Use addres	sograph-otherwise write in capitals
Surname:	
First names:	
Consultant:	Ward:
Hospital no:	DOB:
H&C number:	Check Identity
Domombou	if you are nevert feel you need more below

Regional Paediatric Early Warning Score chart **6-12 years**

If there are expected parameters for this particular child, please record below Respiratory rate Heartrate SaO2 Drs signature: Acceptable Date and time: parameters Remember: if you or a parent feel you need more help at any time call for assistance regardless of pew score Year Ward Weight Month Kg **PEWS KEY** 0 1 2 3 NAME: DATE 14th **DATE** TIME 10.00 **TIME** >45 >45 36-45 36-45 2 31-35 31-35 26-30 1 26-30 Resp. rate 21-25 21-25 16-20 16-20 1 12-15 12-15 2 <12 3 <12 >92 >92 % O₂ 90-92 1 90-92 85-89 88 85-89 2 **Saturation** <85 3 <85 Inspired 0₂ Room Air Room Air <35% 1 <35% ≥35% 2 ≥35% 40 40 39 38 Temp °C 37 36 35 35 170 170 3 160 160 150 150 140 140 1 130 130 120 120 **HEART** 110 110 **RATE** 100 90 80 80 70 90 80 2 70 60 60 3 50 50 40 40 180 180 170 170 3 160 160 150 150 140 140 2 130 130 1 120 120 110 110 **BLOOD** 100 100 **PRESSURE** 90 90 80 2 only systolic 70 70 pressure 60 60 50 50 3 40 40 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**

HSC) Hearing Social Care

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							Year		O Conti				
Ne	eur	Ol	ogical	Date	е																				1	Score
				Tim	е																				2	Infor
			Spontaneously	4																					3	Nurse Interv
	Eyes	es	To speech	3																				Eyes closed		Minim
	open		To pain	2																				by swelling = C		Nurse
			None	1																						Infor
			Orientated	5																						Interv Minim
<u>e</u>	Roct		Confused	4																				- Endotracheal		
Scale	Best verbal respons		Inappropriate words	3																				tube or		Nurse Urger
<u>a</u>	respo) ISC	Incomprehensible sou	nds 2																				dachescomy – I		Minim
Coma			None	1																						
ŭ			Obey commands	6																						uation
			Localises pain	5																				Pupils	I am (nam I am callin	
	Best		Flexion withdrawal	4																				record		n calling
- 1	I .	motor response	Abnormal flexion	3																				1.Reaction Reacts: ✓	eg. BP is	
			Extension of pain	2																				No reaction: —	D .	
			None	1																				2. Size		ckgro
		Con	na scale total 3-15	5																				Small: S	They	d (X) w y have
		Inti	racranial pressure																					Medium: M Large: L		tment)
			Dight	Reaction																				3. Equality		d (X) co
Right		Right	Size																				Equal: E	E Last se		
ı	Pupils	5	Equality																					Unequal: L or R which is larger	The child's	
			Left	Reaction																				Closed: C	_	
Size			Size																					A sse	sessm ink the	
		Norr	rmal power																							lgesia /
		Mild	ild																						OR I am	
ij	Arms	Mod	Moderate																							eteriora
me	Sev Noi		ere																					0	OR	₹
Š			one																					I	I do	don't kno
E	ן פֿר	Nori	ormal power																						Recom I need you next (XX)	comm
qu		Mild	ild																							ed you
Ë	Legs	Mod	Moderate																							t (XX) r
	_	Seve	ere																					AND To th) nere an	
		Non	e																						15 tl	ici e ail

- 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)

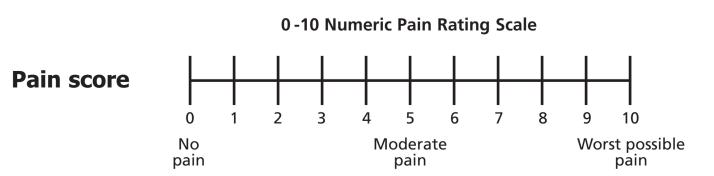
re what the problem is but the child

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



INQ 401-001u-002