

Adult Vital Signs Chart side 1

Family Name: _____ Gender: _____
 Given Name: _____ NHI#: _____
 Date of Birth: _____

AFFIX PATIENT LABEL HERE

Vital Signs		Date	EWS												Date	
		Time (24 hour)													Time (24 hour)	
Respiratory Rate (breaths/min) <i>write RR value in box</i>	≥ 36															≥ 36
	25-35															25-35
	21-24															21-24
	12-20															12-20
	9-11															9-11
	5-8															5-8
	≤ 4															≤ 4
Oxygen (L/min)	Room air ✓															✓ Room air
	Supplement (L/min)															Supplement (L/min)
Oxygen Saturation (%) <i>write SpO₂ value in box</i>	≥ 96															≥ 96
	94-95															94-95
	92-93															92-93
	≤ 91															≤ 91
Heart Rate (bpm) <i>mark HR with X write value if off scale</i>	Write if ≥ 140															Write if ≥ 140
	130s															130s
	120s															120s
	110s															110s
	100s															100s
	90s															90s
	80s															80s
	70s															70s
	60s															60s
	50s															50s
	40s															40s
	30s															30s
		Write if ≥ 220														
Blood Pressure (mmHg) <i>score systolic BP value only</i>	210s															210s
	200s															200s
	190s															190s
	180s															180s
	170s															170s
	160s															160s
	150s															150s
	140s															140s
	130s															130s
	120s															120s
	110s															110s
	100s															100s
	90s															90s
80s															80s	
70s															70s	
60s															60s	
50s															50s	
Temperature (°C) <i>mark Temp with X write value if off scale</i>	≥ 39s															≥ 39s
	38s															38s
	37s															37s
	36s															36s
	35s															35s
≤ 34s															≤ 34s	
Level Of Consciousness <i>mark LOC with ✓</i>	Alert															Alert
	Voice															Voice
	Pain															Pain
	Unresponsive															Unresponsive
EARLY WARNING SCORE TOTAL																EWS TOTAL

Family Name: _____ Gender: _____
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ESCALATE CARE FOR ANY PATIENT YOU, THEY OR THEIR FAMILY ARE WORRIED ABOUT, REGARDLESS OF VITAL SIGNS OR EWS

Mandatory escalation pathway		
Total Early Warning Score (EWS)	Action	
EWS 1-5		
EWS 6-7	Acute illness or unstable chronic disease	
EWS 8-9 or any vital sign in red zone	Likely to deteriorate rapidly	
EWS 10+ or any vital sign in blue zone	Immediately life threatening critical illness	

Modification to Early Warning Score (EWS) Triggers

The EWS can be changed to prevent chronic disease incorrectly triggering escalation. All modifications must be made in line with hospital policy and regularly reviewed by the primary team.

Ignore any modification that is not signed and dated.

Vital sign (use abbreviation)	Accepted values and modified EWS	Date and time	Duration (hours)	Name and contact details
		/ / : :		
Reason:				
		/ / : :		
Reason:				
		/ / : :		
Reason:				
		/ / : :		

Any treatment limitations must be documented in the patient's clinical record.

A full set of vital signs with corresponding EWS must be taken and calculated each time at a frequency stated in hospital policy. If there is no timely response to your request for review, escalate to the next coloured zone.

Adult Vital Signs Chart side 2

Family Name: _____ Gender: _____
 Given Name: _____ NHI#: _____
 Date of Birth: _____

Vital Signs		Date	EWS												Date	
		Time (24 hour)													Time (24 hour)	
Respiratory Rate (breaths/min) <i>write RR value in box</i>	≥ 36															≥ 36
	25-35															25-35
	21-24															21-24
	12-20															12-20
	9-11															9-11
	5-8															5-8
	≤ 4															≤ 4
Oxygen (L/min)	Room air ✓															✓ Room air
	Supplement (L/min)															Supplement (L/min)
Oxygen Saturation (%) <i>write SpO₂ value in box</i>	≥ 96															≥ 96
	94-95															94-95
	92-93															92-93
	≤ 91															≤ 91
	Write if ≥ 140															Write if ≥ 140
Heart Rate (bpm) <i>mark HR with X write value if off scale</i>	130s															130s
	120s															120s
	110s															110s
	100s															100s
	90s															90s
	80s															80s
	70s															70s
	60s															60s
	50s															50s
	40s															40s
	30s															30s
	Write if ≥ 220															Write if ≥ 220
	Blood Pressure (mmHg) <i>score systolic BP value only</i>	210s														
200s																200s
190s																190s
180s																180s
170s																170s
160s																160s
150s																150s
140s																140s
130s																130s
120s																120s
110s																110s
100s																100s
90s																90s
80s																80s
70s																70s
60s															60s	
50s															50s	
Temperature (°C) <i>mark Temp with X write value if off scale</i>	≥ 39s															≥ 39s
	38s															38s
	37s															37s
	36s															36s
	35s															35s
≤ 34s															≤ 34s	
Level Of Consciousness <i>mark LOC with ✓</i>	Alert															Alert
	Voice															Voice
	Pain															Pain
	Unresponsive															Unresponsive
EARLY WARNING SCORE TOTAL															EWS TOTAL	

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		/ /		
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		/ /		
Reason:				
		/ /		
Reason:				
		/ /		

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