



PEWS Form

1-5 Yrs

Name

Date of Birth

Hospital Number

Consultant

Ward

Date 30/11

Time 18:00

Doctor/Nurse/Family concern?



Temperature °C

40
39
38
37
36
35Heart Rate &
Blood Pressure

BP NOT Used to calculate PEWS

200
190
180
170
160
150
140
130
120
110
100
90
80
70
60
50
40
30

EXAMPLE

Heart Rate (number)

130

Respiratory Rate
(Over 1 minute)60
50
40
30
20
10
0

Respiratory Rate (number)

55

Respiratory
Distress

Severe



Mild-Moderate

None

O₂ Saturation %

95

Receiving O₂ l/min

2

Wheeze (+) (++)

+

If Stridor (S)

Apnoea (A)

Conscious Level

Normal

Decreased

Total
PEWS

0-2

3-4

5-7

5

Total PEWS = Number of shaded boxes

P.T.O

for Action



PEWS Form

1-5 Yrs

Name

Date of Birth

Hospital Number

Consultant

Ward

PEWS

Escalation Plan

Remember: If you feel you need more help at any time, call for help – regardless of PEW Score

0

1

Continue monitoring

2

Nurse in Charge review

3

Nurse in Charge & SHO review

4

Nurse in Charge & SHO review & inform Consultant

5 6 7

Nurse in Charge & Consultant review

Record Call When PEWS 3 Or More				Record Time of Review & Plan		
Date	Time	PEWS	Print Name (nurse in charge)	Time	Plan	Print Name