

Date chart started on:

Obstetric Early Warning Chart

Woman's addressograph

Name:.....

Hospital ID number:.....

Date of Birth:.....

Most recent weight:

Reminder

Use appropriate B/P cuff size

Arm circumference <33cm Standard

33-40cm Large

41cm+ Thigh

Guidelines for using this chart

Section A – General Observations – must be completed on all antenatal and postnatal inpatients. Frequency determined either on admission as per local guideline, or by medical review as part of an individualised plan of care.

Section B – Fetal monitoring – must be completed on all antenatal inpatients. Frequency determined as per guideline, or by medical review as part of an individualised plan of care.

Section C – Postnatal Observations – must be completed on all postnatal inpatients. Frequency determined either after birth as per guideline, or by medical review as part of an individualised plan of care.

Section D – Enhanced Observations – must be completed where indicated on the table below or requested by a clinician. All women must have this section completed for the first 6 hours post theatre. See local guidelines.

When completing the **Obstetric Early Warning Chart**, all observation in Section A and any additional sections should be completed and a total of the overall score written in the box provided.

An observation in the orange zone scores 4 and an observation in the yellow zone scores 1.

Escalation Policy

SCORE	ACTION
0	Continue monitoring as per guideline or individualised plan of care
1	- Repeat in 1 hour At 1 hour - Repeat section A If still 1 - Include Section D - Inform medical team - Document in the maternal notes If > 1 - Follow instructions below
2 or 3	- Antenatal – complete section D & B unless just performed - Postnatal – complete section D & C unless just performed - Request medical review within 1 hour - Repeat all observations every 30 minutes until review
≥ 4	- Antenatal – complete section D & B unless just performed - Postnatal – complete section D & C unless just performed - Request urgent medical review - Repeat all observations every 15-30 minutes until review

Date:		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Time:																	
Gestational age / days postnatal:																	
Looks unwell	Yes																
	No																
Temperature °C	39.5																
	39																
	38.5																
	38																
	37.5																
	37																
	36.5																
	36																
	35.5																
Maternal heart rate b.p.m.	170																
	160																
	150																
	140																
	130																
	120																
	110																
	100																
	90																
	80																
Systolic blood pressure mmHg	200																
	190																
	180																
	170																
	160																
	150																
	140																
	130																
	120																
	110																
Diastolic blood pressure mmHg	130																
	120																
	110																
	100																
	90																
	80																
	70																
	60																
	50																
	40																
Respiratory Rate (please indicate actual rate)	>30																
	21-30																
	11-20																
	0-10																
Urine Analysis	Protein																
	Other																

[illegible]

