

V S C N 0 1 0

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.) 6/4/16						
Frequency	2/24						
Name/Designation	Smith RN						

Events/Comments

Record event details, including comments, interventions and parental 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 ₂ O, 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

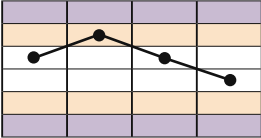
Altered SpO₂ targets and modifications MUST:

- 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 SpO₂ Desaturation, Apnoea and Bradycardic events, document with ↓

170087 March 2017

Victorian Children's Tool for Observation and Response

Special Care Nursery

UR NUMBER _____




FAMILY NAME _____

GIVEN NAME _____

DATE OF BIRTH _____

Complete all details or affix label above

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

 = MANDATORY EMERGENCY CALL
 = CLINICAL REVIEW RECOMMENDED
 = STAY VIGILANT

[illegible]

<input type="checkbox"/>	Standard SpO₂ targets (graphed zones)		
<input type="checkbox"/>	Altered SpO₂ targets	<i>(Medical order)</i>	
Typically used in prenatality and/or resp support Consider individual circumstance/local procedure		White zone	91% – 95%
		Orange zone	86% – 90%
		Purple zone	≤ 85%
		Doctor/Signature	/

Respiratory Support					
Mode					Mode
Device					Device
O ₂ %					O ₂ %
Pressure/ Flow Humidifier temp					Pressure/ Flow Humidifier temp
100					100
90					90
80					80
70					70
60					60
50					50
40					40
30					30
20					20
10					10
0					0

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

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

Respiratory Rate (breaths/min)				
Modifications				
Purple				
Orange				
Duration <i>(maximum 24 hrs)</i>				
Date				
Time				
Signature				

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

Respiratory Effort (see legend over page)

	Severe	Moderate	Mild	Normal	Severe	Moderate	Mild	Normal
Severe								
Moderate								
Mild								
Normal								

Heart Rate (beats/min)				
Modifications				
Purple	(e.g.)			
Orange	175			
Duration (maximum 24 ms)	4/24			
Date	6/4/17			
Time	1600			
Dr	Smith			
Signature	Smith			

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

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

[illegible]

Colour (Central)

jaundice < 24 hours of life = purple zone

[illegible]

Level of Activity

[illegible]

Temperature (°C) Axilla		Write value
Modifications		
Purple		
Orange		
Duration (max. 24 hrs)		
Date		
Time		
Dr		
Signature		

[illegible]

Blood Glucose Level (mmol/L)

Orange: 2.5 – 1.5 mmol/L

Purple: ≤ 1.4 mmol/L

[illegible]

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

Events/Comments (e.g., A — see over)

[illegible]