

IMEWS Chart - Escalation & Response		Audit for months _____ Date _____														
	Please tick ✓ for yes, X for no or n/a is not applicable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1	Care escalated without IMEWS trigger?															
2	A full set of observations were completed within the required timeframe															
3	Midwife in charge informed															
4	There is evidence that the care was escalated to the appropriate level as per escalation guide															
5	Medical review was received															
6	The ISBAR tool was used to document the escalation of care															
7	There is evidence of an increase in the frequency of monitoring and recording of vital signs in response to the detection of observations in the yellow or pink zones															
8	Measures implemented to reduce triggers as appropriate															
9	Any variances to the parameters are documented with clear management plans															
10	Medical review documented by the doctor															
11	Plan of care documented by the doctor															
12	Date and time of review documented by the doctor															

Comments:

Action required:

Completed by: _____