input type="checkbox"/>	
2. Date/time of observations <ul style="list-style-type: none">- ALL observations have a been dated and timed	<input type="checkbox"/>	<input type="checkbox"/>	
3. Person completing observations <ul style="list-style-type: none">- Number of person completing observation completed for ALL entries	<input type="checkbox"/>	<input type="checkbox"/>	
4. Next observations <ul style="list-style-type: none">- ALL observations should have time of next observations section completed- Observation schedule should tally with these timings (+/- 30 minutes)	<input type="checkbox"/>	<input type="checkbox"/>	
5. MEWS <ul style="list-style-type: none">- 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?

Resp SPO₂ Inspired O₂ Temp Pulse Systolic BP CNS level Urine output

<ul style="list-style-type: none">- ALL observations should have a calculated MEWS score- Should there have been an escalation which did not happen?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Pain score <ul style="list-style-type: none">- Pain score to be completed at ALL observations	<input type="checkbox"/>	<input type="checkbox"/>	
7. VIP score <ul style="list-style-type: none">- Is a VIP score required?- ALL to be calculated when appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Observation frequency <ul style="list-style-type: none">- 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"/>	

9. Fluid Balance Chart <ul style="list-style-type: none">- Completed, totalled and without any significant gaps- Date recorded if discontinued	<input type="checkbox"/>	<input type="checkbox"/>	
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