

National Paediatric Early Warning System Observation and Escalation Chart

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|  ≥13 years | Patient Name: _____ CITO Id. _____ NHS No. _____ Date of Birth: _____ Unit/Team: _____ |
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| 0 | Have you set your alarm limits? | |
| 1 | RR | |
| 2 | SpO2 | |
| 3 | HR | |
| 4 | BP | |
| 5 | Other | |
| 6 | Type of monitor | |
| Does your patient have any additional risk factors? | | |
| Risk Factor | | THINK! |
| <input type="checkbox"/> Baseline vital signs outside of normal reference ranges | | Always score the relevant PEWS value even if this is normal for the patient (e.g. cardiac patient) |
| <input type="checkbox"/> Tracheostomy/Airway Risk | | Do you need additional help in an airway emergency? |
| <input type="checkbox"/> Invasive/Non-Invasive Ventilation/High Flow | | Check oxygen requirement on additional respiratory support. Remember High Flow/BiPaP and CPAP score maximum of 4 on oxygen delivery |
| <input type="checkbox"/> Neutropenic/Immunocompromised | | Sepsis recognition and escalation has a lower threshold |
| <input type="checkbox"/> <40 weeks corrected gestation | | Sepsis recognition and escalation has a lower threshold (beware hypothermia) |
| <input type="checkbox"/> Neurological condition (ie meningitis, seizures) | | Remember to check pupillary response if anything other than Alert on AVPU |
| <input type="checkbox"/> Neurodiversity or Learning Disability | | Be aware of the range of responses to pain and physiological changes |
| <input type="checkbox"/> Outlier | | Do you need support from home ward/team? |
| <input type="checkbox"/> NOT APPLICABLE | | |

This chart is solely intended for recording an inpatient paediatric patient's PEWS. The components

| Airway and Breathing | | Respiratory Rate | | | | | | | | | |
|----------------------|--|------------------------------------|------------------------|------------------|--|----|-----------------------------|---------------------------------------|------------------|-----------|--------------|
| | | Respiratory Rate • RR / min | | | | | Respiratory Rate • RR / min | | | | |
| | | Respiratory Distress | | Respiratory Rate | | | Respiratory Distress | | Respiratory Rate | | |
| | | Severe | | Severe | | | Moderate | <td>Moderate</td> <td></td> <td></td> | Moderate | | |
| Respiratory distress | | Mild | • Accessory muscle use | | | | Mild | • RR > 55 | Mild | • RR > 55 | |
| Mild | | | | | | | | | | | • RR 55 - 59 |
| Moderate | | • Tracheal tug | | | | | | | | | • RR 59 - 64 |
| | | • Intercostal recession | | | | | | | | | • RR 64 - 69 |
| | | • Inspiratory or expiratory noises | | | | | | | | | • RR 69 - 74 |
| Severe | | • Tripoding | | | | | | | | | • RR 74 - 79 |
| | | • Supraventricular recession | | | | | | | | | • RR 79 - 84 |
| | | • Grunting | | | | | | | | | • RR 84 - 89 |
| | | • Exhaustion | | | | | | | | | • RR 89 - 94 |
| | | • Impending respiratory arrest | | | | | | | | | • RR 94 - 99 |
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| Escalation / Graded Response to PEWS | |
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| 0-4 | If on respite or short stay unit: Continue to monitor (minimum hourly) for minimum duration of 4hours – if remains high after 4 hours contact paediatric professional via 111 If community: Inform duty nurse/medic and discuss plan, consider G/P/A&E/111 review |
| 5-6 | If on respite or short stay unit: Inform nurse in charge/clinical lead and increase observations (frequency as clinically indicated - minimum twice / hour). AND Obtain medical advice from paediatric professional via 111 If community: Inform duty nurse/medic and ensure access to hospital (A&E) within 1 hour. |

S I am (name X) on ward (X), I am calling about patient (X), I am calling because I am concerned that..... (e.g. patient's mood is very low and expressing suicidal ideation)

P **Background:**
Patient (X) was admitted on (X date) following (X) but has until today been well.
Patient has a diagnosis of (X condition) and their Mental

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| | <p>If community: Inform duty nurse/medic and support access to hospital (A&E) within 1 hour</p> |
| 7+ | <p>If on respite or short stay unit: Continuous monitoring discuss with paediatric professional (at nearest hospital) and consider phoning for ambulance and transfer to emergency department</p> <p>If community: Stay with patient and monitoring every 15 mins. Inform duty nurse/medic and on-call paediatric professional (at nearest hospital) and create plan considering transfer to emergency department</p> |
| 4 in a single parameter | <p>A single score of 4 on one of the physiological observations must trigger urgent medical attention</p> <p>If on respite or short stay unit: Inform nurse in charge/clinical lead and increase observations (frequency as clinically indicated - minimum twice / hour). AND Obtain medical advice from paediatric professional via 111</p> <p>If community: Inform duty nurse/medic and support access to hospital (A&E) within 1 hour</p> |

D The patient's diagnosis is complicated and their Mental Health Act status is (X) and he/she is receiving (medication/therapy)
The patient has deteriorated in the last (X) AND/ OR following (X)

Assessment:
I think the problem is (X) and I have (e.g. Put the patient on higher level observation)
OR I am not sure what is wrong but patient (X)'s mental

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| A | The patient is alert | Additional consideration if PEWS triggers may have impaired level of consciousness as a consequence of sedation. This must be taken into consideration when acting upon high | deterioration! |
| V | The patient responds to verbal stimulation only | | If YES to the 3 questions below – THINK SEPSIS |
| P | The patient responds to painful stimulation only | | Is PEWS 5 or above? |
| U | The patient is completely unresponsive | | Does the patient have signs of infection? Is the patient known to be susceptible to infections? |
| New Confusion- The patient displays new confusion or agitation | | R D Recommendation: I need you to (eg. come and see the patient by X time) in order to (X) Decision: So we have agreed you will visit the ward in the next (X mins), and in the meantime we will (X) (eg. Place the patient on enhanced observation and engagement) | |
| Ask receiver to repeat key information to ensure understanding | | | |

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| R | Recommendation: I need you to (eg. come and see the patient by X time) in order to (X) |
| D | Decision: So we have agreed you will visit the ward in the next (X mins), and in the meantime we will (X) (eg. Place the |

