PAEDIATRIC OBSERVATION CHART - VERSION N3.2

PAEDIATRICS

Information for PEWS Leads and governance groups

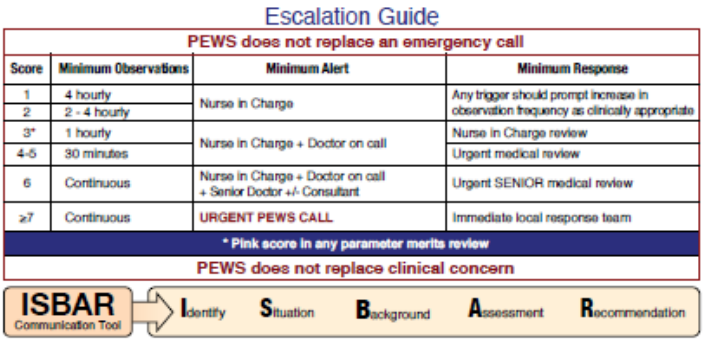
Safe and effective care of the child is paramount and any evolving developments to the PEWS chart are based on this premise.

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.

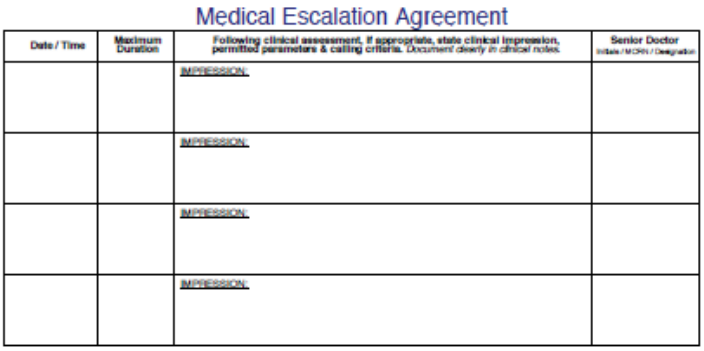
1.1 Hospital demographics

1.2 Escalation Guide

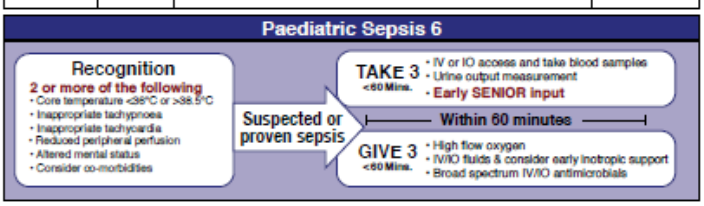


1.3 ISBAR Communication

1.4 Medical Escalation Agreement*



1.5 Paediatric Sepsis 6



Page 1, section 1.1-1.5 Front Page

1.1 – hospital details	
Modifiable	**Non-modifiable**
• Add hospital/group logo(s) +/- hospital name	• Do not remove paediatrics logo • Colour coding and image may not be altered

1.2 – Escalation Guide	
Modifiable	**Non-modifiable**
• The specific level of doctor or bleep/telephone number(s) may be added	• 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	• Colour coding and image may not be altered

1.4 – Medical Escalation Agreement* – note new wording	
Modifiable	**Non-modifiable**
• It is recommended that a hospital without 24 hour inpatient paediatric medical support remove this section from their chart – see further information section later	• Colour coding and content may not be altered

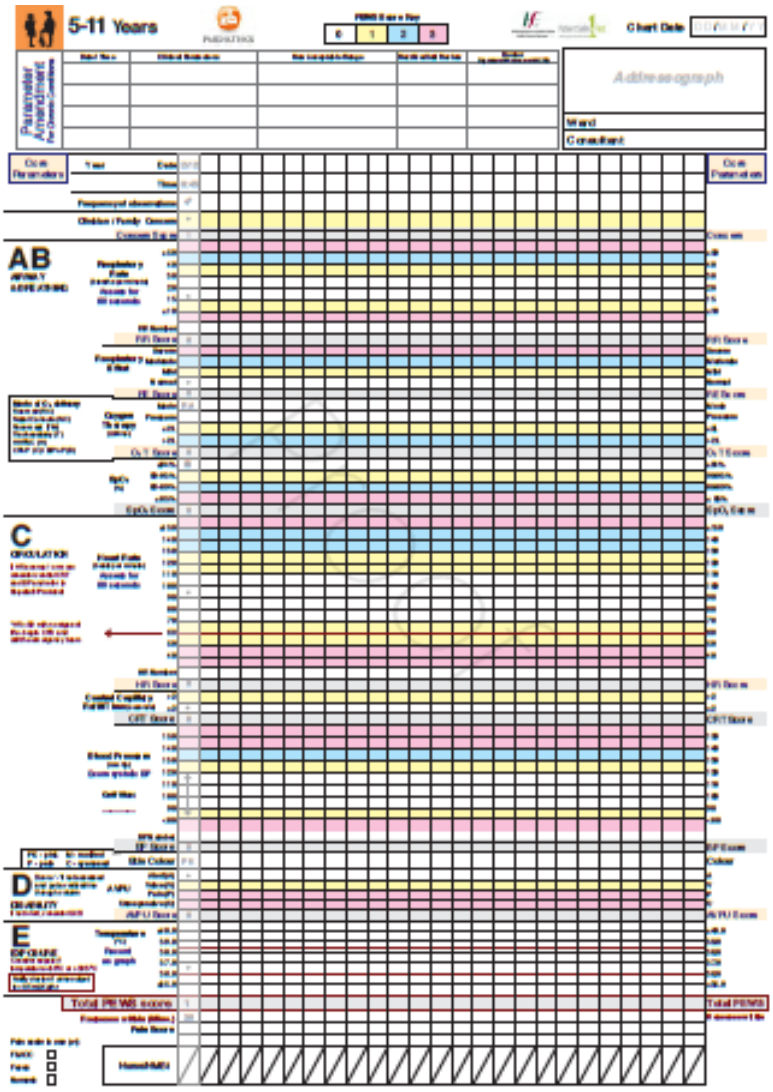
1.5 – Paediatric Sepsis 6	
Modifiable	**Non-modifiable**
Nil	• Colour coding and content may not be altered

Page 2-3, section 2.1 – 2.3

2.1 Chart details

2.2 Parameter Amendment*

2.3 Observation template



2.1 – Chart details	
Modifiable	**Non-modifiable**
Nil	• No changes permitted

2.2 – Parameter Amendment for chronic conditions*	
Modifiable	**Non-modifiable**
• It is recommended that a hospital without 24 hour inpatient paediatric medical support consider removing this section – refer to NCG no.12	• No changes permitted

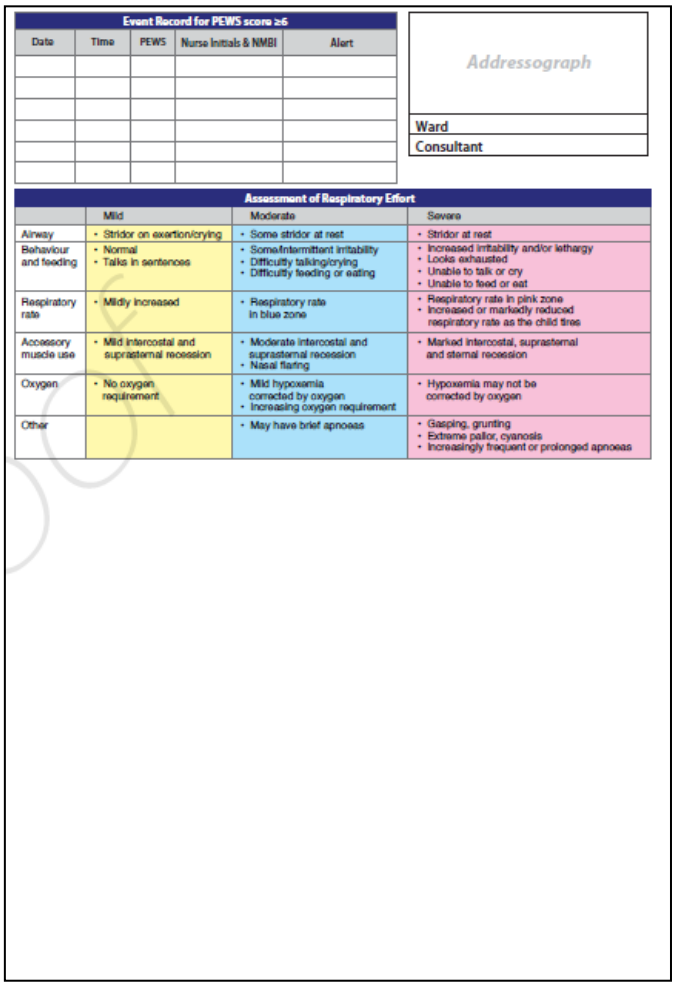
2.3 – Observation template	
Modifiable	**Non-modifiable**
• Final two lines (currently pain score and blank line) may be labelled as per local requirements	• No changes permitted to any other scoring elements of the chart template

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 & NMBI	Alert

Addressograph

Ward

Consultant

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**
• Example line may be included • Alternative layout/headings permitted • Could be moved to the front page in place of MEA section	• Must be retained on the chart

3.2 – Respiratory Assessment (permission for replication granted by Victoria Children's Hospital)	
Modifiable	**Non-modifiable**
Nil	• No modifications permitted

3.1 – Blank space	
Modifiable	**Non-modifiable**
• Local hospital additions (suggested: pain scale / GCS)	