

Victorian Children's Tool for Observation and Response

3 mths

	UR NUMBER
nder	OUDMANA
mthe	SURNAME

GIVEN NAME(S)

DATE OF BIRTH

Hospital

AFFIX PATIENT LABEL HERE ↑

Frequency of Observations							
Observations should be	Observations should be performed routinely at least 4 hourly, unless advised below Refer to local procedure for who can alter frequ				n alter frequency		
Date	(e.g.) 6/4/25						
Frequency	2/24						
Name/Designation	Smith RN						
Events/Comments							

Rec	ord event	details, inc	luding comments, interventions and parental concerns		
	Date	Time		Initial	Designation
Α					
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В				-	
C				1	
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Н				1	

0₂ Device NP = nasal prongs, HM = Hudson mask, HNP = humidified nasal prongs, HFNP = high flow nasal prongs

Assessment of Respiratory Distress						
	Mild	Moderate	Severe			
Airway	Stridor on exertion/crying	Some stridor at rest	Stridor at rest			
Behaviour and feeding	Normal Talks in sentences	 Some/intermittent irritability Difficultly talking/crying Difficultly feeding or eating 	Increased irritability and/or lethargy Looks exhausted Unable to talk or cry Unable to feed or eat			
Respiratory rate	Mildly increased	Respiratory rate in orange zone	Respiratory rate in purple zone Increased or markedly reduced respiratory rate as the child tires			
Accessory muscle use	Mild intercostal and suprasternal recession	Moderate intercostal and suprasternal recession Nasal flaring	Marked intercostal, suprasternal and sternal recession			
Oxygen	No oxygen requirement	Mild hypoxemia corrected by oxygen Increasing oxygen requirement	Hypoxemia may not be corrected by oxygen			
Other		May have brief apnoeas	Gasping, grunting Extreme pallor, cyanosis Increasingly frequent or prolonged apnoeas			

Note, not all respiratory assessment features are relevant to all conditions

Refer to your local procedure for instructions on *how* to call for assistance and escalate care

MANDATORY EMERGENCY CALL

Choose MET or other Code response

Response criteria

- Apnoea or cyanosis
- Cardiac or respiratory arrest
- Airway threat
- Prolonged convulsion
- Sudden decrease in conscious state
- Any observation in the purple zone
- 3 or more simultaneous orange zone criteria
- Staff member is very worried about the child's clinical state
- · A family member is very worried about the child's clinical state

Actions required

- 1. Place emergency call
- 2. Initiate appropriate clinical care until the arrival of the emergency response team
- 3. Emergency response team to attend immediately, stabilise patient and/or provide advice
- 4. Emergency response team to document management plan

CLINICAL REVIEW RECOMMENDED

Response criteria

Victorian Children's Tool for Observation

and Response (under 3

months)

VP0003

- Any observation in the orange zone
- Staff member is worried about the child's clinical state
- . A family member is worried about the child's clinical state

Actions required

- 1. Initiate appropriate clinical care
- 2. Consider what is usual for the child and if the trend in observations suggests deterioration
- 3. Consult with nurse in charge, decide if a medical review is required

4. Medical review

- Increase frequency of observations as indicated by the child's condition
- If not attended within 30 minutes, escalate to emergency call
- Medical officer to document management plan

0R

4. No medical review

• Document rationale & plan of care in Events/Comments

General Instructions

You MUST record baseline observations, including blood pressure, on admission and thereafter:

- At a frequency appropriate for the child's clinical state
- Whenever staff or family members are worried about the child's clinical state
- If the child is deteriorating

Level of Consciousness should be documented using the AVPU scale, except for children receiving sedation, where a Level of Sedation score should be recorded.

Select a Pain Assessment tool appropriate for the age. developmental level and clinical state of the child. Refer to the website and/or the RCH clinical practice quidelines for pain tools.

Show the Trend: Plot the Dot-Join the Line

This chart is specifically designed to enhance the identification of trends in vital signs. It is important to look for worsening trends and report these.

When graphing observations, place a dot in the box and connect it to the previous dot with a straight line. For blood pressure use the symbols indicated on the chart. For SpO₂ write the number in the appropriate section.

Whenever an observation falls within an orange zone or purple zone, you MUST initiate the actions required for that colour. unless a modification has been made.

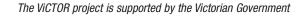
Modifications—refer to your local procedure for altering calling criteria.

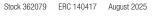
Level of Sedation (UMSS-University of Michigan Scoring System)

ONLY complete if sedation administered

- 1 = Minimally sedated: may appear tired/sleepy, responds to verbal conversation and/or sound
- 2 = Moderately sedated: somnolent/sleeping, easily roused with tactile stimulation or simple verbal command
- 3 = Deep sedation: deep sleep, rousable only with deep or physical stimulation
- 4 = Unrousable











0₂ delivery L/min or % Device Probe change Write ≥100 ≥94 90–93 88≤ Ë Weight: under 3 mths 0₂ delivery L/min or % Date ≥89 Device Time ≥94 90–93 39.5 39 38.5 38.5 37.5 36.5 36.5 35.5 Staff initial (with each set of obs) **Observation and Response** Family/ Carer Concern Are you worried your child is getting worse? Please record reason for concern in the Events/Comments section. Record as 'U' if a family member or carer is unavailable. systolic BP is the trigge **Events/Comments** (e.g. A; see over page) Respiratory Rate (breaths/min) Additional Observations (e.g. BSL, Blood Pressure $\stackrel{\mathsf{V}}{\times}$ (mmHg) Respiratory Distress (see Heart Rate (beats/min) evel of Consciousness evel of Sedation (ONL 02 Saturation (%) Modifications **Temperature (C°)** Modifications 6/4/25 1600 Smith Smith 4/24 (e.g.) **190** 175 Refer to FLACC scale Modifications Duration (maximum 24 hrs) Date Date

Observations to be plotted with a dot and joined with a line (except ${\sf SpO}_2$ and ${\sf BP}$

AFFIX PATIENT LABEL OVER PAGE

Given name:

Actual age:

Victorian Children's Tool for