Fact sheet – Revisions to the Emergency Department Rapid Detection and Response Adult Observation Chart (MR59A-ED) (RDR chart) of 50



Review of ED Rapid Detection and Response Adult Observation Chart (MR59A-ED)

The purpose of Rapid Detection and Response (RDR) Observation Charts is to assist clinicians to recognise early signs of physical deterioration, and take appropriate action, including triggering a review by other clinicians. In some cases this will need to be a Medical Emergency Response (MER / MET / CodeBlue).

This adult chart (59A) was the first of a series of RDR charts, and was introduced to SA Health in July 2012. A revision of this chart and the corresponding emergency department chart was recently conducted to address:

- Issues / risk with current parameters (under triggering and over-triggering escalation).
- The requirement to add / emphasise information regarding Advance Care Directives (ACD), 7-Step Pathway and other patient preferences for treatment limitations.
- Additional requirement for doctors to specify the commencement and cessation of any modification to triggers, and also any changes to usual frequency of observations.

All feedback provided by LHNs, individuals and small expert groups has been considered and used to inform the revised version of the adult chart (MR59A and MR59A-ED).

Form Revisions

The following information highlights each section of the chart form and how it has been revised.

1. Observations Chart (page 2)

Where there have been changes to the parameters these are highlighted by each observation type below.

Respiratory Rate

Respiratory rate 8-10 bpm will trigger a RN/RM review in the revised chart (old chart response is MDT review)

New Chart

Write ≥ 36			
31 - 35			
26 - 30			
21 - 25			
16 - 20			
11 - 15			
8 - 10			
Write ≤ 7			
	31 - 35 26 - 30 21 - 25 16 - 20 11 - 15 8 - 10	31 - 35 26 - 30 21 - 25 16 - 20 11 - 15 8 - 10	31 - 35 26 - 30 21 - 25 16 - 20 11 - 15 8 - 10

Old Chart MR59A-ED

Respiratory Rate (breaths/min)	Write ≥ 36 31 - 35 26 - 30 21 - 25 16 - 20 11 - 15 8 - 10 Write ≤ 7		
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O₂ Saturation

- > Parameter ranges changed; revised chart ≤ 88, 89 91 and 92 94 (old chart ≤ 89 and 90 94).
- Any observations between 89 -91 will trigger a MDT review. This is an additional response category for this section
- > O₂ saturation of 88 or below will trigger a MER (old chart 89 or below)
- > RN/RM review are triggered by 92-94 O₂ saturation. This is higher than the old chart (90-94)

New Chart

O₂ Saturation (%)	≥ 98		
	95 97		
	92 - 94		
	89 - 91		
	Write ≤ 88		

Old Chart MR59A-ED

	≥ 98	
O, Saturation	95 - 97	
(%)	90 - 94	
	Write ≤ 89	

O₂ Flow Rate

Parameter ranges changed now more categories with tighter ranges (see old chart ranges below) and includes additional escalation response to MER Call from >8L/min

New Chart

0.51.5.	Write > 8
O₂ Flow Rate (L/min)	Write 7 - 8
Write value:	Write 5 - 6
	Write 0

Old Chart MR59A-ED

O _s Flow Rate	≥ 7	
(L/min)	6	
Write value:	1-4	

Sedation Score (page 6)

- > Changes to the wording of the Sedation Score matrix
- > In the new chart a score of 2 triggers MDT review compared to RN/RM review in the old chart

New Chart



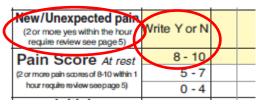
Old Chart MR59A-ED

Consciousness/	3		
Sedation	2		
Wake patient	1		
before scoring	0		

Pain Score

- > Additional question of 'New/Unexpected pain' in observations, triggers an escalation to RN/RM review for a 'yes' answer
- > Changes in the escalation response criteria score 8-10, new chart will trigger an RN/RM review instead of an MDT review on old chart (see below).
- > In the new chart a pain score <7 will not automatically trigger an escalation response

New Chart



Old Chart MR59A-ED

Γ	Pain Score	8 - 10	
П	At Rest	5-7	
L	(2 consecutive)	0 - 4	

 For new or unexpected pain or 2 consecutive pain score 8-10 within 1 hour, Senior nurse to request MDT review if required

2. Interventions of Review (page 4)

> This section now includes space to document what led to the intervention or review, for example was an additional set of observations done in response to patient or family concern about the patient's condition.

3. Modifications (page 6)

- > It now includes space to specify the start and finish date and time for a modification and space to document triggers for a MDT/MER call or departmental review process (e.g. Critical Response Team).
- > There are now more specific instructions requiring RMO or more senior Doctor to write and review any modifications as well as a prompt to check for ACD and 7 Step Pathway and to take into account any documented preferences for treatment, and any treatment limitations.

4. Reuscitation Plan (page 6)

Additional detail regarding progress of patient's 7-Step Pathway (MR RESUS) and inclusion of ACD

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