# TRAINING ONLY

DO NOT WRITE IN THIS BINDING MARGIN

,		Date													So	core Legei	nd		(Affix identification label here)	
Adult		<b>-</b>														0 Scc	ore 0	URN: 2469	802	
		Time															ore 1	Family name:	horne	
	E	≥35 30–34												<b>E</b> 3			ore 2	1.1		
Respiratory Rate	2	25–29												2			ore 3	Given name(s):	Alex Unity Drive, Pleasar	مان ب
(breaths / min)	1	21–24 17–20												1			ore 4	Address: 2A	Unity Utive, pleasa	(.01
Measure for a	0	13–16												0		<b>E</b> Em	ergency call	Date of birth: 01	JAN 1924 Sex: KN	1 🗌 F 🔲 I
full minute	1 E	9–12 ≤8												1 <b>E</b>	India	cate which systolic B	P scoring Tare	get Systolic BP (SMO / Registrar ONL)	<b>↑</b>	
	0	≥98												0	pref	ference is in use (Usu Usual systolic BP is s	ial or Default). If	get Systeme Dr (Sivio / Registral ONE)	Emergency of	call it:
O <sub>2</sub> Saturation	1	95–97 90–94												1	Usu	ual systolic BP in the	space provided:		<ul> <li>Airway Threat</li> </ul>	
(%)	2	85–89												2		Usual systolic BP: Default systolic BP: 1	mmHg	mml	Despiratory or	
	3 E	<u>≤84</u> NRM												3 E	Nam	me·	Nan		cardiac arrest	
Oxygen* (L/min or	3	>11 >50%												3	Sigr	Monica Li nature: Mlex		nature:		
% delivered)	1	>5–11 >40–50% 2–5 28–40%												2 1 0	Des		Date: / Des	signation: Date:	_   • Q-ADDS Score ≥	≥8
*If on HF / NIV use % delivered	0	<2 <28%															<u> </u>		<ul> <li>Any observation</li> </ul>	in
FM Face mask NP Nasal HF High flow NRM Non re NIV Non invasive RA Room	e-breathe air	HFNP High flow er nasal prongs Mode	RA											Ci	rcle the	column showing	g the patient's Usua	/ Default / Target systolic BF	a purple area (E)	)
		High flow rate in L/min												Act B	ual P 180	0s 170s 160s	150s 140s 130s	120s 110s 100s 90s 80		
	П	≥200												≥2	200		EMERGENC)		without response	
		190s 180s													90s 0 80s 0		1 1 2	2 3 3 4 4 2 2 3 3 4		<i>-</i> 10
Blood		170s												17	70s 0	0 0	0 1 1	2 2 3 3 3	oxygen	
Pressure	╽├	160s 150s													50s 1	0 0	0 0 0	1 1 2 2 2 0 1 1 2 2	• Seizure >2 minu	tes
(mmHg) ;		140s												14	40s 1	1 1	0 0 0	0 0 1 1 1	<ul> <li>Sedation score of</li> </ul>	of 3
		130s 120s													30s 2 20s 2		0 0 0	0 0 0 0 1 0 0 0 0 0		
Score systolic BP		110s												1′	10s 2	2 2 2	1 1 0	0 0 0 0 0		ad about
	╽┟	100s 90s	1												00s 3 90s 3		2 2 1 2 2	1 0 0 0 0 2 1 1 0 0		
		80s 70s													30s 70s		EMERGENCY	1 0	<u> </u>	•
	1												60s		LIMERGENCI	OALL	fit the above crite	eria		
		60s		-		_			-	_									_	
Systolic BP scor	re		1												A	ctions Rec	uired for Te	rtiary and Second		
Systolic BP scor	E	≥140	1											E	Q-	ADDS O	servations		ary Facilities Escalate	Intra-hospita
Systolic BP scor		≥140 130s 120s	1											3	Q-	ADDS OF Core (mini	oservations mum frequency)	rtiary and Second Notify	ary Facilities	
Systolic BP scor	E	≥140 130s 120s 110s	1											2	Q-,	ADDS OF CORE (mini	servations mum frequency) 8 hourly	Notify	ary Facilities Escalate	Intra-hospita
Heart Rate	E	≥140 130s 120s 110s 100s 90s	1											3	Q-,	ADDS OF Core (mini	oservations mum frequency)	Notify  • Team Leader	ary Facilities Escalate (if no review)	Intra-hospita
	E	≥140 130s 120s 110s 100s 90s 80s	1											2	Q-,	ADDS OF CHICAGO (MINISTER)  0 1–3	8 hourly 4 hourly	Notify  • Team Leader  • Team Leader	ary Facilities Escalate (if no review)	Intra-hospita Escort
Heart Rate	E	≥140 130s 120s 110s 100s 90s 80s 70s 60s	1											2	Q-,	ADDS OF CORE (mini	servations mum frequency) 8 hourly	Notify  • Team Leader	ary Facilities Escalate (if no review)	Intra-hospita
Heart Rate	E	≥140 130s 120s 110s 100s 90s 80s 70s 60s 50s	1											3 2 1 0	Q-,	ADDS OF CHICAGO (MINISTER)  0 1–3	8 hourly 4 hourly	Notify  • Team Leader  • Team Leader • Resident review within	ary Facilities Escalate (if no review)	Intra-hospita Escort
Heart Rate	E	≥140 130s 120s 110s 100s 90s 80s 70s 60s 50s 40s	1											2	Q-,	ADDS OF CHICAGO (MINISTER)  0 1–3	8 hourly 4 hourly	Notify  • Team Leader  • Team Leader • Resident review within 30 minutes  • Team Leader • Registrar review within	Facilities     Escalate     (if no review)      If no review after     30 minutes call Registrar  If no review after 30 minutes,     or if concerned, initiate	Intra-hospita Escort
Heart Rate	E 3 2 - 1 0 - 2	≥140 130s 120s 110s 100s 90s 80s 70s 60s 50s 40s 30s ≥39.5	1											3 2 1 0	Q-,	ADDS OF COMPANY (MINISTRATE OF COMPANY OF CO	8 hourly 4 hourly 1 hourly	Notify  • Team Leader  • Team Leader • Resident review within 30 minutes • Team Leader	ary Facilities  Escalate (if no review)  If no review after 30 minutes call Registrar  If no review after 30 minutes,	Intra-hospita Escort Nurse
Heart Rate	E 3 2 - 1 0 - 2	≥140 130s 120s 110s 100s 90s 80s 70s 60s 50s 40s 30s ≥39.5 38.5–39.4	•											3 2 1 0	Q-,	ADDS OF COMPANY (MINISTRATE OF COMPANY OF CO	8 hourly 4 hourly 1 hourly	Notify  • Team Leader  • Team Leader  • Resident review within 30 minutes  • Team Leader  • Registrar review within 30 minutes	Escalate     (if no review)      If no review after     30 minutes call Registrar      If no review after 30 minutes,     or if concerned, initiate     Emergency Call, notify     Consultant and Nurse Manager	Intra-hospita Escort Nurse
Heart Rate (beats / min)	E 3 2 - 1 0 - 2	≥140 130s 120s 110s 110s 90s 80s 70s 60s 50s 40s 30s ≥39.5 38.5–39.4 38–38.4 37.5–37.9	1											3 2 1 0 2 <b>E</b>	Q	ADDS OF (minimal of minimal of mi	8 hourly 4 hourly 1 hourly	Notify  • Team Leader  • Team Leader  • Resident review within 30 minutes  • Team Leader  • Registrar review within 30 minutes  • Initiate Emergency Call  • Registrar to ensure	Facilities     Escalate     (if no review)      If no review after     30 minutes call Registrar      If no review after 30 minutes,     or if concerned, initiate     Emergency Call, notify	Intra-hospita Escort  Nurse  Nurse
Heart Rate (beats / min)	E 3 2 - 1 0 - 2	≥140 130s 120s 110s 110s 90s 80s 70s 60s 50s 40s 30s ≥39.5 38.5–39.4 38–38.4 37.5–37.9 37–37.4 36.1–36.9	•											3 2 1 0 2 E 2 1 0	Q	ADDS OF (minimal of minimal of mi	Servations mum frequency) 8 hourly 4 hourly 1 hourly ½ hourly	Notify  • Team Leader  • Team Leader • Resident review within 30 minutes  • Team Leader • Registrar review within 30 minutes  • Initiate Emergency Call	Escalate     (if no review)      If no review after     30 minutes call Registrar      If no review after 30 minutes, or if concerned, initiate     Emergency Call, notify     Consultant and Nurse Manager      Registrar to ensure Consultant	Intra-hospita Escort  Nurse  Nurse
Heart Rate (beats / min)	E 3 2 - 1 0 - 2	≥140 130s 120s 110s 110s 100s 90s 80s 70s 60s 50s 40s 30s ≥39.5 38.5–39.4 38–38.4 37.5–37.9 37–37.4 36.1–36.9 35.1–36	•											3 2 1 0 2 E 2 1 0	Q S	ADDS OF COMMENT OF COM	servations mum frequency) 8 hourly 4 hourly 1 hourly ½ hourly	Notify  • Team Leader • Team Leader • Resident review within 30 minutes  • Team Leader • Registrar review within 30 minutes  • Initiate Emergency Call • Registrar to ensure Consultant is notified	Escalate     (if no review)      If no review after     30 minutes call Registrar      If no review after 30 minutes, or if concerned, initiate     Emergency Call, notify     Consultant and Nurse Manager      Registrar to ensure Consultant	Nurse  Nurse  Nurse and Medical Officer
Heart Rate (beats / min)	E 3 2 - 1 0 - 2	≥140 130s 120s 110s 110s 100s 90s 80s 70s 60s 50s 40s 30s ≥39.5 38.5-39.4 38-38.4 37.5-37.9 37-37.4 36.1-36.9 35.1-36	•											3 2 1 0 2 E 2 1 0 0	Q/S	ADDS (minimo)  0  1-3  4-5  6-7  8 or E  tervention	servations mum frequency) 8 hourly 4 hourly 1 hourly ½ hourly	Notify  • Team Leader • Team Leader • Resident review within 30 minutes  • Team Leader • Registrar review within 30 minutes  • Initiate Emergency Call • Registrar to ensure Consultant is notified	Escalate     (if no review)      If no review after     30 minutes call Registrar      If no review after 30 minutes,     or if concerned, initiate     Emergency Call, notify     Consultant and Nurse Manager      Registrar to ensure Consultant is notified	Nurse  Nurse  Nurse and Medical Officer
Heart Rate (beats / min)  Temperature (°C)  Consciousness	2 1 1 0 2 1 1 0 1 2 3 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	≥140 130s 120s 110s 110s 100s 90s 80s 70s 60s 50s 40s 339.5 38.5–39.4 38–38.4 37.5–37.9 37–37.4 36.1–36.9 35.1–36 34.1–35 ≤34 Alert Voice	•											2 1 0 2 E 2 1 0 1 2 3 0	Q-, S	ADDS (minimo) 0 1-3 4-5 6-7 8 or E tervention an ervention is	servations mum frequency) 8 hourly 4 hourly 1 hourly ½ hourly	Notify  • Team Leader • Team Leader • Resident review within 30 minutes  • Team Leader • Registrar review within 30 minutes  • Initiate Emergency Call • Registrar to ensure Consultant is notified	Escalate     (if no review)      If no review after     30 minutes call Registrar      If no review after 30 minutes,     or if concerned, initiate     Emergency Call, notify     Consultant and Nurse Manager      Registrar to ensure Consultant is notified	Nurse  Nurse  Nurse and Medical Officer
Heart Rate (beats / min)  Temperature (°C)  Consciousness If necessary, wake	2 1 1 0 2 1 1 0 1 1 2 3 3 0 1 1 4 4	≥140 130s 120s 110s 110s 100s 90s 80s 70s 60s 50s 40s 339.5 38.5–39.4 38–38.4 37.5–37.9 37–37.4 36.1–36.9 35.1–36 34.1–35 ≤34 Alert Voice New confusion / agitation	1	4	4 4	1 4	4	4 4	4	4 4	4 4	4	4 4	2 1 0 2 E 2 1 0 1 2 3 0 1 4 4	Q S Int If a inte add	ADDS (minimo)  1-3  4-5  6-7  8 or E  tervention is ministered, cord here	servations mum frequency) 8 hourly 4 hourly 1 hourly ½ hourly	Notify  • Team Leader • Team Leader • Resident review within 30 minutes  • Team Leader • Registrar review within 30 minutes  • Initiate Emergency Call • Registrar to ensure Consultant is notified	Escalate     (if no review)      If no review after     30 minutes call Registrar      If no review after 30 minutes,     or if concerned, initiate     Emergency Call, notify     Consultant and Nurse Manager      Registrar to ensure Consultant is notified	Nurse  Nurse  Nurse and Medical Officer
Heart Rate (beats / min)  Temperature (°C)  Consciousness If necessary, wake patient before scoring	2 1 0 2 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1	≥140 130s 120s 110s 110s 100s 90s 80s 70s 60s 50s 40s 339.5 38.5–39.4 38–38.4 37.5–37.9 37–37.4 36.1–36.9 35.1–36 34.1–35 ≤34 Alert Voice	1	4	4 4	1 4	4	4 4	4	4 4	4 4	4	4 4	2 1 0 2 E 2 1 0 1 2 3 0	QS S Int If a inte add rec	ADDS (minimos)  1-3  4-5  6-7  8 or E  tervention is ministered, cord here d note letter	servations mum frequency) 8 hourly 4 hourly 1 hourly ½ hourly	Notify  • Team Leader • Team Leader • Resident review within 30 minutes  • Team Leader • Registrar review within 30 minutes  • Initiate Emergency Call • Registrar to ensure Consultant is notified	Escalate     (if no review)      If no review after     30 minutes call Registrar      If no review after 30 minutes,     or if concerned, initiate     Emergency Call, notify     Consultant and Nurse Manager      Registrar to ensure Consultant is notified	Nurse  Nurse  Nurse and Medical Officer
Heart Rate (beats / min)  Temperature (°C)  Consciousness If necessary, wake	2 1 0 2 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1	≥140 130s 120s 110s 110s 100s 90s 80s 70s 60s 50s 40s 339.5 38.5–39.4 38–38.4 37.5–37.9 37–37.4 36.1–36.9 35.1–36 34.1–35 ≤34 Alert Voice New confusion / agitation Pain	1	4	4 4	1 4	4	4 4	4	4 4	4 4	4	4 4	2 1 0 2 E 2 1 0 1 2 3 0 1 4 4	QS S Interest and interest and in the	ADDS (minimo)  1-3  4-5  6-7  8 or E  tervention is ministered, cord here	servations mum frequency) 8 hourly 4 hourly 1 hourly ½ hourly	Notify  • Team Leader • Team Leader • Resident review within 30 minutes  • Team Leader • Registrar review within 30 minutes  • Initiate Emergency Call • Registrar to ensure Consultant is notified	Escalate     (if no review)      If no review after     30 minutes call Registrar      If no review after 30 minutes,     or if concerned, initiate     Emergency Call, notify     Consultant and Nurse Manager      Registrar to ensure Consultant is notified	Nurse  Nurse  Nurse and Medical Officer
Heart Rate (beats / min)  Temperature (°C)  Consciousness If necessary, wake patient before scoring  Modifications in the second of the second	2 - 1 0 0 1 1 2 3 3 0 0 1 4 4 E -	≥140 130s 120s 110s 110s 100s 90s 80s 70s 60s 50s 40s 30s ≥39.5 38.5–39.4 38–38.4 37.5–37.9 37–37.4 36.1–36.9 35.1–36 34.1–35 ≤34 Alert Voice New confusion / agitation Pain Unresponsive M	1	4	4 4	1 4	4	4 4	4	4 4	4 4	4	4 4	2 1 0 2 E 2 1 0 1 2 3 0 1 4 4	QS S Interest and received	ADDS (minimodel)  1-3  4-5  6-7  8 or E  tervention is ministered, cord here d note letter Intervention w on page 2 appropriate	servations mum frequency) 8 hourly 4 hourly 1 hourly ½ hourly	Notify  • Team Leader • Team Leader • Resident review within 30 minutes  • Team Leader • Registrar review within 30 minutes  • Initiate Emergency Call • Registrar to ensure Consultant is notified	Escalate     (if no review)      If no review after     30 minutes call Registrar      If no review after 30 minutes,     or if concerned, initiate     Emergency Call, notify     Consultant and Nurse Manager      Registrar to ensure Consultant is notified	Nurse  Nurse  Nurse and Medical Officer
Heart Rate (beats / min)  Temperature (°C)  Consciousness If necessary, wake patient before scoring	2 - 1 0 0 1 1 2 3 3 0 0 1 4 4 E -	≥140 130s 120s 110s 110s 100s 90s 80s 70s 60s 50s 40s 30s ≥39.5 38.5–39.4 38–38.4 37.5–37.9 37–37.4 36.1–36.9 35.1–36 34.1–35 ≤34 Alert Voice New confusion / agitation Pain Unresponsive M	1	4	4 4	1 4	4	4 4	4	4 4	4 4	4	4 4	2 1 0 2 E 2 1 0 1 2 3 0 1 4 4	QS S Interest and received	ADDS (minimodel)  1-3  4-5  6-7  8 or E  tervention is ministered, cord here d note letter Intervention w on page 2	servations mum frequency) 8 hourly 4 hourly 1 hourly ½ hourly	Notify  • Team Leader • Team Leader • Resident review within 30 minutes  • Team Leader • Registrar review within 30 minutes  • Initiate Emergency Call • Registrar to ensure Consultant is notified	Escalate     (if no review)      If no review after     30 minutes call Registrar      If no review after 30 minutes,     or if concerned, initiate     Emergency Call, notify     Consultant and Nurse Manager      Registrar to ensure Consultant is notified	Nurse  Nurse  Nurse and Medical Officer
Heart Rate (beats / min)  Temperature (°C)  Consciousness If necessary, wake patient before scoring  Modifications in the second of the second	2 - 1 0 0 1 1 2 3 3 0 0 1 4 4 E -	≥140 130s 120s 110s 110s 100s 90s 80s 70s 60s 50s 40s 30s ≥39.5 38.5–39.4 38–38.4 37.5–37.9 37–37.4 36.1–36.9 35.1–36 34.1–35 ≤34 Alert Voice New confusion / agitation Pain Unresponsive M	1	4	4 4	1 4	4	4 4	4	4 4	4 4	4	4 4	2 1 0 2 E 2 1 0 1 2 3 0 1 4 4	QS S Interest and received	ADDS (minimodel)  1-3  4-5  6-7  8 or E  tervention is ministered, cord here d note letter Intervention w on page 2 appropriate	servations mum frequency) 8 hourly 4 hourly 1 hourly ½ hourly	Notify  • Team Leader • Team Leader • Resident review within 30 minutes  • Team Leader • Registrar review within 30 minutes  • Initiate Emergency Call • Registrar to ensure Consultant is notified	Escalate     (if no review)      If no review after     30 minutes call Registrar      If no review after 30 minutes,     or if concerned, initiate     Emergency Call, notify     Consultant and Nurse Manager      Registrar to ensure Consultant is notified	Nurse  Nurse  Nurse and Medical Officer

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Intra-hospital Escort

## RAINING ONLY



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

Facility: COV Refirement Village

246802

2A Unity Drive, Pleasantville

**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 + O<sub>2</sub> Saturation + O<sub>2</sub> 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 mod		Write the acceptabl	Write the acceptable range (will score zero) below:							
obstructive pulmonary diseas	e):	Respiratory Rate	to	breaths / min						
		O <sub>2</sub> Saturation	O <sub>2</sub> Saturation to %							
		O <sub>2</sub> Flow Rate	to L/mir							
Authorised by (SMO / registrar	/ PHO).	Heart Rate	to	beats / min						
Traineriesa by (Sine / registrar	, 1110).	Scoring note: for obse	Scoring note: for observations outside the modified range, revert to							
Doctor's name (please print):		the original score on 0	the original score on Q-ADDS.							
Designation:	Signature:	zero), and the O <sub>2</sub> satu	For example: if an O <sub>2</sub> saturation of 90–94% is tolerated (score of zero), and the O <sub>2</sub> saturation falls to 89%, it would score 2.							
Date:	Time:		NB: document the letter 'M' in the row above the Total Q-ADD Score on page 2 to indicate modifications in use.							

### **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.

	Modification eptable range	1 (will score zero)		Modification eptable range	Temporary Modification 3 Write the acceptable range (						
Systolic BP	to	mmHg dified <80 mmHg)	Systolic BP	to (can NOT be mo	mmHg dified <80 mmHg)	Systolic BP	to (can NOT be modif				
Heart Rate OR	to	beats / min	Heart Rate	to	beats / min	Heart Rate	to				
Resp. Rate	to (can NOT be mo	breaths / min	Resp. Rate	to (can NOT be m	breaths / min	Resp. Rate	to (can NOT be mod				
Modifying D	octor Name:		Modifying De	octor Name:	Modifying Doctor Name:						
Authorising	Doctor Name:		Authorising	Doctor Name:	Authorising Doctor Name:						
Start Date: Time:			Start Date:		Time:	Start Date:					
Cease Date: Time:			Cease Date:		Cease Date:						
Contact num	ber:	'	Contact numb	ber:	Contact number:						

table range	(WIII SCORE ZERO)	vvrite the acceptable range (will score ze							
to	mmHg dified <80 mmHg)	Systolic BP	to (can NOT be mod	mmHg dified <80 mmHg					
to	beats / min	Heart Rate	to	beats / min					
to	breaths / min	OR Resp. Rate	to	breaths / m					
can NOT be mo	odified >34 bpm)		(can NOT be mo	dified >34 bpm)					
or Name:		Modifying Doctor Name:							
octor Name:		Authorising Doctor Name:							
	Time:	Start Date:	Time:						
	Time:	Cease Date:		Time:					
:		Contact numl	ber:						
		•							

RTIARY AND SECONDARY

-ADDS

Page 1 of 4

#### **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

l	(Affix identification label here)													
	URN: 246802													
	Family name: Thorns													
	Given name(s): Alox Address: 2A Unity Drive, Pleasantville													
	Address: 2A Unity Drive, Pleasantville													

does not need to be completed					Date	of bi	rth:	01	7	AN	l'	921	4 S	ex:	X	М	F	= [	I
С	امما	KY .	W																
	ime	۱ ۱	77	7															
	1/2										_								
Pain Score at Rest																			
Severe	10																		
	9																		
	8																		
	7																		
Moderate	6																		
	5																		
	4																		
Mild	3																		
	2																		
	1	ļ ,																	
None	0	$  \checkmark  $										_							
Functional Activity Scale (FAS) Sc (perform during cough / movement)	ore																		
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																	
<ul> <li>Notify team leader</li> <li>Administer analgesia</li> <li>Notify medical officer to review if n within 30 minutes of administering</li> </ul>				nt		Con revie		tear	n lea npro	ader / veme				er	•		nside alges	er sin sia	nple
Sedation Score (for patients receivi potentially sedating medication)	ng																		
Patient must be woken to	0																		
assess sedation score	1																		
Note: <b>DO NOT</b> add the Sedation Score to	2																		
the Q-ADDS Score. Follow actions below.	3																		
0 = Awake			ue to ual n					Q-AE	DDS,	Sed	ation	and	Pain	Sco	re in	acc	ordar	nce w	vith
1 = Mild (easy to rouse, able to keep eyes open for 10 secs)										ion a sterir					ting r	nedi	catio	n	
2 = Moderate								en ar	nd •	Not									
(rouseable, but unable to keep eyes open for 10 secs)	• W	ithho edic		dditic (unti	nal s il me	sedat		ew)		Moi (mi	nitor nimu	Q-Al m 15	DDS, min	Sec utely	<b>'</b> )	n and	l Paii	n sco	re
3 = Severe (difficult to rouse or un-rouseable)	<ul> <li>Notify team leader</li> <li>If concerned, initiate Emergency Response</li> <li>Initiate Emergency Response</li> <li>Ensure patient receives oxygen and monitor oxygen saturation</li> <li>Determine need for reversal agent (naloxone, flumazenil)</li> </ul>																		
Additional Observations																			

difficult to rouse		nsure etern												ation	1			
Additional	Observations																	
	44/41/44																	
	Time	130,																
leight (cm)	Bowels	1																
$\Gamma$	Passed urine																	
10-	Weight (kg)	46	, kg															
Other e.g. urinalysis)			J															
					  Page	e 4 of	4											