

Name:

Date of Birth:

URN:

SSD No:

ADDRESSOGRAPH

For adults, this chart supersedes the standard National Early Warning Score 2 (NEWS 2) observation chart when this is no longer appropriate, as decided by the medical team.

Symptom and Care Chart

Record observations at each contact or at least 4 hourly in an inpatient setting

Date														
Time														
Initials														
Pain	3													
Reported/observed	2													
	1													
	0													
Nausea and Vomiting	3													
	2													
	1													
	0													
Agitation and Anxiety	3													
	2													
	1													
	0													
Respiratory Secretions	3													
	2													
	1													
	0													
Breathlessness	3													
	2													
	1													
	0													
Other Symptoms	3													
	2													
	1													
	0													
Other Symptoms	3													
	2													
	1													
	0													

3

Severe/Distressing symptom present, requires medication

- *Look for reversible causes
- *Consider non-pharmacological treatment e.g. positioning
- *Give medication for symptom
- *Regular review until absent
- *Document action

2

Moderate symptom present, requires medication

- *Look for reversible causes
- *Consider non-pharmacological treatment
- *Give medication for symptom
- *Regular review until absent
- *Document action

1

Mild symptom present, resolves spontaneously

No intervention required

0

Symptom absent

No intervention required

^ Enter D if care declined by patient or family

SYMPTOM AND CARE CHART

DATE COMMENCED:				FREQUENCY:																			
KEY	Y: Yes	N: No		N/A: Not Applicable	D: Declined	C: Catheter																	
Alert	Confused	Voice		Pain	Unconscious	Sleeping																	
DATE																							
TIME																							
PERSONAL CARE																							
Level of consciousness A C V P U S																							
Mouth care																							
Eye care																							
Passed urine																							
Bowels open																							
Personal hygiene																							
Taking diet																							
Taking fluids																							
SKIN																							
Is pressure prevention equipment functioning correctly?																							
Are sheets/bedding smooth?																							
Check positioning of invasive devices (Tick)																							
SKIN INSPECTION																							
Is there any evidence of pressure damage?																							
Buttocks																							
Elbows																							
Sacrum																							
Trochanters (hips)																							
Spine and shoulders																							
Heels																							
Occipital area (back of head)																							
Toes																							
Other (describe):																							
Repositioning: From and To	F	T	F	T	F	T	F	T	F	T	F	T	F	T	F	T	F	T	F	T	F	T	
L: Left, R: Right, B: Back, P: Prone, SU: Sitting Up, C: Chair, M: Mobilising																							
Initial																							
Role/Designation																							