VSCN010

Victorian Children's Tool for Observation and Response

SCN

UR NUMBER

SURNAME

GIVEN NAME(S)

DATE OF BIRTH

AFFIX PATIENT LABEL HERE ↑

Hospital _____

Frequency of Observations

Observations should be performed routinely with cares (at least 4 hourly) unless advised below. Refer to local procedure for ***who*** can alter frequency

Date	(e.g.) 6/3/24						
Frequency	2/24						
Name/Designation	Smith RN						

Events/Comments

Record event details, including comments, interventions and family/carer concerns

	Date	Time		Initial	Designation
A					
B					
C					
D					
E					
F					
G					

Respiratory Support

Mode	HF = High Flow, CPAP = Continuous Positive Airway Pressure, LF = Low Flow, CO = Cot Oxygen, HB = Headbox
Device	NP = Nasal Prongs, SP = Single Prong, M = Mask
Measurements	Oxygen = %, Pressure = cm/H_2O, Flow = L/min

Assessment of Respiratory Effort

	Mild	Moderate	Severe
Airway		• Stridor on crying	• Stridor at rest
Behaviour and Feeding	• Normal	• Some/intermittent irritability • Difficulty crying • Difficulty feeding (dependent on gestational age)	• Increased irritability and/or lethargy • Looks exhausted • Unable to cry • Unable to feed (dependent on gestational age)
Respiratory Rate	• Mildly increased	• Respiratory rate in orange zone	• Respiratory rate in purple zone • Increased or markedly reduced respiratory rate as the newborn tires
Accessory Muscle Use	• Mild intercostal and suprasternal recession	• Nasal flaring • Moderate intercostal and suprasternal recession	• Marked intercostal, suprasternal and sternal recession
Oxygen	• No oxygen requirement	• Mild hypoxaemia corrected by oxygen • Increasing oxygen requirement	• Hypoxaemia may not be corrected by oxygen
Apnoeas		• May have multiple brief apnoeas (< 20 secs)	• Increasingly frequent or prolonged apnoeas (> 20 secs)
Other			• Gasping, grunting • Extreme pallor, cyanosis

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

Victorian Children's Tool for Observation and Response (SCN) VSCN010

GENERAL ESCALATION RESPONSE. You must refer to your local procedure for instructions on ***how*** to call for assistance and escalate care

Purple Zone — MANDATORY EMERGENCY CALL

Response criteria
- Staff member is very worried about the newborn's clinical state
- A family member is very worried about the newborn's clinical state
- Central cyanosis
- Cardiac or respiratory arrest
- Airway threat
- Seizure
- Sudden decrease in conscious state
- Any observation in the purple zone
- 3 or more simultaneous orange zone criteria

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

Orange Zone — CLINICAL REVIEW RECOMMENDED

Response criteria
- Staff member is worried about the newborn's clinical state
- A family member is worried about the newborn's clinical state
- Any observation in the orange zone
- Bile stained vomit
- Lack of interest in feeding (> 24 hours of age)

Actions required
1. Initiate appropriate clinical care
2. Consider what is usual for the newborn and if the trend in observations suggests deterioration
3. Consult with nurse/midwife in charge, decide if a medical review is required. If no medical review, document rationale and plan of care in Events/Comments

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

White Zone — STAY VIGILANT

Response criteria
- Vital signs in the white zone but the newborn is unstable
- Looks unwell
- Has consecutive observations trending towards the coloured zones

Actions required
1. Inform senior clinical nurse/midwife
2. Review frequency of observations
3. Consider escalation of care

General Instructions

These charts are designed for use in the special care nursery environment.

You MUST record baseline observations at admission to determine the frequency of observations.

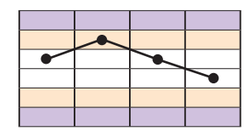
Newborn observations are best performed at rest, and must be recorded:
- At a frequency appropriate for the newborn's clinical state
- Whenever staff or family members are worried about the newborn's clinical state
- If the newborn is deteriorating

Altered SpO_2 targets and modifications MUST:
– Be ordered by a doctor and
– Consider individual circumstances and local procedures

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, Temperature and Blood Glucose Level write the number in the appropriate section.

For SpO_2 Desaturation, Apneoa and Bradycardic events, document with ¦

170087 August 2025

Drill holes where indicated by die cut colour. Do not print.

EXAMPLE Do Not Use

Victorian Children's Tool for Observation and Response

Special Care Nursery

= MANDATORY EMERGENCY CALL
= CLINICAL REVIEW RECOMMENDED
= STAY VIGILANT

	Birth Gestation:		Birth Weight:	
Date	/ /	/ /	/ /	/ /
Day of Life / Corrected Age	/	/	/	/
Weight				

UR NUMBER _____

FAMILY NAME _____

GIVEN NAME _____

DATE OF BIRTH _____

Complete all details or affix label above

Date

Staff initial *(with each set of obs)*

Time of observations

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.

Yes
No

Oxygen Saturation (SpO_2) *Tick SpO_2 targets*

☐ **Standard SpO_2 targets** (graphed zones)

☐ **Altered SpO_2 targets** *(Medical order)*
Typically used in prematurity and/or resp support^
Consider individual circumstance/local procedure

White zone	91% – 95%
Orange zone	86% – 90%
Purple zone	≤ 85%
Doctor / Signature	/

^ *respiratory support defined on front page*

Modifications

Purple			
Orange			
Duration *(maximum 24 hrs)*			
Date			
Time			
Dr			
Signature			

Respiratory Support: Mode; Device; O_2 %; Pressure/ Flow; Humidifier temp

100 99 98 97 96 95 94 93 92 91 90 89 88 87 86 85 Write ≤ 84

Respiratory Rate (breaths/min)

Modifications

Purple			
Orange			
Duration *(maximum 24 hrs)*			
Date			
Time			
Dr			
Signature			

Write ≥ 100 95 90 85 80 75 70 65 60 55 50 45 40 35 30 25 Write ≤ 20

Respiratory Effort *(see legend over page)*

Severe
Moderate
Mild
Normal

Heart Rate (beats/min)

Modifications

Purple	(e.g.) 190			
Orange	175			
Duration *(maximum 24 hrs)*	4/24			
Date	6/3/24			
Time	1600			
Dr	Smith			
Signature	Smith			

Write ≥ 195 190 185 180 175 170 165 160 155 150 145 140 135 130 125 120 115 110 105 100 95 90 Write ≤ 85

Blood Pressure (mmHg)
(Mean BP < gestational age = orange zone)

Systolic
Diastolic
Mean

Colour (Central)

Jaundice < 24 hours of life = purple zone

Pink/Normal
Pallor
Mottled
Cyanosed

Level of Activity

Settled/sleeping
Alert
Jittery
Irritable
Lethargic
Unresponsive

Temperature (°C) Axilla — Write value

Modifications

Purple			
Orange			
Duration *(max 24 hrs)*			
Date			
Time			
Dr			
Signature			

≥ 38.1
37.6–38
36.5–37.5
35.5–36.4
≤ 35.4

Cot Temperature (°C) — Write value

Set / Actual

Blood Glucose Level (mmol/L)
Orange: 2.5 – 1.5 mmol/L
Purple: ≤ 1.4 mmol/L

Write value

Additional Observations *(e.g. SBR, time feed given, positioning)*

Events/Comments *(e.g. A — see over)*

SAMPLE NOT TO BE USED