

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

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	>45		>45
	31-45		31-35
	26-30	.	26-30
	21-25		21-25
	16-20		16-20
	10-15		10-15
	<10		<10
% O ₂ Saturation	>92		>92
	90-92		90-92
	85-89	88	85-89
	<85		<85
Inspired O ₂	Room Air		Room Air
	<35%		<35%
	≥35%		≥35%
Temp °C	40		40
	39	.	39
	38		38
	37		37
	36		36
	35		35
HEART RATE	170		170
	160		160
	150		150
	140		140
	130	.	130
	120		120
	110		110
	100		100
	90	Example	90
	80		80
	70		70
	60		60
	50		50
	40		40
BLOOD PRESSURE PEWS scores only systolic pressure	180		180
	170		170
	160		160
	150		150
	140		140
	130		130
	120		120
	110		110
	100		100
	90		90
	80		80
	70		70
	60		60
	50		50
	40		40
	30		30
	20		20
	Map		Map
Level of Consciousness	Alert	A	Alert
	Voice		Voice
	Pain		Pain
	Unresponsive		Unresponsive
TOTAL PEWS SCORE		6	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
- 1 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 ½ 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

