Use addressograph - otherwise write in capitals

Surname: _____

First names: _____

Ward: _____

Hospital no: _____ DOB: _____

Check Identity

H&C number: _____

Regional Paediatric Early Warning Score Chart

1-5 years

HSC Health and Social Care

Parameter Amendment for Chronic Conditions				
Complete any of the parameters that are appropriate	Heart rate	Respiratory rate	SaO2	Dr Signature Date and time

PEWS KEY 0 | 1 | 2 | 3

If you as a parent / guardian feel you need more help at any time please speak to a senior member of nursing or medical staff regardless of PEW score.

Month:	**DATE**	14th																											**DATE**
Year:	**TIME**	10.00																											**TIME**
Parent Clinician concern	**No**	•																											
	YES																											**1**	
Resp. rate	>50																											**3**	>50
	40-50																											**2**	40-50
	30-39	•																										**1**	30-39
	25-29																												25-29
	20-24																											**1**	20-24
	15-19																											**2**	15-19
	<15																											**3**	<15
% 0_2 Saturation	>92																												>92
	90-92																											**1**	90-92
	85-89	88																										**2**	85-89
	<85																											**3**	<85
Inspired 0_2	Room Air																												Room Air
	<35%																											**1**	<35%
	≥35%																											**2**	≥35%
Temp °C	40																												40
	39	•																											39
	38																												38
	37																												37
	36																												36
	35																												35
HEART RATE	190																											**3**	190
	180																												180
	170																											**2**	170
	160																												160
	150	•																										**1**	150
	140																												140
	130																												130
	120																												120
	110																												110
	100																												100
	90																											**1**	90
	80																											**2**	80
	70																												70
	60																											**3**	60
BLOOD PRESSURE PEWS scores only systolic pressure Cuff Size _____	180																												180
	170																												170
	160																												160
	150																											**3**	150
	140																												140
	130																												130
	120																												120
	110																											**2**	110
	100																												100
	90																											**1**	90
	80																												80
	70																											**1**	70
	60																											**2**	60
	50																												50
	40																											**3**	40
	30																												30
	20																												20
	Map																												Map
Level of Conciousness	Alert	A																											Alert
	Voice																											**3**	Voice
	Pain																												Pain
	Unresponsive																												Unresponsive
Pain scale in use (√)	**TOTAL PEWS SCORE**	4																											**TOTAL SCORE**
FLACC	**Observation frequency**	30 mins																											**Obs. freq**
FACES	**Pain score Rest (R) Activity (A)**	2R																											**Pain score**
Numeric	**Initials**	AK																											**Initials**
Cries																													

Example

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

0 1	Continue Monitoring. Calculate PEW Score with next routine observations
2 3	Inform Nurse in Charge immediately
4	Nurse in Charge must review urgently Intervene or escalate as appropriate Minimum of hourly observations
5	Nurse in Charge must review urgently Inform 1st on call Doctor Intervene or escalate as appropriate Minimum of hourly observations
6 ≥6	Nurse in Charge must review urgently Urgent review by senior doctor Minimum of ½ hourly observations

Paediatric Sepsis Trigger Tool

1. Are any of the following present: think sepsis!

- PEWS ≥ 4
- Child is feverish and/or looks sick
- Parent Carer very worried

Yes

think sepsis!

2. Is there a known or suspected source of infection No → Continue as per PEWS action chart

Yes

3. Consider Sepsis and commence on appropriate pathway

Record Request for Review					Record Review				
Date	Time	PEWS	Escalated to (record name)	Print name (nurse)	Date	Time	Reviewer (name)	Max obs duration	Reviewer grade

Review record to be completed by the person undertaking the review. Full assessment should be documented in the relevant notes.

PEWS Observations Chart

Neurological

Ward	Month	Year

Date																									
Time																									
Coma Scale	Eyes open	Spontaneously	4																						Eyes closed by swelling = **C**
		To speech	3																						
		To pain	2																						
		None	1																						
	Best verbal response	Smiles / appropriate words	5																						Endotracheal tube or trachestomy = **T**
		Inappropriate words / confused	4																						
		Irritable cry	3																						
		Incomprehensible sounds	2																						
		None	1																						
	Best motor response	Obey commands	6																						**Pupils record** **1. Reaction** Reacts: ✓ No reaction: –
		Localises pain	5																						
		Flexion withdrawal	4																						
		Abnormal flexion	3																						
		Extension of pain	2																						
		None	1																						
Coma scale total 3-15																									**2. Size** Small: **S** Medium: **M** Large: **L**
Intracranial pressure																									
Pupils	Right	Reaction																							**3. Equality** Equal: **E** Unequal: **L** or **R** which is larger Closed: **C**
		Size																							
	Equality																								
	Left	Reaction																							
		Size																							
Limb movement	**Arms**	Normal power																							
		Mild																							
		Moderate																							
		Severe																							
		None																							
	Legs	Normal power																							
		Mild																							
		Moderate																							
		Severe																							
		None																							