



Hospital Logo



PAEDIATRICS

Paediatric Observation Chart

4-11 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:			

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

Addressograph

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Consultant

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



4-11 Months



PAEDIATRICS

PEWS Score Key

0

1

2

3

Chart Date



DD / MM / YY

Parameter
Amendment

For Chronic Conditions

Doctor

Signature/Print name /MCRN

Ward

Consultant

Addressograph

Core
Parameters

Core
Parameters

Year

Date

12/12

Time

18:45

Frequency of observations

4^o

Clinician / Family Concern

Concern Score

AB
AIRWAY
& BREATHING

Respiratory
Rate

(breaths per minute)

Assess for

60 seconds

70

60

50

40

30

20

15

RR Number

38

RR Score

0

Severe

Moderate

Mild

Normal

RE Score

0

Mode

RA

Oxygen
Therapy

(L/Mins.)

>2L

≤2L

O₂ T Score

0

≥94%

90-93%

86-89%

≤ 85%

SpO₂

(%)

SpO₂ Score

0

180

170

160

150

140

130

120

110

100

90

80

70

60

HR Number

119

HR Score

0

>2

≤2

CRT Score

0

130

120

110

100

90

80

70

60

BP Number

89

BP Score

0

PK

Alert

Voice

Pain

Unresponsive

AVPU Score

0

≥40.0

39.0

38.0

37.0

36.0

≤35.0

Temperature

(°C)

Record

as graph

Consider sepsis if

temperature <36°C or >38.5°C

Notify doctor if urine output

is <1mL/Kg/hr

DISABILITY

If not Alert, consider GCS

Score '+' if not assessed

and put a vertical line

through column

PK - pink

P - pale

M - mottled

C - cyanosed

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