Rapid Detection and Response Maternal Observation Chart
(20 weeks Gestation - 6 weeks PP)

(FORM MR59G)

Hospital: .....

Affix patient identification label in this box

UR Number: .....

Surname: .....

Given name: .....

Second given name: .....

D.O.B: __ __ / __ __ / __ __ __ __ Sex: .....

Chart Number:

General Instructions

You must record observations including a minimum of respiratory rate, blood pressure, pulse rate, temperature and level of consciousness/sedation:

- On admission.
- At a frequency appropriate for the patient's clinical state but not less than:
  - Antenatal – twice per day if within normal limits.
  - Caesarean section – 15 minutely for first hour post - delivery and hourly for up to the 4th hour post delivery and then 4 hourly for first 24 hours, then twice daily thereafter if within normal limits.
  - Vaginal delivery – 15 minutely for first hour post - delivery then twice per day if within normal limits.
  - Hourly respiratory rate and sedation scores for 12 hours and then 2 hourly for up to 24 hours is also required in women with intrathecal or epidural morphine administration.
  - As per local procedures and in accordance with SA Health Perinatal Practice Guidelines.

You must record a set of observations including a minimum of respiratory rate, blood pressure, pulse rate, temperature, oxygen saturation and level of consciousness/sedation:

- If the patient is deteriorating or an observation is in a shaded area.
- Whenever you are worried about the patient.

MDT Review is required for unexplained, unresolved, escalating pain, or if you are worried.

When graphing observations, place a dot (•) in the centre of the box which includes the current observation in its range of values and connect it to the previous dot with a straight line. If observations fall above or below graphic parameters, write the value in relevant box. For blood pressure, use the symbols indicated on the graphic chart.

Whenever an observation falls within a shaded area, you must initiate the actions required for that colour, unless a modification has been made.

Modifications

If abnormal observations are to be tolerated for the patient's clinical condition, write the acceptable ranges and rationale (where a response will not be triggered) below. Duration of modification must be specified.

	Modification 1	Modification 2	Modification 3	Modification 4
Date	/ /	/ /	/ /	/ /
Time	:	:	:	:
Duration				
Observation(s) and acceptable range				
Brief Rationale *(Full description in medical record)*				
Doctor's Signature				
Doctor's Name *(print)*				
Doctor's Designation				
Midwife/Nurse Signature				
Midwife/Nurse Name *(print)*				
Midwife/Nurse Designation				

RDR Maternal Observation Chart
(20 weeks Gestation – 6 weeks PP)
MR59G

Rapid Detection and Response Maternal Observation Chart
(20 weeks Gestation - 6 weeks PP)
(FORM MR59G)
Hospital: .....
Affix patient identification label in this box
UR Number: .....
Surname: .....
Given name: .....
Second given name: .....
D.O.B: __ __ / __ __ / __ __ __ __ Sex: .....

Additional Observations

Date									
Time									
Initials									
Designation									

Interventions or Review

If you administer an intervention or review, record here and note letter in intervention row over page in appropriate time column.		Initial *Please print*	Designation
a			
b			
c			
d			
e			
f			
g			
h			

Modifications in use: ☐ No ☐ Yes

Date																					
Time																					
Respiratory Rate *(breaths/min)*	Write ≥ 36																				Write ≥ 36
	31 - 35																				31 - 35
	26 - 30																				26 - 30
	21 - 25																				21 - 25
	13 - 20																				13 - 20
	10 - 12																				10 - 12
	8 - 9																				8 - 9
	Write ≤ 7																				Write ≤ 7
O_2 Saturation *(%)*	≥ 97																				≥ 97
	95 - 96																				95 - 96
	92 - 94																				92 - 94
	Write ≤ 91																				Write ≤ 91
O_2 Flow Rate *(L/min)* Write value:	Write ≥ 4																				Write ≥ 4
	≤ 3																				≤ 3
Delivery Method/Air																					
Systolic Blood Pressure *(mmHg)*	Write ≥ 200																				Write ≥ 200
	190s																				190s
	180s																				180s
	170s																				170s
	160s																				160s
	150s																				150s
	140s																				140s
	130s																				130s
	120s																				120s
	110s																				110s
	100s																				100s
	90s																				90s
	80s																				80s
	70s																				70s
	Write ≤ 69																				Write ≤ 69
Diastolic Blood Pressure *(mmHg)*	Write ≥ 110																				Write ≥ 110
	100s																				100s
	90s																				90s
	80s																				80s
	70s																				70s
	60s																				60s
	50s																				50s
	40s																				40s
	Write ≤ 39																				Write ≤ 39
Pulse Rate *(beats/min)*	Write ≥ 140																				Write ≥ 140
	130s																				130s
	120s																				120s
	110s																				110s
	100s																				100s
	90s																				90s
	80s																				80s
	70s																				70s
	60s																				60s
	50s																				50s
	40s																				40s
	Write ≤ 39																				Write ≤ 39
Temperature *(°C)*	Write ≥ 38.6																				Write ≥ 38.6
	38.1 - 38.5																				38.1 - 38.5
	37.6 - 38.0																				37.6 - 38.0
	36.1 - 37.5																				36.1 - 37.5
	35.6 - 36.0																				35.6 - 36.0
	35.1 - 35.5																				35.1 - 35.5
	Write ≤ 35																				Write ≤ 35
Level of Consciousness/ Sedation Wake patient before scoring	3																				3
	2																				2
	1																				1
	0																				0
Neuro *(new presentation)*	Yes																				Yes
	No																				No
Pain *(unresolved or unexplained)*	Yes																				Yes
	No																				No
Intervention	*See chart overleaf*																				*See chart overleaf*

Rapid Detection and Response Maternal Observation Chart

(20 weeks Gestation - 6 weeks PP)

(FORM MR59G)

Hospital: .....

Affix patient identification label in this box

UR Number: .....

Surname: .....

Given name: .....

Second given name: .....

D.O.B: __ __ / __ __ / __ __ __ __ Sex: .....

Medical Emergency Response (MER) Call

Response Criteria
- Respiratory or cardiac arrest
- Threatened airway
- Significant bleeding
- Any observations in a purple zone
- Unexpected or uncontrolled seizure
- Unattended MDT review
- You are worried about the patient

Actions required ASAP
- Place emergency call and specify location
- Initiate basic/advanced life support
- Notify senior doctor responsible for patient
- Increase frequency of observations post intervention

Multi Disciplinary Team (MDT) Review

(minimum of registered midwife/nurse and medical doctor - check for modifications)

Response Criteria
- Unrelieved chest pain
- Any observations in a red zone or obstetric emergency
- Urine output < 30ml/hr over 4 hours
- You are worried about the patient

Actions required
- MDT to review patient within 30 minutes (Country Hospitals to refer to local guidelines)
- Increase frequency of observations
- If MDT not attended within 30 minutes escalate to MER

*** 3 or more observations in the red zone, escalate to MER**

RM/RN Review & Notify Shift Coordinator

Response Criteria
- Any observations in a yellow zone
- New or unexplained behaviour change
- You are worried about the patient

Actions required
- Registered midwife/nurse must review the patient
- Increase frequency of observations
- Manage anxiety, pain and review oxygen requirements

*** 3 or more observations in the yellow zone, escalate to MDT Review**

Level of Consciousness/Sedation

Score	Descriptor	Stimulus	Response	Duration
3	Difficult to rouse (severe respiratory depression)	Pain, shoulder squeeze	Brief eye opening OR any movement OR no response	N/A
2	Easy to rouse, difficulty staying awake	Voice, light touch	Eye opening and eye contact	<10 seconds
1	Easy to rouse	Voice, light touch	Eye opening and eye contact	>10 seconds
0	Awake, alert	N/A	N/A	N/A

Neurological Presentation

New/unexplained or severe neurological presentation which may include: twitch/ clonus/ visual disturbances, severe headache.

SA Health
Created July 2013