

Use addressograph - otherwise write in capitals

Surname:

First names:

Consultant:

Hospital no:

H&C number:

Ward:

DOB:

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

6 - 12 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

0123

NAME:

DATE

TIME

14th

10.00

DATE

TIME

Resp. rate

>45

36-45

31-35

26-30

21-25

16-20

12-15

<12

•

3

2

1

1

2

3

% O<sub>2</sub> Saturation

>92

90-92

85-89

<85

88

1

2

3

Inspired O<sub>2</sub>

Room Air

<35%

≥35%

1

2

Temp °C

40

39

38

37

36

35

•

HEART RATE

170

160

150

140

130

120

110

100

90

80

70

60

50

40

•

Example

2

3

BLOOD PRESSURE

PEWS scores only systolic pressure

180

170

160

150

140

130

120

110

100

90

80

70

60

50

40

30

20

1

2

3

Level of Consciousness

Alert

Voice

Pain

Unresponsive

A

TOTAL PEWS SCORE

7

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
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[illegible]

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

## 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

