THESE INSTRUCTIONS EXPLAIN WHEN TO MAKE A CLINICAL REVIEW OR RAPID RESPONSE CALL. YOUR LOCAL ESCALATION PROTOCOL WILL EXPLAIN HOW TO MAKE A CALL.

Clinical Review Criteria:
- New, increasing or uncontrolled pain consult with the nurse in charge then consider a review by the acute pain service or equivalent medical officer.
- Sedation score is 2: Ensure oxygen therapy in progress, stop epidural infusion.
- Respiratory rate between 6 and 10 breaths per minute: Ensure oxygen therapy in progress, stop epidural infusion.
- Respiratory rate 25-30
- Systolic blood pressure 90 – 100 or 180 – 200mmHg
- Heart rate 40 – 50 or 120 – 140 beats per minute
- Any developing leg weakness (2-3 on motor block assessment scale)

Rapid Response Criteria:
- Sedation score 2 and respiratory rate less than or equal to 5 breaths per minute OR
- Sedation score 3
- Systolic blood pressure less than 90 or greater than 200mmHg
- Heart rate less than 40 or greater than 140 beats per minute

STOP EPIDURAL infusion and initiate a rapid response.

IF A PATIENT HAS ANY ONE (1) OR MORE CLINICAL REVIEW CRITERIA PRESENT, YOU MUST CONSULT WITH THE NURSE INCHARGE AND ASSESS WHETHER A CLINICAL REVIEW IS NEEDED (REFER TO YOUR LOCAL ESCALATION PROTOCOL) AND
1. You MUST initiate appropriate clinical care
2. Contact the Acute Pain Service or equivalent medical officer
3. Repeat and record observations as indicated by the patient’s condition, but at least within 30 minutes
4. If the patient’s observations enter the RED zone while you are waiting for a Clinical Review, you MUST ACTIVATE YOUR LOCAL RAPID RESPONSE (see below)
5. You may call for a Clinical Review at any time if worried

IN THE EVENT THAT A REVIEW BY THE ACUTE PAIN SERVICE OR EQUIVALENT MEDICAL OFFICER IS NOT POSSIBLE, CALL FOR A CLINICAL REVIEW.
You should consider
1. Whether abnormal observations reflect deterioration in your patient
2. What is usual for your patient
3. Whether there is an adverse trend in observations

IF A PATIENT HAS ANY ONE (1) OR MORE RAPID RESPONSE CRITERIA PRESENT, CALL FOR A RAPID RESPONSE (REFER TO YOUR LOCAL ESCALATION PROTOCOL) AND

1. You MUST initiate appropriate clinical care
2. CONTACT THE ACUTE PAIN SERVICE OR EQUIVALENT MEDICAL OFFICER
3. Inform the nurse in charge
4. Repeat observations as indicated by the patient’s condition

Continuous Epidural Infusion
or PCEA (Patient controlled epidural analgesia) adult prescription and observation chart

Insertion details:
Insertion date: ………………… Time: ……… Level of insertion: …………………
Depth to space: …………cm Final catheter mark at skin: …………cm Tunneled: No □ Yes □ …………cm
Insertion comments: ……………………………………………………………………………………………………………………………

Epidural Infusion prescription:

Epidural Solution | Opioid | Additional Drug | Total Volume (mL)
--- | --- | --- | ---

Local anaesthetic: Opioid: Additional Drug:

Total opioid
Amount: Concentration: per mL

Concentration: per mL

Infusion rate
mL per hour
(ranget from min to max)

mL per hour to mL per hour For a PCEA program see below

Rescue bolus dose prescription (for continuous infusion):
See epidural management guidelines and local policy for further information.
ONLY registered nurses who have been assessed as competent can deliver a rescue epidural bolus.

Date
Medical officer prescribing
(Signature & print name)
Pharmacy:

Volume (mL)
Minimal interval between rescue bolus doses
(Minutes or hours)

Lockout interval (minutes)
Range from min to max

Medical officer prescribing
(Signature & print name)

PCEA (Patient controlled epidural analgesia prescription):
See local hospital policy for further information.

Date
Epidural Solution
Syringe or bag volume (mL)
PCEA bolus Dose (mL)
Background infusion (mL per hour)
Range from min to max

Medical officer prescribing
(Signature & print name)

Local anaesthetic: % Opioid: Other:
per mL per mL
**EPIDURAL: Record of drug administration and volume of drug discarded**

<table>
<thead>
<tr>
<th>Record of epidural administration</th>
<th>Record of epidural infusion discarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Time</td>
</tr>
<tr>
<td>1</td>
<td></td>
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<tr>
<td>2</td>
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<td>19</td>
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<td>20</td>
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</tbody>
</table>
**Continuous Epidural Infusion and PCEA Management Guidelines**

(For detailed information regarding epidural prescribing and management refer to local hospital policy)

- **Observations** on this form to be recorded epidural hourly for 6 hours, then second hourly thereafter or more frequently if patient’s clinical condition warrants.

- **Observations AFTER A RESCUE BOLUS** (blood pressure and pulse) every 15 minutes for 1 hour.

- **Motor block assessment**: every four hours and prior to mobilisation

- **Dermatome level check**: refer to local hospital policy

- **Catheter site check**: every 8 hours

- **The infusion pump settings** to be checked at the commencement of each shift, on patient transfer and when the syringe or bag is changed.

- **Intravenous access** to be maintained for duration of epidural infusion or PCEA

**Managing Epidural Adverse Effects**

- **Inadvertent disconnection of epidural catheter from filter**: contact the Acute Pain Service or equivalent medical officer immediately

- **A dedicated giving set** that is yellow in colour and portless must be used.

- **Oxygen therapy** via mask or nasal prongs to be administered at all times during epidural administration unless otherwise ordered (See local hospital epidural policy for oxygen therapy guidelines).

- **No other opioids or sedatives** to be administered unless ordered by the Acute Pain Service or equivalent medical officer.

- **Observations** on this form to be recorded hourly for 6 hours, then second hourly thereafter or more frequently if patient’s clinical condition warrants.

- **Pruritus or persistent nausea or vomiting**: Administer PRN medication as prescribed on the patient’s National Inpatient Medication Chart. If adverse effect continues contact the Acute Pain Service or equivalent medical officer immediately

- **Motor block or any developing leg weakness**: contact the Acute Pain Service or equivalent medical officer immediately

- **Hypotension**: refer to back page of this chart for management guidelines

- **Urinary retention**: Contact the patient’s surgical / medical team.

**Removal of Epidural Catheter Instructions**

- **For time delays between anticoagulant administration and removal of epidural catheter**: refer to local hospital epidural policy and or anticoagulation guidelines

- **Epidural infusion must not be ceased nor epidural catheter removed** without prior discussion with the Acute Pain Service or equivalent medical officer

**Removal of Epidural Catheter:**

Date: ________ Time: ________ Signature: ___________________ Print name: _____________________

<table>
<thead>
<tr>
<th>Contact person – business hours</th>
<th>Contact person – out of hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Pain Service or other (specify): ..................................................</td>
<td>Acute Pain Service or other (specify): ..................................................</td>
</tr>
<tr>
<td>Page / Phone: ..........................</td>
<td>Page / Phone: ..........................</td>
</tr>
</tbody>
</table>

These guidelines are currently under review by the consultative group
EPIDURAL ADULT OBSERVATIONS

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

FAMILY NAME

MRN

GIVEN NAME

SEX □ MALE □ FEMALE

D.O.B. _______ / _______ / _______ M.O.

ADDRESS

LOCATION

DATE

TIME

PAIN SCORE
Assess pain both at rest (record as R) and with relevant movement (record as M) e.g., deep breathing and coughing

Worst possible pain

Severe pain

Moderate pain

Mild pain

No pain

SEDATION
Difficult to rouse or unresponsive
Constantly drowsy, unable to stay awake
Easy to rouse
Sleeping, easy to rouse

RESPIRATORY RATE
Per minute

Oxygen therapy L/min

BLOOD PRESSURE (mmHg)

SBP is trigger

HEART RATE

Motor Block Assessment (every four hours and prior to mobilisation)

Unable to move feet or knees

Able to move feet only

Just able to move knees

Full flexion of knees and feet

Dermatome Level check

See local policy for guidelines

Left

Right

Epidural Infusion Delivery

Infusion rate (mL/hr)

Rescue bolus dose administered

Two infusions required for administration of rescue bolus

Two infusions required for change of infusion rate

PCEA Delivery (if applicable)

Total PCA dose (cumulative)

Total demands / attempts

Good demands / successful

Epidural Infusion or PCEA program checked and correct Initial once per shift & on pt transfer

Motor Block Assessment

Bromage 3 (complete) - Unable to move feet or knees

Bromage 2 (almost complete) - Able to move feet only

Bromage 1 (partial) - Just able to move knees

Bromage 0 (none) - Full flexion of knees and feet
### EPIDURAL ADULT OBSERVATIONS

**Facility:** EPIDURAL

**Complete all details or affix patient label here**

<table>
<thead>
<tr>
<th>FAMILY NAME</th>
<th>MRN</th>
<th>D.O.B.</th>
<th>GENDER</th>
<th>ADDRESS</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
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<td>______</td>
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<td></td>
</tr>
</tbody>
</table>

**CODE:**

- **FAMILY NAME**
- **MRN**
- **GIVEN NAME**
- **D.O.B.**
- **ADDRESS**
- **LOCATION**

**Date:**

**Time:**

**PAIN SCORE**

Assess pain both at rest (record as R) and with relevant movement (record as M) e.g., deep breathing and coughing.

- **Worst possible pain:** 10
- **Severe pain:** 9
- **Moderate pain:** 8
- **Mild pain:** 7
- **No pain:** 0

**SEDATION**

- **Difficult to rouse or unresponsive:** 3
- **Constantly drowsy, unable to stay awake:** 2
- **Easy to rouse:** 1
- **Wide awake:** 0

**RESPIRATORY RATE**

Per minute

- **Respiratory rate:** 240
- **Oxygen therapy (L/min):** 4

**BLOOD PRESSURE (mmHg):**

- **SBP is trigger:**
- **SBP:**
- **DBP:**

**HEART RATE**

- **Heart rate:**
- **HR:**

**MOTOR BLOCK ASSESSMENT**

Every four hours and prior to mobilisation.

- **Bromage 3 (complete):** Unable to move feet or knees
- **Bromage 2 (almost complete):** Able to move feet only
- **Bromage 1 (partial):** Just able to move knees
- **Bromage 0 (none):** Full flexion of knees and feet

**Dermatome Level check**

See local policy for guidelines

**Left**

- **Right**

**EPIDURAL INFUSION DELIVERY**

Infusion rate (mL/hr)

- **Rescue bolus dose administered**
- **Two initials required for administration of rescue bolus**
- **Two initials required for change of infusion rate**

**PCEA DELIVERY**

(If applicable)

- **Total PCA dose (cumulative)**
- **Total demands / attempts**
- **Good demands / successful**

**Epidural infusion or PCEA program checked and correct Initial once per shift & on pt transfer**

**Rapid Response Clinical Review**

Holes punched as per AS2828-1999

**BINDING MARGIN - NO WRITING**
### EPIDURAL ADULT OBSERVATIONS

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>PAIN SCORE</th>
<th>Motor Block Assessment</th>
<th>SEDATION</th>
<th>RESPIRATORY RATE</th>
<th>BLOOD PRESSURE</th>
<th>HEART RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>10</td>
<td>Bromage 3 (complete)</td>
<td></td>
<td>30</td>
<td>180-160</td>
<td>70</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9</td>
<td>Bromage 2 (almost complete)</td>
<td></td>
<td>15</td>
<td>160-140</td>
<td>70</td>
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<tr>
<td></td>
<td></td>
<td>8</td>
<td>Bromage 1 (partial)</td>
<td></td>
<td>12</td>
<td>140-120</td>
<td>70</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7</td>
<td>Full flexion of knees and feet</td>
<td></td>
<td>9</td>
<td>120-100</td>
<td>70</td>
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<tr>
<td></td>
<td></td>
<td>6</td>
<td>Just able to move knees</td>
<td></td>
<td>12</td>
<td>120-100</td>
<td>70</td>
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<tr>
<td></td>
<td></td>
<td>5</td>
<td>Able to move feet only</td>
<td></td>
<td>14</td>
<td>100-80</td>
<td>70</td>
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<tr>
<td></td>
<td></td>
<td>4</td>
<td>Unable to move feet or knees</td>
<td></td>
<td>16</td>
<td>80-60</td>
<td>70</td>
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<td></td>
<td></td>
<td>3</td>
<td>Unable to move feet or knees</td>
<td></td>
<td>18</td>
<td>60-40</td>
<td>70</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td>Unable to move feet or knees</td>
<td></td>
<td>20</td>
<td>40-20</td>
<td>70</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>Unable to move feet or knees</td>
<td></td>
<td>24</td>
<td>20-18</td>
<td>70</td>
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<tr>
<td></td>
<td></td>
<td>0</td>
<td>Unable to move feet or knees</td>
<td></td>
<td>24</td>
<td>18-16</td>
<td>70</td>
</tr>
</tbody>
</table>

**Motor Block Assessment**
- (every four hours and prior to mobilisation)
- Unable to move feet or knees
- Able to move feet only
- Just able to move knees
- Full flexion of knees and feet

**Sedation**
- Difficult to rouse or unresponsive
- Constantly drowsy, unable to stay awake
- Easy to rouse
- Wide awake
- Sleeping, easy to rouse

**Respiratory Rate**
- Per minute
- 30
- 25
- 20
- 15
- 10
- 5

**Blood Pressure**
- (mmHg)
- SBP is trigger
- 240
- 220
- 200
- 180
- 160
- 140
- 120
- 100
- 80
- 60

**Heart Rate**
- 180
- 160
- 140
- 120
- 100
- 80
- 60
- 40
<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Pain Score</th>
<th>Sedation</th>
<th>Respiratory Rate</th>
<th>Blood Pressure</th>
<th>Heart Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Assess pain both at rest (record as P) and with relevant movement (record as M) e.g., deep breathing and coughing</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Worst possible pain 10</td>
<td>Difficult to rouse or unresponsive 3</td>
<td>35</td>
<td>SBP is trigger</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Moderate pain 5</td>
<td>Easy to rouse 1</td>
<td>25</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mild pain 3</td>
<td>Sleeping, easy to rouse 0</td>
<td>180</td>
<td></td>
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<td></td>
<td></td>
<td>No pain 0</td>
<td></td>
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<td></td>
<td></td>
<td>Severe pain 9</td>
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<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Motor Block Assessment</th>
<th>PCEA Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Every four hours and prior to mobilisation</td>
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<tr>
<td></td>
<td></td>
<td>Unable to move feet or knees 3</td>
<td>0</td>
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<tr>
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<td></td>
<td>Able to move feet only 2</td>
<td>0</td>
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<tr>
<td></td>
<td></td>
<td>Just able to move knees 1</td>
<td>0</td>
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<tr>
<td></td>
<td></td>
<td>Full flexion of knees and feet 0</td>
<td>0</td>
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<tr>
<td></td>
<td></td>
<td>Dermatome Level check</td>
<td></td>
</tr>
<tr>
<td>Left</td>
<td></td>
<td>See local policy for guidelines</td>
<td></td>
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<tr>
<td>Right</td>
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<tr>
<td></td>
<td></td>
<td>Catheter site check 8 hourly for integrity of dressing (initial)</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Epidural Infusion Delivery</th>
<th>Epidual Infusion or PCEA Program</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Infusion rate (mL/hr)</td>
<td>checked and correct initial once per shift &amp; on pt transfer</td>
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<tr>
<td></td>
<td></td>
<td>Rescue bolus dose administered</td>
<td></td>
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<td></td>
<td></td>
<td>Two infusions required for administration of rescue bolus</td>
<td></td>
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<td></td>
<td></td>
<td>Two infusions required for change of infusion rate</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>PCEA Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Total PCA dose (cumulative)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total demands / attempts</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Good demands / successful</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Epidural Infusion or PCEA program checked and correct initial once per shift &amp; on pt transfer</td>
</tr>
</tbody>
</table>
### EPIDURAL ADULT OBSERVATIONS

**Facility:**

**EPIDURAL**

**ADULT OBSERVATIONS**

**DATE**

**TIME**

**BARCODE**

**FAMILY NAME**

**MRN**

**GIVEN NAME**

**MALE**

**FEMALE**

**ADDRESS**

**LOCATION**

**COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE**

<table>
<thead>
<tr>
<th>FAMILY NAME</th>
<th>MRN</th>
<th>GIVEN NAME</th>
<th>MALE</th>
<th>FEMALE</th>
</tr>
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<tbody>
<tr>
<td>Family</td>
<td>MRN</td>
<td>Given</td>
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</table>

- **D.O.B.** _______/_______/_______
- **M.O.**
- **ADDRESS**
- **LOCATION**

**DATE**

**TIME**

**PAIN SCORE**

Assess pain both at rest (record as R) and with relevant movement (record as M) e.g., deep breathing and coughing.

<table>
<thead>
<tr>
<th>Pain Level</th>
<th>Score</th>
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</thead>
<tbody>
<tr>
<td>Worst possible pain</td>
<td>10</td>
</tr>
<tr>
<td>Severe pain</td>
<td>9</td>
</tr>
<tr>
<td>Moderate pain</td>
<td>8</td>
</tr>
<tr>
<td>Mild pain</td>
<td>7</td>
</tr>
<tr>
<td>No pain</td>
<td>6</td>
</tr>
</tbody>
</table>

**SEDATION**

- Difficult to rouse or unresponsive: 3
- Constantly drowsy, unable to stay awake: 2
- Easy to rouse: 1
- Wide awake: 0
- Sleeping, easy to rouse: S

**RESPIRATORY RATE**

Per minute

<table>
<thead>
<tr>
<th>Rate</th>
<th>1/minute</th>
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<tbody>
<tr>
<td>35</td>
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<tr>
<td>30</td>
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<td>25</td>
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<td>20</td>
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</tbody>
</table>

**Oxygen therapy** L/min

- 240
- 230
- 220
- 210
- 200
- 190
- 180
- 170
- 160
- 150
- 140
- 130
- 120
- 110
- 100
- 90
- 80
- 70
- 60
- 50

**BLOOD PRESSURE** (mmHg)

<table>
<thead>
<tr>
<th>SBP</th>
<th>180</th>
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<tbody>
<tr>
<td>170</td>
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<td>70</td>
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<tr>
<td>60</td>
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**HEART RATE**

<table>
<thead>
<tr>
<th>HR</th>
<th>180</th>
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<tbody>
<tr>
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**Rapid Response Clinical Review**

**COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE**

**DATE**

**TIME**

**MOTOR BLOCK ASSESSMENT**

(Every four hours and prior to mobilisation)

- Unable to move feet or knees: 3
- Able to move feet only: 2
- Just able to move knees: 1
- Full flexion of knees and feet: 0

**Dermatome Level check**

See local policy for guidelines

- Left
- Right

**Catheter site check**

8 hourly for Integrity of dressing (initial)

**EPIDURAL INFUSION DELIVERY**

Infusion rate (mL/hr)

- Rescue bolus dose administered

**Two initials required for**

- Administration of rescue bolus
- Change of infusion rate

**PCEA DELIVERY**

(if applicable)

Total PCA dose (cumulative)

- Total demands / attempts
- Good demands / successful
- Epinephrine infusion or PCEA program checked and correct Initial once per shift & on pt transfer

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