

VUC014

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 in Additional Observations.

Select a Pain Assessment tool appropriate for the age, developmental level and clinical state of the child. Refer to the RCH clinical practice guidelines for further information.

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.

Assessment of Respiratory Distress Note, not all respiratory assessment features are relevant to all conditions			
	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

FLACC Scale © University of Michigan			
Face	0 No particular expression or smile	1 Occasional grimace or frown, withdrawn, disinterested	2 Frequent to constant frown, clenched jaw, quivering chin
Legs	0 Normal position or relaxed	1 Uneasy, restless, tense	2 Kicking or legs drawn up
Activity	0 Lying quietly, normal position, moves easily	1 Squirming, shifting back and forth, tense	2 Arched, rigid or jerking
Cry	0 No cry (awake or asleep)	1 Moans or whimpers occasional complaints	2 Crying steadily, screams or sobs, frequent complaints
Consolability	0 Content, relaxed	1 Reassured by occasional touching, hugging or “talking to”. Distractable	2 Difficult to console or comfort

Wong-Baker FACES Pain Rating Scale

0

2

4

6

8

10

Level of Sedation UMSS—University of Michigan Scoring System	ONLY complete if sedation administered
0 = Awake and alert	
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	

Victorian Children’s Tool for Observation and Response

URGENT CARE

1–4 years

UR NUMBER _____ DOB _____

FAMILY NAME _____ SEX _____

GIVEN NAME _____

ADDRESS _____

MEDICARE NUMBER _____

G.P. _____

Complete all details or affix label above

Hospital _____

Arrival date: / /

Arrival time: _____

Arrival mode: _____

Accompanying adult(s) name and relationship to patient: _____

Next of kin: _____

Relationship: _____

Phone number: _____

Usual language spoken: _____

Interpreter required:
☐ Yes ☐ No

Is the patient:
☐ Aboriginal and/or ☐ Torres Strait Islander

Triage category: _____

Presenting problem: _____

Triage time: _____

Initial nursing assessment: *(if required add detailed assessment in Events/Comments over page)*

Past history: _____

Current medications: _____

Allergies/adverse reactions: _____

Child health record confirms immunisations are up to date: ☐ Yes ☐ No (if No refer to doctor or nurse immuniser)

Immunisation concerns or queries contact RCH Immunisation Centre 1300 822 924 (option 2)

Weight Kg: _____

Blood glucose level: _____ mmol/L

Urinalysis: _____

☐ Not measured. *(BGL <3.5 or >8 = orange zone)* ☐ Not measured

Presentation/Admission Checklist

☐ All baseline observations documented

☐ Hospital risk assessments completed (circle relevant):
Falls Pressure Behavioural Other

☐ Correct name band attached

☐ Allergy band attached ☐ N/A

☐ Outcomes of risk assessment(s) actioned ☐ N/A

☐ IV line labelled and dated ☐ N/A

☐ Frequency of observations updated for ward transfer ☐ N/A

☐ Plan of care discussed with parent/caregivers

☐ Ward handover given to (name/designation): _____ ☐ N/A

Presentation/admission nurse: _____

Signature: _____

Time: _____

Transfer/Discharge Checklist

Date: / /

Time: _____

Transfer/discharge to: _____

Transport mode: _____

Discharged in the care of: _____ (name)

_____ (relationship)

If patient is in the orange or purple zones at discharge, the patient must have:

☐ Doctor/Senior clinician review *and*

☐ Plan of care documented

refer to your local escalation of care procedure

Tick relevant:

☐ Transfer/discharge letter provided

☐ Medication(s) provided

☐ Follow up arrangements communicated

☐ Prescription(s) given

☐ Valuables returned

☐ Plan of care discussed with parent/caregivers

Transfer/discharge nurse: _____

Signature: _____

Time: _____

Attach ADR sticker

Allergies and adverse drug reactions (ADR)

☐ Nil known ☐ Unknown
(tick appropriate box or complete details below)

Medicine (or other)

Reaction/type/date

Initials

Sign:

Print:

Date: / /

UR NUMBER _____

FAMILY NAME _____

GIVEN NAME _____

DOB _____ SEX _____

Complete all details or affix label above

First prescriber to print patient name and check label correct:

Weight (kg): _____

Height (cm): _____

BSA (m²): _____

Date weighed: _____

Paediatric medication chart

If patient admitted, transfer to a NIMC—paediatric

ONCE ONLY MEDICINES

Medications Ordered by Attending Doctor/Nurse Practitioner

Date prescribed

Medicine (print generic name)

Route

Dose

Date/time to be given

Prescriber Signature

Print name

Dose calc e.g. mg/kg per dose

Given by

Date/time given

Pharm

Telephone Orders (to be signed within 24 hours of order)

Date time

Medicine (print generic name)

Route

Dose

Frequency

Clinicians initials Cl 1 Cl 2

Prescriber name

Prescriber sign

Date

Record of administration

Time/given by

Time/given by

Time/given by

Time/given by

Medications Administered by Nurse with Scheduled Medicines (Rural & Isolated Practice) Endorsement

Date prescribed

Medicine (print generic name)

Route

Dose

Date/time to be given

Health management protocol

Dose calc e.g. mg/kg per dose

Given by

Date/time given

Pharm

Nurse Initiated Medications

Date prescribed

Medicine (print generic name)

Route

Dose

Date/time to be given

Nurse initiator Signature

Print name

Dose calc e.g. mg/kg per dose

Given by

Date/time given

Pharm

Medications Taken Prior to Presentation at Hospital (prescribed, over the counter, complementary)

Own medicines brought in: ☐ Yes ☐ No

Medicine & formulation

Dose & frequency

Duration

Medicine & formulation

Dose & frequency

Duration

Doctor/G.P.: _____

Community pharmacy: _____

Sign: _____

Print: _____

Date: _____

Medicines usually administered by: _____

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Victorian Children's Tool for Observation and Response URGENT CARE

1–4 years

Actual age:

Weight:

UR NUMBER _____

FAMILY NAME _____

GIVEN NAME _____

DATE OF BIRTH _____

Complete all details or affix label above

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

[illegible]

Respiratory Rate (breaths/min)		Write ≥ 76										Write ≥ 76									
Modifications																					
Purple																					
Orange																					
Duration (maximum 2 hrs)																					
Date																					
Time																					
Dr																					
Signature																					

[illegible]

Heart Rate (beats/min)		Write ≥ 185	Write ≥ 185
Modifications			
Purple	(e.g.) —		
Orange	155		
Duration (maximum 2 hrs)	2 / 24		
Date	6/4/25		
Time	1600		
Dr	Smith		
Signature	Smith		
		Write ≤ 65	Write ≤ 65

Blood Pressure X (mmHg)		systolic BP is the trigger	
Modifications		Write ≥ 150	Write ≥ 150
Purple		145	145
		140	140
		135	135
		130	130
		125	125
		120	120
		115	115
		110	110
		105	105
		100	100
		95	95
		90	90
		85	85
		80	80
		75	75
		70	70
		65	65
		60	60
		55	55
		50	50
		45	45
		40	40
		Write ≤ 35	Write ≤ 35
Duration <i>(maximum 2 hrs)</i>			
Date			
Time			
Dr			
Signature			

Temperature (°C)		Write ≥40	Write ≥40
Reportable limits—if applicable, refer to local procedures			
Temp ≥	(e.g.)		
	39.5	39.5	39.5
Temp ≤	—	39	39
		38.5	38.5
Date	6/4/25	38	38
Time	1800	37.5	37.5
Dr	Smith	37	37
Signature	<i>Smith</i>	36.5	36.5
		36	36
		35.5	35.5
		35	35

[illegible]

Additional Observations (e.g. BSL, weight, capillary refill time, level of sedation score)

[illegible]

Frequency of Observations	Date			
Observations should be performed routinely at least ½ hourly, unless advised here.				
Refer to local procedure for who can alter frequency.	Frequency			
	Name			

[illegible]

GENERAL ESCALATION RESPONSE

You must refer to your local procedure for instructions on *how* to escalate patient care

Purple zone
MANDATORY EMERGENCY CALL

Response criteria

- Staff member is very worried about the child's clinical state
- A family member is very worried about the child's clinical state
- 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

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

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. If no medical review, document rationale and plan of care in Events/Comments
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

White zone
STAY VIGILANT

Response criteria

- Vital signs in the white zone but the child is unstable
- Looks unwell
- Has consecutive observations trending towards either coloured zone

Actions required

1. Inform senior clinical nurse
2. Review frequency of observations
3. Consider escalation of care