CHAPTER 19 ANNEX A

OBSTETRIC EARLY WARNING CHART. FOR MATERNITY USE ONLY

NAME: _____ **DOB:** _____

CHI: **WARD:**

CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE RED OR TWO YELLOW SCORES AT ANY ONE TIME

	Date :																		
	Time :																		
RESP (write rate in corresp. box)	>30																		>30
	21-30																		21-30
	11-20																		11-20
	0-10																		0-10
Saturations	90-100%																		90-100%
	<90%																		<90%
O2 Conc.	%																		%
Temp	39																		39
	38																		38
	37																		37
	36																		36
	35																		35
HEART RATE	170																		170
	160																		160
	150																		150
	140																		140
	130																		130
	120																		120
	110																		110
	100																		100
	90																		90
	80																		80
	70																		70
	60																		60
	50																		50
	40																		40
Systolic blood pressure	200																		200
	190																		190
	180																		180
	170																		170
	160																		160
	150																		150
	140																		140
	130																		130
	120																		120
	110																		110
	100																		100
	90																		90
	80																		80
	70																		70
	60																		60
	50																		50
Diastolic blood pressure	130																		130
	120																		120
	110																		110
	100																		100
	90																		90
	80																		80
	70																		70
	60																		60
	50																		50
	40																		40
Passed Urine	Y or N																		Y or N
Lochia	Normal																		Normal
	Heavy / Foul																		Heavy / Foul
Proteinuria	2+																		2+
	> 2+																		>2+
Liquor	Clear / Pink																		Clear/Pink
	Green																		Green
NEURO RESPONSE (√)	Alert																		Alert
	Voice																		Voice
	Pain / Unresponsive																		Pain /Unresponsive
Pain Score (no.)	2-3																		2-3
	0-1																		0-1
Nausea (√)	YES (√)																		YES (√)
	NO (√)																		NO (√)
Looks unwell	YES (√)																		YES (√)
Looks unwell	NO (√)																		NO (√)
Total Yellow Scores																			
Total Red Scores																			

CEMACH apologises to Drs Fiona McIlveney, Chris Cairns and their colleagues at Stirling Royal Infirmary for not acknowledging their important role in its development in the original Report. Requests for copies of the original chart in MS Excel format may be made to Dr Fiona McIlveney at: Fiona.McIlveney@fvah.scot.nhs.uk