TRAINING ONLY

ا 2(ار leed gov			Date	XX	XX XX								Score	Legen	d		
State of Queensland (Queensland Health) 2016 ecommons.org/licenses/by-nc-nd/3.0/au/deed.en Contact: PSQIS_Comms@health.qdi.gov.au	Adult		Time										0	Scor	e 0		URN:
enslan -nc-nd/ ns@he				<u>/// / / / / / / / / / / / / / / / / / </u>	'								1	Scor			Family nam
d (Que ses/by Comr	Respiratory	E 3	≥35 30–34							_		E	2	Scor			Given name
enslan g/licen	Rate	2	25–29	•								2	3	Scor			.
of Quer ions.or	(breaths / min)	1	21–24 17–20										4 E	Scor	e 4 rgency call		Address:
State c ecomm Cor	Measure for a full minute	0	13–16 9–12									0	E		rgency can		Date of birth
© (Tuil Thinkle	E	≤8									E	Indicate which	n systolic BP	scoring	Target S	ystolic BP (SMO / Reg
http://c		0	≥98 95–97									0	preference is the Usual sys	tolic BP is se	lected, write the		
under:	O ₂ Saturation (%)	1	90–94									1	Usual systolic	: BP in the sp	ace provided: mmHg		
ensed i	(70)	2	<u>85</u> –89 ≤84									2	Default sys				
Lice	Oxygen*	Ε	NRM									E	Name: Moni	ca lin	NANL	Name:	
	(L/min or	3	>11 >50% >5–11 >40–50%							_		3	Signature:	10.		Signatur	9:
	% delivered) *If on HF / NIV use % delivered	1	2–5 28–40%									1	N Designation: ♪		ate:	Designat	ion: Date:
	FM Face mask NP Nasal HF High flow NRM Non re NIV Non invasive RA Room	0 prongs e-breat	<2									0 Circle	the column	showing	The patient's U	Jsual / L	afault / Target sy
	NIV Non invasive RA Room	air	High flow rate in L/min									Actual			-		os 110s 100s
			≥200									BP ≥200			EMERGE		
	V		190s									190s	0 0	1	1 1 2	2 2	3 3
7	Blood		180s 170s									180s	0 0	0	0 1 7	1 2 1 2	
2ID	Pressure		160s									160s	1 0	0	0 0 0	0 1	1 2
AAR	(mmHg)		150s 140s									150s 140s	1 1 1 1	0		0 0 0 0	
5			130s									130s	2 1	1	0 0 0	0 0	0 0
			120s 110s									120s 110s	2 2 2 2	2			
BIN	Score systolic BP		100s									100s	3 3	2	2 2 2	1 1	0 0
∎N	Score systolic Br		90s 80s									90s 80s		3	2 2 2	2 2	
⊢ ≧			70s 60s									70s			EMERGEN	NCY &	
WRITE IN THIS BINDING MARGIN	Systolic BP scor	·e	003	1								003		s Rea	uired for	Terti	ary and Se
		Ε	≥140									E	Q-ADDS	Ob	servations		
OT		3	130s									3	Score		um frequency	y)	Notify
			120s	-								2	0		8 hourly		
Z Q		2	110s												-		eam Leader
DO NOT	Hoart Pato	2	100s									1	1–3		4 hourly	• T	
N OQ	Heart Rate (beats / min)	2	100s 90s 80s	•								1	1–3		-	• 1	eam Leader
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DON			100s 90s 80s 70s 60s 50s				Image: second	Image: Notest and Statest and S				0			4 hourly	• T • F 3	eam Leader Resident review 0 minutes
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me: T	home	
ne(s):	Alex	
ДA	Unity Drive, Pleasantville	
th:01	JAN 1924 Sex: ⊠M □F □]
Registrar ONLY		\leq
	Emergency call in:	
	Airway Threat	
mm⊦	<u> </u>	
	cardiac arrest	
:	Particular - Q-ADDS Score ≥8	
	Any observation in	
systolic BF		
90s 80	• O_2 saturation <90%	
4 4		
3 4 3 3		
2 2 2 2		
1 1 0 1		
0 0	(severe)	
0 0	• You are concerned about	
0 0 1 0	the notiont but they do not	t
	fit the above criteria	
econd	ary Facilities	
	Escalate Intra-hospit (if no review) Escort	tal
	If no review after	
v within	30 minutes call Registrar Nurse	
	If no review after 30 minutes,	_
w within	or if concerned, initiate Nurse Nurse	
	Consultant and Nurse Manager	
ncy Call sure	Registrar to ensure Consultant Is notified	
otified	Medical Offic	er
from pa	age 2 or the Pain at Rest Table on page 4	1

TRAINING ONLY

Government	246802
Queensland Adult Deterioration Detection System (Q-ADDS) For tertiary and secondary facilities Facility: CRV Refirement Village	2A Unity Drive, Pleasantuille
General Instructions	
appropriate to the patient's clinical condition. » You must calculate a <i>Total Q-ADDS Score</i> for each set	ional Activity Scale and Sedation scores (p4) at a frequency of observations and record it in the Total Q-ADDS Score box, even + O ₂ 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 mo		Write the acceptable range (will score zero) below:						
obstructive pulmonary disea	ise):	Respiratory Rate	to	breaths / min				
		O ₂ Saturation	to	%				
		O2 Flow Rate	to	L/min				
Authorised by (SMO / registra	ur / PHO):	Heart Rate	to beats / min					
	-,	Scoring note: for observations outside the modified range, revert to						
Doctor's name (please print):		the original score on Q-ADDS.						
Designation:	Signature:	<i>For example:</i> if an O_2 saturation of 90–94% is tolerated (score of zero), and the O_2 saturation falls to 89%, it would score 2.						
Date:	Time:	NB: document the letter 'M' in the row above the Total Q-ADDS 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.

Temporary	Modification	1		Modification		Temporary Modification 3					
Write the acc	eptable range	(will score zero)	Write the acc	ceptable range	(will score zero)	Write the acceptable range (will score zero					
Systolic BP	to	mmHg	Systolic BP	to	mmHg	Systolic BP	to	mmHg			
OR	(can NOT be mo	dified <80 mmHg)	OR	(can NOT be mo	odified <80 mmHg)	OR	(can NOT be mo	odified <80 mmHg)			
Heart Rate	to	beats / min	Heart Rate	to	beats / min	Heart Rate	to	beats / min			
OR	4-	han a tha (an in	OR	4.5	hus ath a / min	OR	ta	han a tha / main			
Resp. Rate	to	breaths / min	Resp. Rate		breaths / min	Resp. Rate	to	breaths / min			
	(can NOT be me	odified >34 bpm)		(can NOT be m	odified >34 bpm)		(can NOT be m	odified >34 bpm)			
Modifying D	octor Name:		Modifying D	octor Name:		Modifying D	octor Name:				
Authorising	Doctor Name:		Authorising Doctor Name:			Authorising	Doctor Name:				
Start Date:		Time:	Start Date:		Time:	Start Date:		Time:			
Cease Date:	Cease Date: Time:			Cease Date: Time:			Cease Date: Time:				
Contact num	per:	1	Contact num	ber:		Contact number:					

Pain and Sedation Assessment	
If the patient reports any level of chest pain, please follow local chest pain procedure	URN: 24
If you are concerned about the patient's pain	Family name:
but they do not fit the below criteria notify Medical Officer	Given name(s):
If documenting pain and sedation on a PCA/Epidural Monitoring form, this section	Address: 2A
doog not nood to be completed	Data of hirth:

Pain and Sedation Assessm	ent	t			(Affix identification label here)														
• If the patient reports any level of chest pain,					URN: 246802														
please follow local chest pain procedure																			
 If you are concerned about the pa but they do not fit the below criter 			ain		Family name: Thorn														
Medical Officer		Jury			Given name(s): Alor														
	 If documenting pain and sedation on a 						Address: 2A Unity Drive, Pleasantville												
	PCA/Epidural Monitoring form, this section does not need to be completed						rth:											- 1	
· · ·					Jale		rur.	UT	.ل	AIL) (10	4 3	EX.	μ	IVI			
C)ate	XX	K¥ !	44			,	·	,			,					r		
т	ime	30																	
Pain Score at Rest																			
Severe	10																		
	9																		
	8																		
	7																		
Moderate	6																		
	5																		
	4																		
Mild	3																		
	2																		
News	1	\vdash																	
None	0																		_
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	A																		
Interventions (document on page 3 e.g. 'B')																			
* If scores conflict, follow the highest	sco	re																	
Notify team leader Administer analgesia				l	•	Adn Con	ninist sider	er ar r tear	nalge m lea	sia ader i	/ me	dical	offic	er	•				mple
 Notify medical officer to review if n within 30 minutes of administering 				nt	Consider team leader / medical officer analgesia review if no improvement within 60 minutes of analgesia														
Sedation Score (for patients receivi		lyesi	a						laige	510									
potentially sedating medication)																			
Patient must be woken to	0																		
assess sedation score	1																		
Note: DO NOT add the Sedation Score to the Q-ADDS Score. Follow actions below.	2																		
					 	notic	ent's (200	Sod	 ation	and	Doir				 ardar		with
0 = Awake		divid							,000	Seu	allon	anu	rai	1000			Jiuai		VILII
1 = Mild (easy to rouse, able to keep							-ADD								ting	oo!'	o	_	
eyes open for 10 secs) 2 = Moderate							befo bxyge												
(rouseable, but unable to keep eyes	m	onito	or ox	ygen	satu	ratio	n	mai		15	minu	tes (rema	ain wi	ith pa	atient	unti	revi	
open for 10 secs)		/ithho					ting revie	2111)	•					, Sec utely		n and	l Pair	n sco	ore
		otify				aicai	10 110	,	•					ate E		genc	y Re	spor	nse
3 = Severe	• In	itiate	Em	ergei	ncy F	Resp	onse		ممر ام	:4			4						
(difficult to rouse or un-rouseable)							oxyge sal a							atior	1				
Additional Observations																			
)ato	1		(.)															
		<u>*+</u>	44 [14	<u> </u>		1	<u> </u>			<u> </u>	1		1	1		1		1
Т	ime	B																	
Height (cm) Boy	wels	Ï7																	
Passed u	irine																		
Weight	(kg)	46	o ki	٩															
Other				J															
(e.g. urinalysis)					Page	e 4 of	4												

Date	44	141	14	
Time	(j)			

Q-ADDS

	Time	W.2						
Height (cm)	Bowels	$\left \checkmark \right $						
172	Passed urine							
110-	Weight (kg)	46	ko					
Other			,)				
(e.g. urinalysis)					Page	e 4 of	4	