

Information for PEWS Leads and governance groups

Safe and effective care of the child is paramount and any evolving developments to the PEWS chart are based on this premise.

The design changes in version N3 have been influenced largely by a series of Australian studies into chart design, feedback from clinicians using previous versions of the chart and from the advice of colleagues with human factors design experience. These collaborations have led to a user-friendly design that provides an effective instrument for clinical staff with responsibility for recording and interpreting observation charts in paediatric practice. Most recently, changes have been made to N3 (the most up-to-date version is N3.2, June 2017) that reflect national feedback regarding the safe use of variances and the need for better terminology to describe them. Following national site visits, Guideline Development and Steering Group discussion and a working group collaborative of nursing, medical and human factors experts, the *Medical Escalation Suspension*, used in previous charts has now been replaced with the wording *Medical Escalation Agreement*. This better reflects the need to agree new bedside guidance for escalation that differs from the standard *Escalation Guide*. The *Medical Escalation Agreement* is a medical decision which represents nursing and parent input.

The N3 version is a generic national template. Sites may add details to the chart to reflect specific local arrangements as set out in the following pages. Frontline ownership of PEWS is vital for successful implementation and embedding of good practices. There is space for additions to make these charts locally relevant. Decisions around additions should be documented by the hospital PEWS Governance Group referring to the advice below and the National Clinical Guideline no.12 PEWS.

1.1 Hospital demographics



Hospital Logo

Paediatric Observation Chart

12+ Years



PAEDIATRICS

Addressograph

Ward

Consultant

1.2 Escalation Guide

Escalation Guide

PEWS does not replace an emergency call

Score	Minimum Observations	Minimum Alert	Minimum Response
1	4 hourly	Nurse in Charge	Any trigger should prompt increase in observation frequency as clinically appropriate
2	2 - 4 hourly		
3*	1 hourly	Nurse in Charge + Doctor on call	Nurse in Charge review
4-5	30 minutes		Urgent medical review
6	Continuous	Nurse in Charge + Doctor on call + Senior Doctor +/- Consultant	Urgent SENIOR medical review
≥7	Continuous	URGENT PEWS CALL	Immediate local response team

* Pink score in any parameter merits review

PEWS does not replace clinical concern

1.3 ISBAR Communication

ISBAR Communication Tool

Identify → Situation → Background → Assessment → Recommendation

1.4 Medical Escalation Agreement*

Medical Escalation Agreement

Date / Time	Maximum Duration	Following clinical assessment, if appropriate, state clinical impression, permitted parameters & calling criteria. Document clearly in clinical notes.	Senior Doctor Initials / Name / Designation
		IMPRESSION:	
		IMPRESSION:	
		IMPRESSION:	
		IMPRESSION:	

1.5 Paediatric Sepsis 6

Paediatric Sepsis 6

Recognition

2 or more of the following

- Core temperature <36°C or >38.5°C
- Inappropriate tachypnoea
- Inappropriate tachycardia
- Reduced peripheral perfusion
- Altered mental status
- Consider co-morbidities

TAKE 3

<60 Mins.

- IV or IO access and take blood samples
- Urine output measurement
- Early SENIOR input

Suspected or proven sepsis

Within 60 minutes

GIVE 3

<60 Mins.

- High flow oxygen
- IV/IO fluids & consider early inotropic support
- Broad spectrum IV/IO antimicrobials

1.1 – hospital details	
Modifiable	Non-modifiable
<ul style="list-style-type: none"> Add hospital/group logo(s) +/- hospital name 	<ul style="list-style-type: none"> Do not remove paediatrics logo Colour coding and image may not be altered

1.2 – Escalation Guide	
Modifiable	Non-modifiable
<ul style="list-style-type: none"> The specific level of doctor or bleep/telephone number(s) may be added 	<ul style="list-style-type: none"> The level of seniority suggested in the generic escalation guide should not be lowered Colour coding and layout may not be altered

1.3 – ISBAR	
Modifiable	Non-modifiable
Nil	<ul style="list-style-type: none"> Colour coding and image may not be altered

1.4 – Medical Escalation Agreement* – note new wording	
Modifiable	Non-modifiable
<ul style="list-style-type: none"> It is recommended that a hospital without 24 hour inpatient paediatric medical support remove this section from their chart – see further information section later 	<ul style="list-style-type: none"> Colour coding and content may not be altered

1.5 – Paediatric Sepsis 6	
Modifiable	Non-modifiable
Nil	<ul style="list-style-type: none"> Colour coding and content may not be altered

2.1 Chart details

2.2 Parameter Amendment*

2.3 Observation template

2.1 – Chart details	
Modifiable	Non-modifiable
Nil	<ul style="list-style-type: none"> No changes permitted

2.2 – Parameter Amendment for chronic conditions*	
Modifiable	Non-modifiable
<ul style="list-style-type: none"> It is recommended that a hospital without 24 hour inpatient paediatric medical support consider removing this section – refer to NCG no.12 	<ul style="list-style-type: none"> No changes permitted

2.3 – Observation template	
Modifiable	Non-modifiable
<ul style="list-style-type: none"> Final two lines (currently pain score and blank line) may be labelled as per local requirements 	<ul style="list-style-type: none"> No changes permitted to any other scoring elements of the chart template

P4, section 3.1-3.3 (back page)

3.1 Event Record

3.2 Respiratory Assessment

3.3 Blank space

Event Record for PEWS score ≥6				
Date	Time	PEWS	Nurse Initials & NMRI	Alert

Addressograph

Assessment of Respiratory Effort			
	Mild	Moderate	Severe
Airway	• Stridor on exertion/crying	• Some stridor at rest	• Stridor at rest
Behaviour and feeding	• Normal • Talks in sentences	• Some/intermittent irritability • Difficulty talking/crying • Difficulty feeding or eating	• Increased irritability and/or lethargy • Looks exhausted • Unable to talk or cry • Unable to feed or eat
Respiratory rate	• Mildly increased	• Respiratory rate in blue zone	• Respiratory rate in pink zone • Increased or markedly reduced respiratory rate as the child tires
Accessory muscle use	• Mild intercostal and suprasternal recession	• Moderate intercostal and suprasternal recession • Nasal flaring	• Marked intercostal, suprasternal and sternal recession
Oxygen	• No oxygen requirement	• Mild hypoxemia corrected by oxygen • Increasing oxygen requirement	• Hypoxemia may not be corrected by oxygen
Other		• May have brief apnoeas	• Gasping, grunting • Extreme pallor, cyanosis • Increasingly frequent or prolonged apnoeas

3.1 – Event Record

Modifiable	Non-modifiable
<ul style="list-style-type: none"> Example line may be included Alternative layout/headings permitted Could be moved to the front page in place of MEA section 	<ul style="list-style-type: none"> Must be retained on the chart

3.2 – Respiratory Assessment (permission for replication granted by Victoria Children's Hospital)

Modifiable	Non-modifiable
Nil	<ul style="list-style-type: none"> No modifications permitted

3.1 – Blank space

Modifiable	Non-modifiable
<ul style="list-style-type: none"> Local hospital additions (suggested: pain scale / GCS) 	