



VP/M001

Victorian Children's Tool for Observation and Response

Medical Emergency Response Metrics

Hospital: _____

UR NUMBER

SURNAME

GIVEN NAME(S)

DATE OF BIRTH

AFFIX PATIENT LABEL HERE ↑

Call location:	<input type="checkbox"/> Ward: _____	<input type="checkbox"/> ED	<input type="checkbox"/> Other: _____
Admission diagnosis:	_____ <48 hours postoperative		<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of call:	<input type="checkbox"/> MET call	<input type="checkbox"/> Upgraded to Code Blue	<input type="checkbox"/> Code Blue <input type="checkbox"/> Other: _____
Date of call:	____ / ____ / ____	Time of call: _____ a.m./p.m.	Call finished: _____ a.m./p.m.
Call made by:	<input type="checkbox"/> Doctor	<input type="checkbox"/> Nurse	<input type="checkbox"/> Family <input type="checkbox"/> Other: _____
In the last 4 hours prior to call was the patient transferred from:	<input type="checkbox"/> ED	<input type="checkbox"/> ICU	<input type="checkbox"/> Recovery <input type="checkbox"/> N/A

Reason(s) Call was Made (Tick all applicable)				
<input type="checkbox"/> Staff worried	<input type="checkbox"/> Family worried	<input type="checkbox"/> Airway compromise	<input type="checkbox"/> Low SpO ₂	<input type="checkbox"/> Reduced consciousness
<input type="checkbox"/> High RR	<input type="checkbox"/> Low RR	<input type="checkbox"/> Respiratory distress	<input type="checkbox"/> Respiratory arrest	<input type="checkbox"/> Seizure
<input type="checkbox"/> High HR	<input type="checkbox"/> Low HR	<input type="checkbox"/> Hypotension	<input type="checkbox"/> Cardiac arrest	<input type="checkbox"/> Other: _____

ViCTOR Purple Parameter Breached? (Tick all applicable) <input type="checkbox"/> N/A	Existing Modification(s) at Time of Call <input type="checkbox"/> N/A
<input type="checkbox"/> High RR	<input type="checkbox"/> High RR
<input type="checkbox"/> High HR	<input type="checkbox"/> High HR
<input type="checkbox"/> Low RR	<input type="checkbox"/> Low RR
<input type="checkbox"/> Low HR	<input type="checkbox"/> Low HR
<input type="checkbox"/> Respiratory distress	<input type="checkbox"/> Hypotension
<input type="checkbox"/> Low SpO ₂	<input type="checkbox"/> Level of consciousness
<input type="checkbox"/> Level of sedation	<input type="checkbox"/> Level of sedation
	<input type="checkbox"/> Low SpO ₂
	<input type="checkbox"/> Hypotension

Significant Event (During or immediately prior to the call) <input type="checkbox"/> Yes (Tick all applicable) <input type="checkbox"/> No	
Acute Respiratory Compromise	
<input type="checkbox"/> Bag mask ventilation	<input type="checkbox"/> Intubation and ventilation
<input type="checkbox"/> Initiated high flow O ₂	<input type="checkbox"/> Initiated/Escalated CPAP or BiPAP
Cardiac Arrest	
<input type="checkbox"/> Chest compressions	<input type="checkbox"/> Defibrillation
<input type="checkbox"/> Initial Rhythm: _____	
Other	
<input type="checkbox"/> Reversal of opioid toxicity (Naloxone)	<input type="checkbox"/> IM or IV adrenaline
<input type="checkbox"/> Initiated /Escalated inotropes	
<input type="checkbox"/> Reversal of sedation (Flumazenil)	<input type="checkbox"/> Extensive fluid resuscitation (≥40mL/kg) OR <input type="checkbox"/> Smaller fluid bolus

Patient Outcome Post Call (Up to four hours)				
<input type="checkbox"/> Resolved without intervention	<input type="checkbox"/> Remained on ward with advice/intervention	<input type="checkbox"/> Died		
<input type="checkbox"/> HDU	<input type="checkbox"/> ICU	<input type="checkbox"/> ED	<input type="checkbox"/> Theatre	<input type="checkbox"/> Other: _____
Transferred to:	<input type="checkbox"/> Monash Children's	<input type="checkbox"/> RCH	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Contacted PIPER:	<input type="checkbox"/> Parameters modified, list: 1 _____	2 _____	3 _____	
Presumed reason/diagnosis for emergency call: _____				

Does this case require a more detailed review?

Yes No Unsure