



| Adult | Date | Time | # | | | |
|--|------|---------------------------|------|------|------|------|
| | | | 0800 | 1600 | 0000 | 0800 |
| Respiratory Rate (breaths / min) Measure for a full minute | E | ≥35 | | | | |
| | 3 | 30-34 | | | | |
| | 2 | 25-29 | | | | |
| | 1 | 21-24 | | | | |
| | 0 | 17-20 | . | . | . | . |
| | 0 | 13-16 | | | | |
| O₂ Saturation (%) | 1 | 9-12 | | | | |
| | E | ≤8 | | | | |
| | 0 | ≥98 | . | . | . | . |
| | 0 | 95-97 | | | | |
| Oxygen* (L / min or % delivered) <i>*If on HF / NIV use % delivered</i> | 1 | 90-94 | | | | |
| | 2 | 85-89 | | | | |
| | 3 | ≤84 | | | | |
| | E | ≤8 | | | | |
| FM Face mask HF High flow NIV Non invasive | NP | Nasal prongs | | | | |
| | NRM | Non re-breather | | | | |
| | RA | Room air | | | | |
| | HFNP | High flow nasal prongs | | | | |
| High flow rate in L/min | | | RA | RA | RA | RA |
| Blood Pressure (mmHg) | ≥200 | | | | | |
| | 190s | | | | | |
| | 180s | | | | | |
| | 170s | | | | | |
| | 160s | | | | | |
| | 150s | | | | | |
| | 140s | | | | | |
| | 130s | | | | | |
| | 120s | | | | | |
| | 110s | | | | | |
| | 100s | | | | | |
| | 90s | | | | | |
| | 80s | | | | | |
| 70s | | | | | | |
| 60s | | | | | | |
| Systolic BP score | | | 0 | 0 | 0 | 1 |
| Heart Rate (beats / min) | E | ≥140 | | | | |
| | 3 | 130s | | | | |
| | 2 | 120s | | | | |
| | 1 | 110s | | | | |
| | 1 | 100s | | | | |
| | 0 | 90s | | | | |
| | 0 | 80s | . | . | . | . |
| | 0 | 70s | | | | |
| Temperature (°C) | 2 | 60s | | | | |
| | 2 | 50s | | | | |
| | 2 | 40s | | | | |
| | E | 30s | | | | |
| | 2 | ≥39.5 | | | | |
| | 1 | 38.5-39.4 | | | | |
| | 1 | 38-38.4 | | | | |
| Consciousness If necessary, wake patient before scoring | 0 | 37.5-37.9 | | | | |
| | 0 | 37-37.4 | | | | |
| | 1 | 36.1-36.9 | . | . | . | . |
| | 1 | 35.1-36 | | | | |
| | 2 | 34.1-35 | | | | |
| Modifications in use | 3 | ≤34 | | | | |
| | 0 | Alert | . | . | . | . |
| | 1 | Voice | | | | |
| | 4 | New confusion / agitation | 4 | 4 | 4 | 4 |
| TOTAL Q-ADDS SCORE | 0 | Pain | | | | |
| | E | Unresponsive | | | | |
| Interventions (e.g. 'A') | | | | | | |
| Initials | | | ML | ML | ML | ML |

| Score Legend | |
|--------------|----------------|
| 0 | Score 0 |
| 1 | Score 1 |
| 2 | Score 2 |
| 3 | Score 3 |
| 4 | Score 4 |
| E | Emergency call |

(Affix identification label here)

URN: 45678

Family name: RICHARDS

Given name(s): Jo

Address:

Date of birth: 01 JAN 1970 Sex: M F I

Indicate which systolic BP scoring preference is in use (Usual or Default). If the Usual systolic BP is selected, write the Usual systolic BP in the space provided:

Usual systolic BP: mmHg

Default systolic BP: 120mmHg

Name: Monica Linnane

Signature: *ML*

Designation: MO Date: xx/xx/xx

Target Systolic BP (SMO / Registrar ONLY):
 Name: _____ mmHg
 Signature: _____
 Designation: _____ Date: _____

- Emergency call if:**
- Airway Threat
 - Respiratory or cardiac arrest
 - Q-ADDS Score ≥8
 - Any observation in a purple area (E)
 - O₂ saturation <90% without response to oxygen
 - Seizure >2 minutes
 - Sedation score of 3 (severe)
 - You are concerned about the patient but they do not fit the above criteria

Circle the column showing the patient's Usual / Default / Target systolic BP

| Actual BP | 180s | 170s | 160s | 150s | 140s | 130s | 120s | 110s | 100s | 90s | 80s |
|-----------|----------------|------|------|------|------|------|------|------|------|-----|-----|
| ≥200 | EMERGENCY CALL | | | | | | | | | | |
| 190s | 0 | 0 | 1 | 1 | 1 | 2 | 2 | 3 | 3 | 4 | 4 |
| 180s | 0 | 0 | 0 | 0 | 1 | 1 | 2 | 2 | 3 | 3 | 4 |
| 170s | 0 | 0 | 0 | 0 | 1 | 1 | 2 | 2 | 3 | 3 | 3 |
| 160s | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 2 | 2 | 2 |
| 150s | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 2 | 2 |
| 140s | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 |
| 130s | 2 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| 120s | 2 | 2 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 110s | 2 | 2 | 2 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| 100s | 3 | 3 | 2 | 2 | 2 | 1 | 1 | 0 | 0 | 0 | 0 |
| 90s | 3 | 3 | 3 | 2 | 2 | 2 | 2 | 1 | 1 | 0 | 0 |
| 80s | | | | | | | | | | 1 | 0 |
| 70s | EMERGENCY CALL | | | | | | | | | | |
| 60s | EMERGENCY CALL | | | | | | | | | | |

| Actions Required for Tertiary and Secondary Facilities | | | | |
|--|----------------------------------|---|--|---------------------------|
| Q-ADDS Score | Observations (minimum frequency) | Notify | Escalate (if no review) | Intra-hospital Escort |
| 0 | 8 hourly | | | |
| 1-3 | 4 hourly | • Team Leader | | |
| 4-5 | 1 hourly | • Team Leader • Resident review within 30 minutes | • If no review after 30 minutes call Registrar | Nurse |
| 6-7 | ½ hourly | • Team Leader • Registrar review within 30 minutes | • If no review after 30 minutes, or if concerned, initiate Emergency Call, notify Consultant and Nurse Manager | Nurse |
| ≥8 or E | 10 minutely | • Initiate Emergency Call • Registrar to ensure Consultant is notified | • Registrar to ensure Consultant is notified | Nurse and Medical Officer |

Interventions Relating to observations from page 2 or the Pain at Rest Table on page 4

If an intervention is administered, record here and note letter in *Intervention* row on page 2 in appropriate time column

| |
|---|
| A |
| B |
| C |
| D |
| E |
| F |
| G |



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

Facility:

(Affix identification label here)

URN: 45678
 Family name: RICHARDS
 Given name(s): Jo
 Address:
 Date of birth: 01 JAN 1970 Sex: M F I

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.

Diagnosis which justifies modification (e.g. chronic obstructive pulmonary disease):

Write the acceptable range (will score zero) below:

| | | |
|---------------------------|----|---------------|
| Respiratory Rate | to | breaths / min |
| O ₂ Saturation | to | % |
| O ₂ Flow Rate | to | L / min |
| Heart Rate | to | beats / min |

Authorised by (SMO / registrar / PHO):

Doctor's name (please print):

Designation: _____ Signature: _____
 Date: _____ Time: _____

Scoring note: for observations outside the modified range, revert to the original score on Q-ADDS.

For example: if an O₂ saturation of 90–94% is tolerated (score of zero), and the O₂ saturation falls to 89%, it would score 2.

NB: document the letter 'M' in the row above the Total Q-ADDS Score on page 2 to indicate modifications in use.

Q-ADDS

Temporary Modifications

- » 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 1

Write the acceptable range (will score zero)

| | | |
|-------------|--------------------------------|---------------|
| Systolic BP | to | mmHg |
| OR | (can NOT be modified <80 mmHg) | |
| Heart Rate | to | beats / min |
| OR | | |
| Resp. Rate | to | breaths / min |
| | (can NOT be modified >34 bpm) | |

Modifying Doctor Name: _____

Authorising Doctor Name: _____

Start Date: _____ Time: _____

Cease Date: _____ Time: _____

Contact number: _____

Temporary Modification 2

Write the acceptable range (will score zero)

| | | |
|-------------|--------------------------------|---------------|
| Systolic BP | to | mmHg |
| OR | (can NOT be modified <80 mmHg) | |
| Heart Rate | to | beats / min |
| OR | | |
| Resp. Rate | to | breaths / min |
| | (can NOT be modified >34 bpm) | |

Modifying Doctor Name: _____

Authorising Doctor Name: _____

Start Date: _____ Time: _____

Cease Date: _____ Time: _____

Contact number: _____

Temporary Modification 3

Write the acceptable range (will score zero)

| | | |
|-------------|--------------------------------|---------------|
| Systolic BP | to | mmHg |
| OR | (can NOT be modified <80 mmHg) | |
| Heart Rate | to | beats / min |
| OR | | |
| Resp. Rate | to | breaths / min |
| | (can NOT be modified >34 bpm) | |

Modifying Doctor Name: _____

Authorising Doctor Name: _____

Start Date: _____ Time: _____

Cease Date: _____ Time: _____

Contact number: _____

TERTIARY AND SECONDARY

Pain and Sedation Assessment

(Affix identification label here)

- 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 does not need to be completed

URN: 45678
 Family name: RICHARDS
 Given name(s): Jo
 Address:
 Date of birth: 01 JAN 1970 Sex: M F I

| | Date | Time | | | | | | | | | | | | | | | |
|--|------|------|------|------|------|--|--|--|--|--|--|--|--|--|--|--|--|
| | | 0800 | 1600 | 0800 | 0800 | | | | | | | | | | | | |
| Pain Score at Rest | | | | | | | | | | | | | | | | | |
| Severe | 10 | | | | | | | | | | | | | | | | |
| | 9 | | | | | | | | | | | | | | | | |
| | 8 | | | | | | | | | | | | | | | | |
| | 7 | | | | | | | | | | | | | | | | |
| Moderate | 6 | | | | | | | | | | | | | | | | |
| | 5 | | | | | | | | | | | | | | | | |
| | 4 | | | | | | | | | | | | | | | | |
| | 3 | | | | | | | | | | | | | | | | |
| Mild | 2 | | | | | | | | | | | | | | | | |
| | 1 | | | | | | | | | | | | | | | | |
| | 0 | | | | | | | | | | | | | | | | |
| Functional Activity Scale (FAS) Score (perform during cough / movement) | | | | | | | | | | | | | | | | | |
| Activity severely limited by pain | C | | | | | | | | | | | | | | | | |
| Activity mild to moderately limited by pain | B | | | | | | | | | | | | | | | | |
| Activity unlimited by pain | A | | | | | | | | | | | | | | | | |
| Interventions (document on page 3 e.g. 'B') | | | | | | | | | | | | | | | | | |

* If scores conflict, follow the highest score

- | | | |
|---|--|---|
| <input type="checkbox"/> • Notify team leader | <input type="checkbox"/> • Administer analgesia | <input type="checkbox"/> • Consider simple analgesia |
| <input type="checkbox"/> • Administer analgesia | <input type="checkbox"/> • Notify medical officer to review if no improvement within 30 minutes of administering analgesia | <input type="checkbox"/> • Consider team leader / medical officer review if no improvement within 60 minutes of analgesia |

Sedation Score (for patients receiving potentially sedating medication)

| | 0 | 1 | 2 | 3 | | | | | | | | | | | | |
|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|
| Patient must be woken to assess sedation score | | | | | | | | | | | | | | | | |
| Note: DO NOT add the Sedation Score to the Q-ADDS Score. Follow actions below. | | | | | | | | | | | | | | | | |

- | | |
|---|---|
| 0 = Awake | • Continue to monitor patient's Q-ADDS, Sedation and Pain Score in accordance with individual monitoring plan |
| 1 = Mild (easy to rouse, able to keep eyes open for 10 secs) | • Increase monitoring of Q-ADDS, Sedation and Pain score • Recheck Sedation score before administering potentially sedating medication |
| 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 within 15 minutes (remain with patient until review) • Monitor Q-ADDS, Sedation and Pain score (minimum 15 minutely) • If concerned, initiate Emergency Response |
| 3 = Severe (difficult to rouse or un-rouseable) | • Initiate Emergency Response • Ensure patient receives oxygen and monitor oxygen saturation • Determine need for reversal agent (naloxone, flumazenil) |

Additional Observations

| | Date | Time | | | | | | | | | | | | | | | |
|-------------------------|------|------|------|------|------|--|--|--|--|--|--|--|--|--|--|--|--|
| | | 0800 | 1600 | 0800 | 0800 | | | | | | | | | | | | |
| Height (cm) | | | | | | | | | | | | | | | | | |
| Bowels Passed urine | | | | | | | | | | | | | | | | | |
| Weight (kg) | | | | | | | | | | | | | | | | | |
| Other (e.g. urinalysis) | | | | | | | | | | | | | | | | | |

DO NOT WRITE IN THIS BINDING MARGIN