Use addressograph-otherwise write in capitals									
Surname:									
First names:									
Consultant:	Ward:								
Hospital no:	DOB:								
H&C number:	<u>Check Identity</u>								

Regional Paediatric Early Warning Score chart **Under 1 year**

	HSC	Health and Social Care
7	4	

Month		Voor	Mord			Woight	Va
Acceptable parameters					Date and time:		
	Heartrate	Respiratory rate	e SaO2		Drs signature:		
If there are expect	ed paramete	ers for this partic	ular child,	pleas	se record below		

Remember: if you or a parent feel you need more help at any time call for assistance regardless of pew score Month Weight | Year Ward Kg **PEWS KEY** 0 1 2 3 NAME: DATE 14th **DATE** TIME 10.00 **TIME** >60 >60 3 55-60 2 55-60 50-54 1 50-54 40-49 40-49 Resp. rate 30-39 30-39 25-29 25-29 1 20-24 20-24 2 <20 <20 3 >92 >92 % **0**₂ 90-92 90-92 1 85-89 88 2 85-89 **Saturation** 3 <85 <85 Inspired 0₂ Room Air Room Air <35% 1 <35% ≥35% 2 ≥35% 40 40 39 38 Temp °C 37 35 35 210 210 3 200 200 190 190 180 180 170 170 1 160 160 150 150 **HEART** 140 140 **RATE** 130 130 120 110 100 90 120 110 1 100 2 90 80 80 70 70 180 180 170 170 160 160 3 150 150 140 140 130 130 120 120 2 110 110 **BLOOD** 100 100 **PRESSURE** 1 90 90 80 80 only systolic 70 70 1 pressure 60 60 2 50 50 40 40 – 3 30 30 20 20 Мар Мар Alert Alert **Level of** Voice Voice **Conciousness** Pain Pain Unresponsive Unresponsive TOTAL SCORE **TOTAL PEWS SCORE** Observation frequency 30 mins Obs. freq. Pain score **Pain score** Initials AK **Initials**

Escalation Aid and Protocol

Remember: if you or a parent feel you need more help at any time call for assistance regardless of PEW score

PEWS Observation		ons Chart									٧	Ward					Month						O Conti				
Ve	eur	Olo	ogical	Dat	æ																					1	Score
				Tin	ne																					2	Infor
	Spo		Spontaneously	4																							Nurse
	Eyes	;	Open to verbal stimuli	i 3																					Eyes closed		Interv Minim
	open		To pain	2																					by swelling = C		Nurse
			None	1																					1		Inform
			Coos and babbles	5																						4	Interv Minim
<u>e</u>	ַ ע		Irritable cries	4																					Endotracheal		
Scale	Best	al	Cries in response to pa	ain 3																					tube or trachestomy = T	≥5	Nurse Urger
a S	respo	onse	Moans in response to	pain 2																					trachestorry – 1		Minim
Coma			None	1																							
Ŭ			Moves spontaneously purposefully	and 6																							uation
			Withdraws to touch	5																					Pupils	I am (nar I am calli I am calli	
	Best	-	Withdraws to pain	4																					record		
	motor respor		Responds to pain with decortic posturing (abnormal flexion)	ate 3																							eg. BP is lo
			Responds to pain with decereb posturing (abnormal extension)	orate 2																					No reaction: -	-	
	None		None	1																					2.Size	Backgr	
		Con	na scale total 3-15	5																					Small: S	Child (X) v They have	
		Int	racranial pressure																						Medium: M Large: L		tment)
			Right	Reaction	1																				3. Equality	Child (X) minutes Last set of	
			Kight	Size																					Equal: E		
1	Pupil	s	Equality																						Unequal: L or R which is larger		The child's
			Left	Reaction	1																		Closed:	Closed: C	Λ -		
				Size																							sessm ink the
		Nori	mal power																							anal	lgesia /
	S	Mild	I																							OR Lam no	n not su
ant	Arms	Mod	derate																							is de	eteriora
Ĕ	Sev Noi	Sev	ere																							OR I don't	
o V		Non	ne																								II L KIIO
Nor		Nor	mal power	al power																						Re	comm
m P	Mild				\perp																				I need y	ed you	
Ē	Legs	Mod	derate																							next AND	t (XX) n
		Sev	ere																								nere an
		Non	ne																								

- ue Monitoring. Calculate PEW
- with next routine observations
- Nurse in Charge immediately
- in Charge must review urgently ene or escalate as appropriate um of hrly observations
- in Charge must review urgently n 1st on call Doctor ene or escalate as appropriate um of hrly observations
- in Charge must review urgently t review by senior doctor um of 1/2 hrly observations

a) a nurse on ward (X) about (child X)

because I am concerned that w/high, pulse is XX, PEW Score is X

nd

as admitted on (Date) with had (operation, procedure,

ndition has changed in the last (XX)

observations were normal condition is

problem is and I have (given O2 / etc)

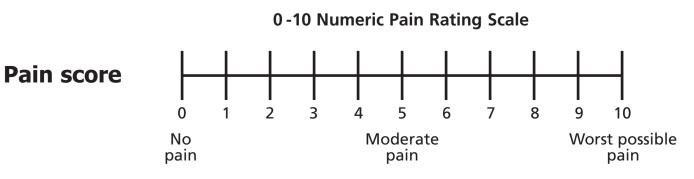
re what the problem is but the child

w what's wrong but I am worried

to..... come and see the child in the inutes

thing I need to do in the meantime?

	Re	ecord Requ	est for Review	R	ecord time of Review, who by	and Plan		
Date	Time	PEWS	Escalated to	Print name (nurse)	Time	Plan	Print name	



INQ 401-001s-002