	ING KEY for s		2		MODIF			RNING SO ON NORMAL		(MEV	/S) VIT	AL SIG	NS CHA	<u>ART</u>	1
No action	Re-check after 1/2 hour/report if	2 Check after 5 min/report	3 Single RED score of 3 = Medium risk but			F	AHENIS	NORMAI	LBP						
	no improvement	immediately if no improvement	still report immediately												
	ING KEY for T	OTAL MEWS													
	I-4 = Low risk Re- ck after 1/2 hr	Total 5-6 = Medium risk	Total score 7 or more = High risk Report												
/report if no improvement Check after 5 min/report immediately if no improvement															
			Щ	PATIENT'S IDENTIFICATION & HOSPITAL NUMBER STICKER								Ш			
		POST	-OPERATIVE DAY	OR										OR	
			DATE TIME	SCORI										SCORE	
RESPI	RATORY RAT	Έ	25 or more	3										3	25 or more
Write in full if outside the range eg. 7 or 26			21-24	2										2	21-24
			12-20	0										0	12-20
			9-11	1										1	9-11
			≤8	3										3	≤8
O₂ Saturation %			96+	0										0	96+
			94-95	1										_	94-95
			92-93	2											92-93
In an in a	4.0		91 or less	3										3	91 or less
Inspire	_		YES % / NO												YES % / NO
_	erature °C		39.1 or higher	2								ER		39.1 or higher	
Write in full if outside the range eg			1_											38.1-39.0	
			36.1-38.0	0											36.1-38.0
			35.1-36.0	1											35.1-36.0
			35 or lower	3										3	35 or lower
HEART RATE		131 or more	3										3	131 or more	
Write in f	ull if outside the rang	e eg. 39 or 132	111-130	2											111-130
			91-110	1											91-110
			51-90	0											51-90
			41-50 40 or less	3											41-50 40 or less
CVCT	OLIC BP			_										_	
			220 or more	3											220 or more
Write in f	ull if outside the rang	e eg. 90 or 221	111-219	0											111-219
			101-110	1										-	101-110
			91-100	2											91-100
DIACTO	NIC DDita in f		90 or less	3										3	90 or less
	OLIC BP write in f SION - capillary re														Perfusion
SKIN C		eriii <2 3ec	Pale/Cyanotic												Pale/Cyanotic
PAIN		Severe	3												Pain 3
		Moderate	2												2
		Mild No pain	1 0												0
HAD PA	AIN MEDICATION		YES/NO												YES/NO
Sweatin			YES/NO												YES/NO
Wound			YES/NO												YES/NO
Other: v			YES/NO												YES/NO
Blood g	lucose		120/110												0/110
Finger p	rick Hb														
LEVEL OF CONSCIOUSNESS Alert (A) Reacting to voice (V) / Pain (P) / Unresponsive (U) Pupil size: Right		(GCS 15)	0											^	
		(GCS 15)	3										0	V/P/U	
		(903 14 01 1655)	J										3	. V/P/U	
		Size												Right: Size	
		Reaction												Reaction	
		Left	Size Reaction												Left: Size Reaction
Intrave	nous fluid		YES/NO												IV YES/NO
URINE OUTPUT		more than												more than	
			300ml/hr for 2												300ml/hr for 2
	[Indicate if no	rmally anuric]	60ml/hr	0											60ml/hr
C=Catheter		less than 60ml/hr	1										_	less than 60ml/hr	
		less than 30ml/hr	2											less than 30ml/hr	
			No output	3										3	No output
LOOKS	unwell		YES/NO								<u> </u>				YES/NO
			TOTAL SCORE								<u> </u>				TOTAL SCORE
			Initiale							1					1