Use addres	ssograph-otherwise write in capitals
Surname:	
First names:	
Consultant:	Ward:
Hospital no:	DOB:
H&C number:	Check Identity

## Regional Paediatric Early Warning Score chart 1-5 years



нѕс	Health and Social Care

						If the	re are	expect	ted para	amete	ers for thi	s parti	cular	child,	please i	ecorc	l belo	W			
Hospital no: H&C number:		DC	)B:	ntity	_						Respirat					rs sigi					
H&C number:	Ch	eck	IUE	illey		Accep	tablo					,				is siyi	natur	с.			
<u></u>							neters								D	ate ar	nd tim	ne:			
Remember: if you	or a parent f	eel you	u need	more he	elp at	-															
any time call for as	sistance reg	Jardies	s or pe	ew score		Month					Year		Wa	rd					Weig	ht	Kg
PEWS KEY										I			1								
0123		NAM	E:																		
	DATE																				DATE
	DATE						_				_										DATE
	TIME	10.00																			TIME
	>50																				>50
	40-50						_				3										40-50
	30-39						_				2										30-39
Boon rata	25-29										1										25-29
Resp. rate	20-24																				20-24
	15-19										1										15-19
	<15										2										<15
	>92										3										>92
% 0 <sub>2</sub>											_										
	90-92 85-89										1								 		90-92
Saturation											2								 		85-89
	<85										3										<85
Inspired 0 <sub>2</sub>	Room Air																				Room Air
	<35%										1										<35%
	≥35%										2										≥35%
	40																				40
	40																				40
	39	•																			39
	38																				38
Tama <sup>0</sup> C	30																				
Temp °C	37																				37
	5/																				
	36																				36
	50																				
	35																				35
	55																				
	190																				190 ———
	190										3										190
	170																				170
	160										2										160
	150										- 1										150
	130																				140
HEART	140																				- 130
RATE	130																				- 120
RATE	110	ole																			- 110
	100																				- 100
	90	Xa																			<u>    90                                </u>
	80	ω									1										80
	70										2										70
	60										3										60
	00																				00
	180																				180
	180																				170
	170																				160
	150										3										150
	150																				140
	140																				130
	130																				130
	120										2										110
BLOOD	110																				100
PRESSURE	90										1										90
PEWS scores	90 																				- 80
only systolic	70																				_ 70
	, , , , , , , , , , , , , , , , , , , ,	T									-										

								_				_											
																							Initials
																							Pain score
																							Obs. freq.
																							TOTAL SCORE
Unresponsive																							Unresponsive
												-											Pain
												-											Voice
												_											Alert
																							Мар
												_											_ 20
												3											30
																							- 50 40
												2											60
												1											70
	60 50 40 30 20 Map Alert Voice Pain Unresponsive WS SCORE frequency Pain score	70         60         50         40         30         20         Map         Alert         Alert         Pain         Unresponsive	70       1         60       50         40       40         30       40         20       40         Map       40         Alert       A         Voice       40         Pain       40         Unresponsive       4 <b>WS SCORE</b> 4         30       30         Frequency       30         Pain score       2	70       1       1         60       0       0         50       0       0         40       0       0         40       0       0         30       0       0         20       0       0         Map       0       0         Alert       A       0         Pain       0       0         Unresponsive       0       0         WS SCORE       4       0         frequency       30       0         Pain score       2       0	70       4       -       -         60       50       -       -       -         40       -       -       -       -         40       -       -       -       -         40       -       -       -       -         30       -       -       -       -         Map       -       -       -       -         Alert       A       -       -       -         Pain       -       -       -       -         Unresponsive       -       -       -       -         WS SCORE       4       -       -       -         Pain score       2       -       -       -	70       1       1       1       1         60       50       1       1       1         40       40       1       1       1         30       1       1       1       1         20       1       1       1       1         Map       1       1       1       1         Alert       A       1       1       1         Voice       1       1       1       1         WS SCORE       4       1       1       1         frequency       30       1       1       1       1         Pain score       2       1       1       1       1	70       1       1       1       1       1         60       1       1       1       1       1       1         50       1       1       1       1       1       1       1         40       1 <td< td=""><td>70       1</td><td>70       1</td><td>70       1</td><td>70       1</td><td>70       1</td><td>70       1</td><td>70       1</td><td>70       1</td><td>70       1</td><td>70       1</td><td>70       1</td><td>70       1</td><td>70       1</td><td>70       1</td><td>70       1</td><td>70       1</td></td<>	70       1	70       1	70       1	70       1	70       1	70       1	70       1	70       1	70       1	70       1	70       1	70       1	70       1	70       1	70       1	70       1

## **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

PE	EW S	5 Observa	ation	s C	hai	rt			Ward	Mont	<u>ו</u>	Year		<b>0</b> Continue Monitoring. Calculate PEW					
		logical	Date										]	<ul><li>Continue Monitoring. Calculate PEW</li><li>Score with next routine observations</li></ul>					
			Time										-	2 Inform Nurse in Charge immediately					
		Spontaneously	4											Nurse in Charge must review urgently					
	Eyes	To speech	3										Eyes closed	3 Intervene or escalate as appropriate Minimum of hrly observations					
	open	To pain	2										by swelling = C	Nurse in Charge must review urgently					
		None	1											Inform 1st on call Doctor					
		Orientated	5											<ul> <li>Intervene or escalate as appropriate</li> <li>Minimum of hrly observations</li> </ul>					
e	Best	Confused	4										– Endotracheal	· · · · ·					
Scale	verbal	Inappropriate words	3										tube or trachestomy = <b>T</b>	<ul><li>Nurse in Charge must review urgently</li><li>≥5 Urgent review by senior doctor</li></ul>					
a	respons	Incomprehensible sou	nds 2											Minimum of 1/2 hrly observations					
Coma		None	1											-					
0		Obey commands	6											Situation					
		Localises pain	5										Pupils record	I am (name) a nurse on ward (X) I am calling about (child X)					
	Best motor	Flexion withdrawal	4											I am calling because I am concerned that					
	respons	e Abnormal flexion	3										<b>1.Reaction</b> Reacts: ✔	eg. BP is low/high, pulse is XX, PEW Score is X					
		Extension of pain	2										No reaction: -	<b>D</b>					
		None	1										2.Size	Background Child (X) was admitted on (Date) with					
	Co	ma scale total 3-15	5										Small: <b>S</b> Medium: <b>M</b>	They have had (operation, procedure,					
	I	tracranial pressure											Medium: <b>M</b> Large: <b>L</b>	treatment)					
		Right	Reaction									- 3.Equality	Child (X) condition has changed in the last (XX) minutes						
			Size										Equal: E	Last set of observations were					
F	Pupils	Equality											Unequal: <b>L</b> or <b>R</b> which is larger	The child's normal condition is					
		Left	Reaction										Closed: C	Assessment					
			Size											I think the problem is and I have (given					
	N	ormal power												analgesia / O2 / etc)					
		ild												<b>OR</b> I am not sure what the problem is but the child					
ent	Arms	oderate												is deteriorating					
M N		evere												<b>OR</b> I don't know what's wrong but I am worried					
ð	N	one												I don't know what's wrong but I am worned					
Ē	+	ormal power												Recommendation					
Limb movement		ild												I need you to come and see the child in the					
Ē:	Legs	oderate												next (XX) minutes AND					
	S	evere												Is there anything I need to do in the meantime?					
	N	one																	

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

