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

Regional Paediatric Early Warning Score chart **13-16 years**



	Score chart 13-10	
ard:		
	If there are expected parameters for this part	tic

If there are expected	ed paramete	ers for this partic	ular chilo	d, pleas	se record below				
	Heartrate	Respiratory rate	e SaO2	2	Drs signature:				
Acceptable parameters					Date and time:				
Month		Year	Ward			Weight	Ka		

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

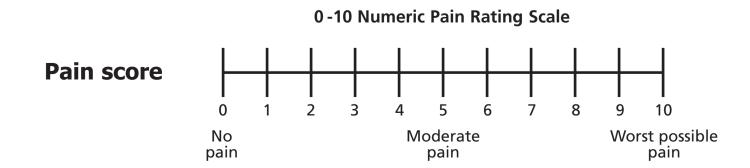
		Jurui		 	 Mon			Te	al		waru	 		 	Weigh	nt	
WS KEY 1 2 3		NA	ME:														
	DATE	14th														DAT	
	TIME							 				_				TIM	
	>45 31-45								3							>45	
	26-30								2							26-3	
Resp. rate	21-25								ĩ							21-2	
	16-20					16-2	.0										
	10-15							 								10-1	
	<10 >92								3							<10	
% 0 ₂	90-92								1							90-9	
Saturation	85-89								2							85-8	9
	<85	_							3							<85	
Inspired 0 ₂	Room Air																m Air
	<35%															<35	
	≥35%								2							≥35	70
	40															40	
	39	•														39	
	38					 										38	
Temp °C																	
	37															37	
	36							 								36	
	35															35	
	170															170	
	170 160								3							170	
	150															150	
	140															140	
	130 120								2							130 120	
HEART	120 110								1							120	
RATE	100															100	
	90	npla														90	
	80 70	xar														80 70	
	70 60	Ш							1							60	
	50															50	
	40								3							40	
	180															180	
	170					 		 	2			_	_			170	
	160								3							160	
	— 150 140															150	
	140 130															140 130	
	120								1							130	
BLOOD	110					 		 			_	_				110	
PRESSURE	100															100	
PEWS scores	90 80															90	
only systolic	70								3							70	
pressure	60															60	
									2							50	
	40 30								3							40	
	30 20															20	
	Мар															Map	
	Alert															Alert	
Level of	Voice	2														Voice	
onciousness	Pain															Pain	
	Unresponsive																sponsive
TOTAL PEW	IS SCORE															sco	TAL DRE
Observation f																	s. frec
P	ain score																n sco
	Initials	AK				 		 			_		_			Init	lals
						 	-	 									
								 		1 1		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		0 Continue Monitoring. Calculate PEW
		logical	Date]	Continue Monitoring. Calculate PEWScore with next routine observations
			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										 Intervene or escalate as appropriate Minimum of hrly observations
e	Best	Confused	4									– Endotracheal	· · · · ·
Scale	verbal	Inappropriate words	3									tube or trachestomy = T	Nurse in Charge must review urgently≥5 Urgent review by senior doctor
a	respons	Incomprehensible sou	nds 2										Minimum of 1/2 hrly observations
Coma		None	1										-
O		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
	response	e Abnormal flexion	3									1.Reaction Reacts: ✔	eg. BP is low/high, pulse is XX, PEW Score is X
		Extension of pain	2									No reaction: -	D
		None	1									2.Size	Background Child (X) was admitted on (Date) with
	Co	ma scale total 3-15	5									Small: S Medium: M	They have had (operation, procedure,
	I	tracranial pressure										Medium: M Large: L	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: L or R 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											OR I am not sure what the problem is but the child
ent	Arms	oderate											is deteriorating
M N		evere											OR 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			



401-001v-002