

Use addressograph - otherwise write in capitals

Surname:

First names:

Consultant: Ward:

Hospital no: DOB:

H&C number:

check identity

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

Regional Paediatric Early Warning

Score chart 1 - 5 years



If there are expected parameters for this particular child, please record below

	Heartrate	Respiratory rate	SaO2	Drs signature:
Acceptable parameters				Date and time:
Month	Year	Ward	Weight	Kg

PEWS KEY				NAME:																								
0	1	2	3																									
DATE		14th																										DATE
TIME		10.00																										TIME
Resp. rate	>50															3											>50	
	40-50															2											40-50	
	30-39	•														1											30-39	
	25-29																										25-29	
	20-24															1											20-24	
	15-19															2											15-19	
	<15															3											<15	
% O ₂ Saturation	>92																										>92	
	90-92															1											90-92	
	85-89	88														2											85-89	
	<85															3											<85	
Inspired O ₂	Room Air																									Room Air		
	<35%															1											<35%	
	≥35%															2											≥35%	
Temp °C	40																										40	
	39	•																									39	
	38																										38	
	37																										37	
	36																										36	
	35																										35	
HEART RATE	190															3											190	
	180															2											180	
	170																										170	
	160	•														1											160	
	150																										150	
	140																										140	
	130																										130	
	120																										120	
	110																										110	
	100																										100	
	90	Example														1											90	
	80															2											80	
	70															3											70	
	60																										60	
BLOOD PRESSURE PEWS scores only systolic pressure	180															3											180	
	170																										170	
	160																										160	
	150																										150	
	140																										140	
	130																										130	
	120																										120	
	110															2											110	
	100															1											100	
	90																										90	
	80																										80	
	70	↕														1											70	
	60															2											60	
	50																										50	
	40																										40	
	30	↕														3											30	
	20																										20	
Level of Consciousness	Alert	A																									Alert	
	Voice																										Voice	
	Pain																										Pain	
	Unresponsive																										Unresponsive	
TOTAL PEWS SCORE		4																									TOTAL SCORE	
Observation frequency		30 mins																									Obs. freq.	
Pain score		2																									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 Observations Chart

Neurological

Ward	Month	Year
------	-------	------

			Date																	
			Time																	
Coma Scale	Eyes open	Spontaneously	4																	Eyes closed by swelling = C
		To speech	3																	
		To pain	2																	
		None	1																	
	Best verbal response	Orientated	5																	Endotracheal tube or tracheostomy = T
		Confused	4																	
		Inappropriate words	3																	
		Incomprehensible sounds	2																	
		None	1																	
	Best motor response	Obey commands	6																	Pupils record 1. Reaction Reacts: ✓ No reaction: – 2. Size Small: S Medium: M Large: L
		Localises pain	5																	
		Flexion withdrawal	4																	
		Abnormal flexion	3																	
		Extension of pain	2																	
		None	1																	
Coma scale total 3-15																				
Intracranial pressure																				
Pupils	Right	Reaction																	3. Equality Equal: E Unequal: L or R which is larger Closed: C	
		Size																		
	Equality																			
	Left	Reaction																		
		Size																		
	Limb movement	Arms	Normal power																	
Mild																				
Moderate																				
Severe																				
None																				
Legs		Normal power																		
		Mild																		
		Moderate																		
		Severe																		
		None																		

- 0** Continue Monitoring. Calculate PEW Score with next routine observations
- 2** Inform Nurse in Charge immediately
- 3** Nurse in Charge must review urgently
Intervene or escalate as appropriate
Minimum of hrly observations
- 4** Nurse in Charge must review urgently
Inform 1st on call Doctor
Intervene or escalate as appropriate
Minimum of hrly observations
- ≥5** Nurse in Charge must review urgently
Urgent review by senior doctor
Minimum of 1/2 hrly observations

Situation

I am (name) a nurse on ward (X)
I am calling about (child X)
I am calling because I am concerned that
eg. BP is low/high, pulse is XX, PEW Score is X

Background

Child (X) was admitted on (Date) with

They have had (operation, procedure, treatment)

Child (X) condition has changed in the last (XX) minutes

Last set of observations were

The child's normal condition is

Assessment

I think the problem is and I have (given analgesia / O₂ / etc)

OR

I am not sure what the problem is but the child is deteriorating

OR

I don't know what's wrong but I am worried

Recommendation

I need you to..... come and see the child in the next (XX) minutes
AND
Is there anything I need to do in the meantime?

[illegible]

0-10 Numeric Pain Rating Scale

