



Hospital Logo



PAEDIATRICS

Paediatric Observation Chart

0-3 Months

Addressograph

Ward

Consultant

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

ISBAR

Communication Tool

Identify

Situation

Background

Assessment

Recommendation

Medical Escalation Suspension

Date / Time	Suspension Conditions	Next Medical Review	Doctor Signature/Print name /MCRN
Start Date: Start Time: End Date: End Time:			
Start Date: Start Time: End Date: End Time:			
Start Date: Start Time: End Date: End Time:			
Start Date: Start Time: End Date: End Time:			

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

Suspected or proven sepsis

TAKE 3
<60 Mins.

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

Within 60 minutes

GIVE 3
<60 Mins.

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

Event Record for PEWS score ≥6

Date	Time	PEWS	Nurse Initials & NMBI	Alert

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Assessment of Respiratory Effort

	Mild	Moderate	Severe
Airway	• Stridor on exertion/crying	• Mild stridor at rest	• Stridor at rest
Behaviour and feeding	• Normal • Talks in sentences	• Some/intermittent irritability • Difficultly talking/crying • Difficultly 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			• Gasping, grunting • Extreme pallor, cyanosis • Apnoea

