

# National Quality Improvement Project 2018/2019

## Vital Signs in Adult

### Audit questions

This document only contains the audit questions, please see the [information pack](#) for full information.

#### Case mix

1.1	Reference (do not enter patient identifiable data)	
1.2	Date and time of arrival or triage – whichever is earlier	dd/mm/yyyy      HH:MM

#### Vital signs

2.1	Were the following vital signs measured and recorded?			
	<i>Tick all applicable:</i>	<i>Time (leave blank if unknown)</i>	<i>Date (for use if different to date of admission)</i>	<i>No (select option where applicable)</i>
	a) Respiratory rate	HH:MM	dd/mm/yyyy	<ul style="list-style-type: none"> <li>No – but the reason was recorded</li> <li>Not recorded</li> </ul>
	b) Oxygen saturation	HH:MM	dd/mm/yyyy	<ul style="list-style-type: none"> <li>No – but the reason was recorded</li> <li>Not recorded</li> </ul>
	c) Pulse	HH:MM	dd/mm/yyyy	<ul style="list-style-type: none"> <li>No – but the reason was recorded</li> <li>Not recorded</li> </ul>
	d) Systolic blood pressure	HH:MM	dd/mm/yyyy	<ul style="list-style-type: none"> <li>No – but the reason was recorded</li> <li>Not recorded</li> </ul>
	e) GCS score (or AVPU)	HH:MM	dd/mm/yyyy	<ul style="list-style-type: none"> <li>No – but the reason was recorded</li> <li>Not recorded</li> </ul>
	f) Temperature	HH:MM	dd/mm/yyyy	<ul style="list-style-type: none"> <li>No – but the reason was recorded</li> <li>Not recorded</li> </ul>
2.2	Were the vital signs recorded as a part of a formalised scoring system?		<ul style="list-style-type: none"> <li>Yes (please specify: _____)</li> <li>No</li> </ul>	

#### Abnormal vital signs

3.1	Were any of the recorded vital signs abnormal (as defined in the audit standards)?	<ul style="list-style-type: none"> <li>Yes</li> <li>No</li> </ul>
3.1a	<p style="color: red;">➔ If 3.1 = yes:</p> Is there specific evidence in the ED record that the clinician recognised the abnormal vital signs?	<ul style="list-style-type: none"> <li>Yes</li> <li>No</li> </ul>

3.1b	<p>→ If 3.1 = yes:</p> <p>Is there evidence in the ED record that the abnormal vital signs were acted upon?</p>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
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### Repeat vital sign recording

4.1	Was a repeat set of vital signs recorded in the ED record?		
	Tick all applicable:	<i>Time (leave blank if unknown)</i>	<i>Date (for use if different to date of admission)</i>
	<ul style="list-style-type: none"> <li>• Respiratory rate</li> </ul>	HH:MM	dd/mm/yyyy
	<ul style="list-style-type: none"> <li>• Oxygen saturation</li> </ul>	HH:MM	dd/mm/yyyy
	<ul style="list-style-type: none"> <li>• Pulse</li> </ul>	HH:MM	dd/mm/yyyy
	<ul style="list-style-type: none"> <li>• Systolic blood pressure</li> </ul>	HH:MM	dd/mm/yyyy
	<ul style="list-style-type: none"> <li>• GCS score (or AVPU)</li> </ul>	HH:MM	dd/mm/yyyy
	<ul style="list-style-type: none"> <li>• Temperature</li> </ul>	HH:MM	dd/mm/yyyy
4.2	(Only answer if YES to 4.1) Were any of the recorded repeat vital signs abnormal (as defined in the audit standards)?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	

### Discharge

5.1	Was the patient discharged home?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
5.1a	(Only answer if YES to Q5.1) When the patient was discharged home, were their vital signs normal?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Not recorded</li> </ul>
5.1b	(Only answer if YES to Q5.1) Is there documented evidence of review by a senior doctor (ST4 or above in emergency medicine or equivalent non-training doctor)?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>

### Notes

(Optional space to record any additional notes for local use)

## Question and answer definitions

Term	Definition
Discharged home	Home or their normal place of residence
Abnormal vital signs	<p>The following criteria may be used to define abnormal vital signs in adults which should be acted on (if you have locally defined abnormal vital signs you may use those instead):</p> <ul style="list-style-type: none"><li>a) Respiratory rate &lt; 10 <b>or</b> &gt; 20 per min</li><li>b) Oxygen saturation &lt; 92%</li><li>c) Pulse &lt; 60 <b>or</b> &gt; 100</li><li>d) Systolic blood pressure &lt; 100 <b>or</b> &gt; 180</li><li>e) GCS &lt; 15 or less than Alert on AVPU</li><li>f) Temperature &lt; 35 <b>or</b> &gt; 38</li><li>g) MEWS score <math>\geq 2</math> = "abnormal parameters"</li></ul>