

Date																					
Time																					
Frequency																					
Respiratory Rate (breaths per minute)	≥ 35																				
	30-34																				
	25-29																				
	21-24																				
	12-20																				
	9-11																				
≤ 8																					
Respiratory Score																					
SpO ₂ %	≥ 96																				
	94-95																				
	92-93																				
	≤ 91																				
SpO ₂ Score																					
Room Air F _I O ₂ % or L/min																					
F _I O ₂ Score																					
Systolic BP or 200: Doctor to review	250																				
	240																				
	230																				
	220																				
	210																				
	200																				
	190																				
	180																				
	170																				
	160																				
	150																				
	140																				
	130																				
	120																				
	110																				
	100																				
	90																				
	80																				
70																					
60																					
50																					
40																					
30																					
BP Score																					
Heart Rate (beats per minute)	220																				
	210																				
	200																				
	190																				
	180																				
	170																				
	160																				
	150																				
	140																				
	130																				
	120																				
	110																				
	100																				
	90																				
	80																				
	70																				
	60																				
	50																				
40																					
30																					
Heart Rate ≤ 40: Immediate Senior Doctor review																					
Rhythm																					
HR Score																					
Pain Score																					
Initials & PIN																					

Triage 1:
Immediate attention

Triage 2:
Review 10 min

Triage 3:
Review 1-hourly

Triage 4:
Review 2-hourly

Triage 5:
No review required

Reduce frequency of monitoring if in collaboration with a senior clinician or nurse it is deemed appropriate

Escalate using ISBAR if:
• You are concerned about a patient regardless of triggers
• Physiology is abnormal despite triage interventions or if physiology disimproves

Patient Name & HRN:

Date																					
Time																					
Frequency																					
Temperature (°C)	≥41.5																				
	41.0																				
	40.5																				
	40.0																				
	39.5																				
	39.0																				
	38.5																				
	*38.0																				
	37.5																				
	37.0																				
	36.5																				
	*36.0																				
	35.5																				
	35.0																				
	34.5																				
	34.0																				
	33.5																				
	33.0																				
≤32.5																					
Temp Score																					
ACVPU	Alert (A)																				(A)
	Confusion (C)																				(C)
	Voice (V)																				(V)
	Pain (P)																				(P)
	Unresponsive (U)																				(U)
ACVPU Score																					
TOTAL SCORE																					
GLASGOW COMA SCALE	Eyes Opening	Spontaneous	4																		
		To sound	3																		
		To pressure	2																		
		None	1																		
	Verbal Response	Not testable	NT																		
		Orientated	5																		
		Confused	4																		
		Words	3																		
	Best Motor Response	Sounds	2																		
		None	1																		
		Not testable	NT																		
		Obey commands	6																		
TOTAL GCS (3-15)	Localising	5																			
	Normal flexion	4																			
	Abnormal flexion	3																			
	Extension	2																			
	None	1																			
Pupils	Right	Size (mm)																			
	Reaction																				
Limb Movement	Left	Size (mm)																			
	Reaction																				