TRAINING ONLY

2016 ed.en ov.au			Date	4	3/, t	h/ t								-]	Score	_eaend			(Affix identification label here)				
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sland F -nd/3.0 @healt	2 10.0.10		Time	200	100	B												1	Score (Family name:					
Queen: s/by-nc omms(Е	≥35		(0	0											E	2	Score 2							
sland (censes	Respiratory	3	30–34 25–29														3	3	Score 3	3	Given name(s):	9				
Queens is.org/l	Rate (breaths / min)	1	21–24														1	4	Score 4	1	Address:					
ate of (ommor Conta	Measure for a	0	17–20 13–16	•	•	•											0	E	Emerge	ency call	Date of birth: 01	JAN 1970 Sex: []N	/			
© Str eativeo	full minute	1 F	9–12 ≤8														1 E	Indicate which	systolic BP sco	ring Tar	rget Systolic BP (SMO / Registrar ONLY					
nttp://cn		0	≥98		•	•											0	preference is i	n use (Usual or olic BP is selected	Default). If	get bystolic bi (SWO / Negisital GNE)	Emergency	call it:			
nder: h	O ₂ Saturation	1	95–97 90–94														1	Usual systolic	BP in the space	provided:		 Airway Threat 				
n pesu:	(%)	2	85–89 ≤84														3	Usual syst	olic BP:stolic BP: 120mr	mmHg mHg	mmH	• Respiratory or				
Lioe	Oxygen*	Ĕ	NRM														E	Name:	a linnan	Na	me:	cardiac arrest				
	(L / min <i>or</i>	2	>11 >50% >5–11 >40–50%														3 2	Signature:	12	Sig	nature:	• Q-ADDS Score ≥8				
	% delivered) *If on HF / NIV use % delivered	1	2–5 28–40% <2 <28%	•	•	•											0	Designation:	O AY	De De	signation: Date:					
	FM Face mask HF High flow NRM Non re NIV Non invasive RA Room			0,7	٥٨	O V															al / Default / Target systolic BP	• Any observation				
	NIV Non invasive RA Room	air			VA	KA											Actu	.1								
			High flow rate in L/min ≥200														BP ≥20	P 1005 1708		EMERGENC	120s 110s 100s 90s 80s					
	V		190s														190	00s 0 0	1 1	1 2	2 3 3 4 4		e to			
▲ THIS BINDING MARGIN	Plood	╽┝	180s 170s														180 170		0 0	1 1	2 2 3 3 4 2 2 3 3 3					
	Blood Pressure		160s														160	60s 1 0	0 0	0 0	1 1 2 2 2	• Seizure >2 minu	tes			
	(mmHg)		150s 140s														150 140	0s 1 1	0 0 1 0	0 0	0 1 1 2 2 0 0 1 1 1	_				
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₹		╽┝	80s 70s	 \	 	٨												0s 0s		EMERGENC	K CALL	⊣	-			
≧ ∭			60s															60s				fit the above crite	criteria			
VRITE	Systolic BP scor	е	,	0	0	0											<u></u>				ertiary and Seconda					
>		3	≥140 130s														E 3	Q-ADDS Score	Obsei (minimum	rvations in frequency)	Notify	Escalate (if no review)	Intra-hospita Escort			
DO NOT		2 -	120s 110s														2	0	-	ourly		(
ă		1	100s														1	1–3	4 h	ourly	Team Leader					
	Heart Rate (beats / min)	╽┝	90s 80s			•											-				Team Leader	If no review after				
	(Sould / IIIII)	0	70s	•	•												0	4–5	1 h	ourly	Resident review within	30 minutes call Registrar	Nurse			
			60s 50s																		30 minutes					
		2 E	40s 30s														2 E				Team Leader Registrar review within	 If no review after 30 minutes, or if concerned, initiate 				
		2 -	≥39.5														2	6–7	½ f	nourly	30 minutes	Emergency Call, notify	Nurse			
		1	38.5–39.4 38–38.4														1				1 5	Consultant and Nurse Manager				
83	Temperature		37.5–37.9 37–37.4	_														≥8 or E	10 m	ninutely	Initiate Emergency Call Registrar to ensure	 Registrar to ensure Consultant is notified 	Nurse and			
2016 2345	(°C)		36.1–36.9	•	-	-															Consultant is notified		Medical Office			
.: 10		2	35.1–36 34.1–35														2	Interve	ntions	Relating to	o observations from pa	ige 2 or the Pain at Rest Tab	le on page 4			
v6.00 - 09/2016 Mat. No.: 10234583		3	≤34 Alert		•												3	If an	. Δ							
v6.0 Maj	Consciousness	1	Voice	•													0	interventi administe								
	If necessary, wake patient before scoring	4 1	New confusion / agitation Pain	4	4	4	4 4 4	4	4	4	4 4 4	4	4	4	4	4 4	4 E	record he	re							
			Unresponsive														E	and note in <i>Interve</i>								
	Modifications in t	ıse	M															row on pa	age 2 D							
SW150	TOTAL Q-ADDS	SCO	ORE	0	0	\cap												in approp								
SW1																	-	unie coiu	F							
	Interventions		(e.g. 'A')																							
	Initials		m	W	W													G								

RAINING ONLY

	Queensland Government
CONT	Government

Queensland Adult Deterioration Detection System (Q-ADDS) For tertiary and secondary facilities

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01 JAN 1970

General Instructions

- » You must record all observations including Pain, Functional Activity Scale and Sedation scores (p4) at a frequency appropriate to the patient's clinical condition.
- » You must calculate a Total Q-ADDS Score for each set of observations and record it in the Total Q-ADDS Score box, even if the score is zero. (Respiratory Rate + O₂ Saturation + O₂ Flow Rate + Blood Pressure + Heart Rate + Temperature + Consciousness).
- » A Target systolic BP can be documented in the appropriate box on page 3 by the treating Registrar or SMO. The Target systolic BP will supersede the Usual systolic BP.
- » If there is no Target systolic BP the nurse admitting the patient should determine the patient's Usual systolic BP and record it in the appropriate box on page 3. If the Nurse is unable to determine the patient's usual BP tick the "Default systolic BP: 120mmHg" box on page 3.
- » When graphing observations, place a dot (•) in the appropriate box and join to the preceding dot (e.g. 🛰). For blood pressure, use the symbols indicated (). You must write any observation outside the range of the graph as a number.

Modifications for Patients with Chronic Abnormal Physiology

- » Modifications can ONLY be made on the basis of chronic abnormal physiology. That is, physiological parameters that are usual for the patient at home.
- » Modifications must be authorised by a SMO / registrar / PHO (or equivalent).
- » NB: document the letter "M" in the row above the Total Q-ADDS Score on page 2 to indicate modifications in use.

fication (e.g. chronic	Write the acceptable	Write the acceptable range (will score zero) below:									
e):	Respiratory Rate	to	breaths / m								
	O ₂ Saturation	O ₂ Saturation to									
	O ₂ Flow Rate	to	L/min								
PHO).	Heart Rate	to	beats / min								
		Scoring note: for observations outside the modified range,									
	the original score on C	the original score on Q-ADDS.									
Signature: Time:	zero), and the O ₂ sature NB: document the letter	ration falls to 89%, it would er 'M' in the row above the	score 2.								
		Respiratory Rate O ₂ Saturation O ₂ Flow Rate Heart Rate Scoring note: for obsethe original score on Office and O ₂ saturation For example: if an O ₂ saturation For example: if an O ₂ saturation For example: if an O ₂ saturation NB: document the letter	Respiratory Rate to O ₂ Saturation to O ₂ Flow Rate to Heart Rate to Scoring note: for observations outside the modified the original score on Q-ADDS. For example: if an O ₂ saturation of 90–94% is tole zero), and the O ₂ saturation falls to 89%, it would NB: document the letter 'M' in the row above the								

Temporary Modifications

Temporary Modification 1

- » Temporary Modification can only be made to **ONE** of the following Blood Pressure, Heart Rate or Respiratory Rate
- » Must have explanation and detailed management plan documented by Medical Officer (MO) in the case notes (headed: "Temporary Modification Plan 1, 2 or 3").
- » Caution should be exercised in prescribing Temporary Modifications for patients with suspected Sepsis.
- » Temporary modifications must be authorised by the SMO accountable for the patient or after consultation between at least two members of the Medical Emergency Team.
- » Each modification will last a maximum of 2 hours (1 box), sequential modifications are permitted for maximum 6 hours (all 3 boxes) but only 1 box can be completed for each MO review (i.e. MUST have MO review every 2 hours and modification prescribed into next box).
- » A Total Q-ADDS Score must be documented at least every 30 minutes.
- » Document the letter "M" in the row above the Total Q-ADDS Score on page 2 to indicate modifications in use. **Temporary Modification 2**

Write the acc	ceptable range	(will score zero)	Write the acc	ceptable range (
Systolic BP	to	mmHg	Systolic BP	to
OR	(can NOT be mod	dified <80 mmHg)	OR	(can NOT be modi
Heart Rate	to	beats / min	Heart Rate	to
<i>OR</i> Resp. Rate	to	breaths / min	OR Resp. Rate	to
·	(can NOT be mo	odified >34 bpm)		(can NOT be mod
Modifying D	octor Name:		Modifying D	octor Name:
Authorising	Doctor Name:		Authorising	Doctor Name:
Start Date:		Time:	Start Date:	
Cease Date:		Time:	Cease Date:	
Contact num	ber:		Contact num	ber:

rite the acc	eptable range	(will score zero)	Write the acc	eptable range	(will score zero)					
stolic BP	to	mmHg	Systolic BP	to	mmHg					
₹	(can NOT be mod	lified <80 mmHg)	OR	lified <80 mmHg)						
eart Rate	to	beats / min	Heart Rate	to	beats / min					
esp. Rate	to	breaths / min	Resp. Rate	to	breaths / min					
	(can NOT be mo	dified >34 bpm)		(can NOT be mo	dified >34 bpm)					
odifying De	octor Name:		Modifying Do	Modifying Doctor Name:						
uthorising	Doctor Name:		Authorising	Doctor Name:						
art Date:		Time:	Start Date:		Time:					
ease Date:		Time:	Cease Date:		Time:					
ontact numb	oer:		Contact number:							
		,								

Temporary Modification 3

Q-ADDS

Pain and Sedation Assessment

- If the patient reports any level of chest pain, please follow local chest pain procedure
- If you are concerned about the patient's pain but they do not fit the below criteria notify Medical Officer
- If documenting pain and sedation on a PCA/Epidural Monitoring form this section

(Affix identification label here)
URN: 45678
Family name: RICHARDS Given name(s): JO
Given name(s): $\int O$
Address:

does not need to be completed		Date	of bi	rth:	01	J	AN	19	70	S	ex:		M	F	= [I			
Г	ate	XX	X+//	<i>F-\/</i>															
	S																		
	ime	80	6	9															
Pain Score at Rest																			
Severe 10																			
9																			
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Moderate	6																		
	5																		
Milal	4			•															
Mild	3		•																
2																			
None	-																		
Functional Activity Scale (FAS) Sc	0 0r0																		
(perform during cough / movement)	OIE																		
Activity severely limited by pain	С																		
Activity mild to moderately limited by pain	В																		
Activity unlimited by pain	Α																		
Interventions (document on page 3 e.g. 'B')																			
* If scores conflict, follow the highest	sco	re																	
Notify team leaderAdminister analgesia								er ar r tear			ma	diaal	offic	or	•			er sin	nple
 Notify medical officer to review if n 				ıt	•	revie	ew if	no ir	nprov	veme				EI		alle	alges	ıla	
within 30 minutes of administering		gesi	a			minı	utes	of an	alge	sia									
Sedation Score (for patients receivi potentially sedating medication)	ng																		
Patient must be woken to	0	•	•	•	•														
assess sedation score	1																		
Note: DO NOT add the Sedation Score to	2																		
the Q-ADDS Score. Follow actions below.	3																		
0 = Awake			ue to ual m					Q-AE	DS,	Seda	ation	and	Pain	Sco	re in	acco	ordar	nce w	vith
1 = Mild (easy to rouse, able to keep eyes open for 10 secs)								OS, S re ac							ting r	nedi	catio	n	
2 = Moderate (rouseable, but unable to keep eyes open for 10 secs)	 Ensure patient receives oxygen and monitor oxygen saturation Withhold additional sedating medication (until medical review) Notify team leader Notify medical officer to review with 15 minutes (remain with patient unit 15 minutes) Monitor Q-ADDS, Sedation and Patient (minimum 15 minutely) If concerned, initiate Emergency Remains and Patient (minimum 15 minutes) 									unti I Pair	revi n sco	re							
3 = Severe (difficult to rouse or un-rouseable)	 Notify team leader In concerned, Initiate Emergency Res Initiate Emergency Response Ensure patient receives oxygen and monitor oxygen saturation Determine need for reversal agent (naloxone, flumazenil) 																		
Additional Observations																			

	• D	eter	mine			rever							
Additional	Observations												
	Date.	4	1 / ₄ +	**	K/2								
	Time												
eight (cm)	Bowels												
() ()	Passed urine												
X + X	Weight (kg)	У	(V		\ \	(X							
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e.g. urinalysis)					Pag	e 4 of	4						

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ctor Name:	Authorising Doctor Name) :	ND S		Time											
Time:	Start Date:	Time:		Height (cm)	Bowels											
Time:	Cease Date:	Time:	18	./>//	Passed urine											
	Contact number:	DA	X * Y	Weight (kg)	XX		XX									
•	Contact number.			Other				' '								
Page 1 of 4				(e.g. urinalysis)			*	Page 4 of 4								
•								_								