

Fact sheet – Revisions to the Rapid Detection and Response Adult Observation Chart (MR59A) (RDR chart)



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

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 the chart was recently conducted to address:

- Issues / risk with current parameters (under triggering and over-triggering escalation).
- Format / layout - sections used / not used, some information not recorded /not referred to.
- The requirement to add / emphasise information regarding Advance Care Directives (ACD), 7-Step Pathway and other patient preferences for treatment limitations.
- The requirement for a consistent way to document when additional observations and/or escalation have been initiated by patient or carer concern.
- 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 (59A).

Form Revisions

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

1. Layout / structure of the form

Sections of the chart have been moved around for improved usability and to allow for the inclusion of additional information such as in Section B Resuscitation Plan. The modifications table is now on page 3, opposite where the observations are documented, rather than having to turn the chart over.

2. Section A: Instructions for use of the form

Instructions for use of the form have been amended to include more detail on how to complete individual sections, particularly sections C, D, E and F.

3. Section B: Resuscitation Plan

Additional detail regarding progress of patient's 7 Step pathway (MR RESUS) and inclusion of ACD status/documentation.

4. Section C: Observations Chart

Where there has 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 (current chart response is MDT review)

Revised Chart

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

Current Chart MR59A

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

O₂ Saturation

- > Parameter ranges changed; revised chart ≤ 88, 89 – 91 and 92 – 94 (current 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 (currently 89 or below)
- > RN/RM review are triggered by 92-94 O₂ saturation. This is higher than current form (90-94)

Revised Chart

O ₂ Saturation (%)	≥ 98		
	95 - 97		
	92 - 94		
	89 - 91		
	Write ≤ 88		

Current Chart MR59A

O ₂ Saturation (%)	≥ 98		
	95 - 97		
	90 - 94		
	Write ≤ 89		

O₂ Flow Rate

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

Revised Chart

O ₂ Flow Rate (L/min) Write value:	Write > 8		
	Write 7 - 8		
	Write 5 - 6		
	Write 0 - 4		

Current Chart MR59A

O ₂ Flow Rate (L/min) Write value:	≥ 7		
	6		
	1 - 4		

Sedation Score

- > Changes to the wording of the Sedation Score matrix
- > Location of the matrix on the document (for space reasons it is on page 4 with Instructions)
- > In revised chart a score of 2 triggers MDT review compared to RN/RM review in current chart

Revised Chart

Sedation Score Refer to Section H	3		
	2		
	1		
	0		

Current Chart MR59A

Consciousness/ Sedation Wake patient before scoring	3		
	2		
	1		
	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, revised chart will trigger an RN/RM review instead of an MDT review on current chart (see below).
- > In the revised chart a pain score <7 will not automatically trigger an escalation response
- > Section G (Response criteria and action to take) describe further escalation action to MDT for ongoing/unrelieved pain

Revised Chart

New/Unexpected pain (2 or more 'Y' within the hour see section G) Pain Score At rest (2 or more pain scores of 8-10 within 1 hour see section G) Initial	Write Y or N		
	8 - 10		
	5 - 7		
	0 - 4		

Current Chart MR59A

Pain Score At Rest (2 consecutive)	8 - 10		
	5 - 7		
	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

Page 3: Variations

The following describe the changes to the sections that allow medical clinicians to tailor the observations and responses to individual patients based on their specific requirements and medical history.

5. Section D: Modifications

- > The Modifications table includes additional space to document information about triggers for MDT review and MER call for that patient.
- > It now includes space to specify the start and finish date and time for a modification.
- > 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 Resus Plan -7 Step Pathway and to take into account any documented preferences for treatment, and any treatment limitations.

6. Section E: Changes to usual frequency of observations

This is a new section that includes space to document:

- > any deviation from usual procedure – this is when additional or more frequent observations are requested for a period of time
- > the reason for a change to usual frequency of observations.

7. Section F: Interventions of Review done

This section now includes space to document:

- > an intervention or review
- > 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.

For more information

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