

# Wellington Adult Ward Vital Signs Chart (General Use)

This form is available from the print room. Please order as Wellington Adult Ward Vital Signs Chart capitalDocs ID 1.102513

Issue Date October 2017 Review Date October 2020

Family Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Client Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_

WELL ADULT WARD VITAL SIGNS CHART

Vital Signs	Date	Time (24 hour)	Time (24 hour)
Respiratory Rate (breaths/min)	12-24	12-24	12-24
	12-20	12-20	12-20
	9-11	9-11	9-11
	5-8	5-8	5-8
	4-4	4-4	4-4
Oxygen (J/min)	Room air ✓	Room air ✓	Room air ✓
	Supplemental O2	Supplemental O2	Supplemental O2
	94-95	94-95	94-95
	92-93	92-93	92-93
	89-91	89-91	89-91
Heart Rate (bpm)	Write Pa 140	Write Pa 140	Write Pa 140
	130s	130s	130s
	120s	120s	120s
	110s	110s	110s
	100s	100s	100s
	90s	90s	90s
	80s	80s	80s
	70s	70s	70s
	60s	60s	60s
	50s	50s	50s
	40s	40s	40s
	30s	30s	30s
	Write Pa 120	Write Pa 120	Write Pa 120
Blood Pressure (mmHg)	Write Pa 120	Write Pa 120	Write Pa 120
	210s	210s	210s
	200s	200s	200s
	190s	190s	190s
	180s	180s	180s
	170s	170s	170s
	160s	160s	160s
	150s	150s	150s
	140s	140s	140s
	130s	130s	130s
	120s	120s	120s
	110s	110s	110s
	100s	100s	100s
90s	90s	90s	
80s	80s	80s	
70s	70s	70s	
60s	60s	60s	
50s	50s	50s	
Temperature (°C)	39s	39s	39s
	38s	38s	38s
	37s	37s	37s
	36s	36s	36s
	35s	35s	35s
Level Of Consciousness	Alert	Alert	Alert
	Verbal	Verbal	Verbal
	Pain	Pain	Unconscious
<b>EARLY WARNING SCORE TOTAL</b>		<b>EWS TOTAL</b>	
Pain	write score (0-10)	None	None
Urine Output	Catheter No catheter	> 30mls / hr No Pa last 24h	> 30mls / hr No Pa last 24h

Capital & Coast District Health Board

Family Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Client Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_

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

Total Early Warning Score (EWS)	Action
<b>EWS 1-5</b>	<ul style="list-style-type: none"> <li>Manage pain, fever or distress</li> <li>Increase frequency of vital sign monitoring</li> </ul>
<b>EWS 6-7</b> <i>Acute illness or unstable chronic disease</i>	<ul style="list-style-type: none"> <li>House officer review within 60 minutes</li> <li>Inform nurse in charge</li> <li>Refer to Patient At Risk (PAR) nurse #6785</li> <li>Increase frequency of vital signs</li> </ul>
<b>EWS 8-9</b> <i>or any vital sign in red zone</i> <i>Liberty to deteriorate rapidly</i>	<ul style="list-style-type: none"> <li>Registrar review within 20 minutes &amp; suggest ICU referral</li> <li>Document plan including intervention, escalation &amp; review timeframe</li> </ul>
<b>EWS 10+</b> <i>or any vital sign in blue zone</i> <i>Immediately life threatening critical illness</i>	<ul style="list-style-type: none"> <li>Dial 777</li> <li>State "Medical Emergency Team" then give your location</li> <li>Support Airway, Breathing &amp; Circulation</li> </ul>

**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 (see abbreviation)	Accepted values and modified EWS	Date and time	Duration (hours)	Name and contact details
Reason:		/ /		
Reason:		/ /		
Reason:		/ /		

NOT FOR CPR  NOT FOR MET  / /

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.