



**Rapid Detection and Response Neonatal Observation Chart**  
Special Care Nursery/Special Care Baby Unit  
**MR-59L**

UR No: \_\_\_\_\_  
Do not hand write these details, except when adhesive  
Surname: \_\_\_\_\_  
barcode labels are unavailable  
First Name: \_\_\_\_\_  
D.O.B. \_\_\_\_\_ Sex: \_\_\_\_\_

**SECTION A - 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      |  |  |  |  |  |

**SECTION B - INTERVENTION OR REVIEW DONE (INCLUDING MDT OR MER CALL)**

Record event details, including comments, interventions and parental concerns.

| A | Date | Time | Initial | Designation |
|---|------|------|---------|-------------|
| B |      |      |         |             |
| C |      |      |         |             |
| D |      |      |         |             |
| E |      |      |         |             |
| F |      |      |         |             |
| G |      |      |         |             |
| H |      |      |         |             |
| I |      |      |         |             |
| J |      |      |         |             |
| K |      |      |         |             |
| L |      |      |         |             |
| M |      |      |         |             |
| N |      |      |         |             |
| O |      |      |         |             |

**SECTION C - ASSESSMENT OF RESPIRATORY DISTRESS**

Note, not all respiratory assessment features are relevant to all conditions

|                              | MILD  | MODERATE   | SEVERE  |
|------------------------------|---|--|---|
| <b>Respiratory Rate</b>      | • Mildly increased                                    | • Respiratory rate in red zone   | • Respiratory rate in purple zone<br>• Increased or markedly reduced respiratory rate as the neonate tires<br>• Gasping, grunting   |
| <b>Airway</b>                |   | • Stridor on crying  | • Stridor at rest   |
| <b>Work of breathing</b>     | • Mild intercostal and suprasternal recession         | • Nasal flaring<br>• Moderate intercostal and suprasternal recession   | • Marked intercostal, suprasternal and sternal recession  |
| <b>Colour</b>                | • Pink  | • Pallor   | • Extreme pallor, cyanosis  |
| <b>Behaviour and Feeding</b> | • Tolerating prescribed feeds (enteral/breast/bottle) | • Some/intermittent irritability<br>• Difficulty crying<br>• Difficulty feeding due to breathlessness (dependent on gestational age) | • Increased irritability and/or lethargy<br>• Looks exhausted<br>• Unable to cry<br>• Unable to feed (dependent on gestational age) |
| <b>Apnoeas</b>               |   | • May have multiple brief apnoeas (< 20 secs)  | • Increasingly frequent or prolonged apnoeas (> 20 secs)  |
| <b>Oxygen</b>                | • No oxygen requirement                               | • Mild hypoxaemia corrected by oxygen<br>• Increasing oxygen requirement to maintain target SpO <sub>2</sub>                         | • Hypoxaemia may not be corrected by oxygen   |

RDR NEONATAL OBSERVATION CHART SCN/SCBU

MR 59L

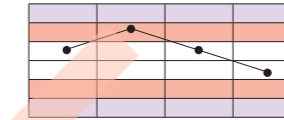
**SECTION D - GENERAL INSTRUCTIONS**

These charts are designed for use in the Special Care Nursery/ Special Care Baby Unit for all gestations. You MUST record baseline observations on admission to determine the frequency of observations. Neonatal observations are best performed at rest, and must be recorded:

- At a frequency appropriate for the neonate's clinical state
- Whenever staff or family members are worried about the neonate's clinical state
- If the neonate is deteriorating

**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.



**Altered SpO<sub>2</sub> targets and modifications MUST:**

- Be ordered by a Medical Officer or Neonatal Nurse Practitioner
- Consider individual circumstances and procedures

For Blood Pressure, Temperature and Blood Glucose Level write the number in the appropriate section. For SpO<sub>2</sub> Desaturation, Apnoea and Bradycardic events, document with ↓

**SECTION E – RESPONSE CRITERIA AND ACTIONS TO TAKE**

**STAY VIGILANT**

Observations as per protocol. If concerned or worried escalate at any time. Always refer and follow local policy and procedure

**Medical Emergency Response (MER) Call**

| Response criteria   | Actions required  |
|---|---|
| If one or more observations are in the purple zone, or one of the following are occurring:                                    |   |
| <ul style="list-style-type: none"> <li>• You are worried about the neonate.</li> <li>• A family member is worried.</li> </ul> | <ol style="list-style-type: none"> <li>1. Press Emergency Call Bell</li> <li>2. Initiate appropriate clinical care until the arrival of the emergency respondent/s</li> <li>3. Emergency respondent/s to attend immediately stabilise patient and/or provide advice</li> <li>4. Emergency respondent/s to document management plan</li> </ol> |

**Multidisciplinary Team (MDT) Review**

(Minimum of a Senior Registered Nurse and Medical Officer/Neonatal Nurse Practitioner)

| Response criteria   | Actions required  |
|---|---|
| If one or more observations are in the red zone, or one of the following are occurring:                                       |   |
| <ul style="list-style-type: none"> <li>• You are worried about the neonate.</li> <li>• A family member is worried.</li> </ul> | <ol style="list-style-type: none"> <li>1. Initiate appropriate clinical care</li> <li>2. Consult with Senior Nurse/Midwife, review with a Medical Officer/Neonatal Nurse Practitioner. MO/ NNP to document review, actions and plan in Medical Records. Nurse/Midwife to document in SECTION B - INTERVENTION OR REVIEW DONE.</li> <li>3. If medical review requested</li> <li>• If not attended within 15 minutes, escalate to MER call (purple zone)</li> </ol> |

**Senior RN/RM Review & Notify Shift Coordinator**

| Response criteria   | Actions required  |
|---|---|
| If one or more observations are in the yellow zone, or one of the following are occurring:                                    |   |
| <ul style="list-style-type: none"> <li>• You are worried about the neonate.</li> <li>• A family member is worried.</li> </ul> | <ol style="list-style-type: none"> <li>1. Senior RN/RM and/or Shift Coordinator must review the neonate</li> <li>2. Review frequency of observations</li> <li>3. Expected review within 30 minutes, escalate to MDT review whilst initiating appropriate clinical care</li> </ol> |

## RDR Neonatal Observation Chart Special Care Nursery/Special Care Baby Unit For all gestations (MR-59L)

- = Mandatory Emergency Call
- = Multidisciplinary Team (MDT) Review
- = Senior RN/RM Review and Shift Coordinator
- = Normal/Stay Vigilant

|                             |     |                  |     |               |     |
|-----------------------------|-----|------------------|-----|---------------|-----|
| Time of Birth:              |     | Birth Gestation: |     | Birth Weight: |     |
| Date                        | / / |                  | / / | / /           | / / |
| Day of Life / Corrected Age | /   | /                | /   | /             | /   |
| Weight                      |     |                  |     |               |     |

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D.O.B. \_\_\_\_\_ Sex: \_\_\_\_\_

### SECTION F - OBSERVATION CHART

| Date  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Staff initial (with each set of obs)  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Time of observations  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Standard SpO<sub>2</sub> Modifications</b><br><small>Typically used in prenatally/gravid/resp support; consider individual circumstances/procedure. White SpO<sub>2</sub> ranges below</small> |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Start Date /Time  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Finish Date /Time   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| White zone  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Yellow zone   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Red zone  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Purple zone   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| MO/NNP  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| MO/NNP Signature  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Respiratory Rate Modifications</b>   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Start Date /Time  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Finish Date /Time   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Purple zone   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Red zone  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Yellow zone   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| MO/NNP  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| MO/NNP Signature  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Date  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Time of observations  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Assessment of Respiratory Effort</b><br><small>(see legend over page)<br/>Please tick (✓)</small>  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Apnoeas/Bradycardias</b><br><small>If &gt; 1 per hour OR 4 or more in 4hrs requiring stimulation = red zone<br/>If &gt; 2 per hour OR 8 or more in 4hrs NOT requiring stimulation = red zone<br/>Please tick (✓)</small> |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Heart Rate Modifications</b>   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Start Date /Time  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Finish Date /Time   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Purple zone   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Red zone  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Yellow zone   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| MO/NNP  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| MO/NNP Signature  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Date   |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Time of observations   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Blood Pressure (mmHg)</b><br><small>(Mean BP less than corrected gestational age in weeks = red zone)<br/>Refer to BP charts after the first week of life.</small>  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Colour (Central)</b><br>Jaundice < 24 hours of life = red zone  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Level of Activity</b>   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Temperature Modifications</b>   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Start Date /Time   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Finish Date /Time  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Purple zone  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Red zone   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Yellow zone  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| MO/NNP   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| MO/NNP Signature   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Plasma Glucose Level (mmol/L)</b><br><small>PGL &gt; 2.0mmol/L first 4 hours of age, ≥ 2.6mmol/L after 4 hours<br/>If on IV infusion PGL ≥ 2.6mmol/L or if major illness ≥ 3.5mmol/L<br/>1.5-2.5mmol/L or &gt; 8.0mmol/L &lt; 1.5mmol/L</small> |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Write value  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Intervention/Review Events/Comments</b>   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Cares</b>   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Events/Comments (e.g. A - see over)</b>   |  |  |  |  |  |  |  |  |  |  |  |  |  |

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