

# BC PEWS ED QI Audit Tool for Sites with Electronic Health Records

Site: \_\_\_\_\_ Auditor: \_\_\_\_\_ Date: \_\_\_\_\_ Quarter: \_\_\_\_\_

## INSTRUCTIONS FOR USE

*Please randomly select 20 electronic charts for every audit period.*

**Number of sets of Vital Signs (VS) assessments done:** Please record the number of sets of VS assessments completed (even if components are missing)

**PEWS components documented:** Please record the number of times each PEWS component is completed

**PEWS Score documentation:** Please note how many times the PEWS Score was documented when VS assessed (should be less than or equal to # of VS)

**Situational Awareness:** Please record 'Y' if a situational awareness factor was documented, 'N' if it was negative & 'N/C' if field was not completed

**Escalation:** Please indicate whether there was a PEWS score of 4 or more and whether there was documentation of escalation or documentation of why care was not escalated

Background Information		1	2	3	4	5	6	7	8	9	10
PEWS	Electronic Chart										
	Admission Date (day/month/year)										
	CTAS Score										
	PEWS completed at Triage	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Number of times VS assessed										
	Heart rate documented										
	Capillary refill documented										
	Skin colour documented										
	Respiratory rate documented										
	Oxygen rate documented										
	Respiratory distress documented										
	Behaviour documented										
Other PEWS factors documented (if applicable)											
Number of times PEWS Score done											
Situational Awareness Factors (Y/N/N/C)	Family/Caregiver Concern										
	Unusual Therapy										
	Watcher Patient										
	Communication Breakdown										
	PEWS 2+										
Escalation & Documentation	Was there a PEWS Score of 4 or more?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	If YES, was there escalation activation documentation?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N

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## INSTRUCTIONS FOR USE

		11	12	13	14	15	16	17	18	19	20
Background Information	Electronic Chart										
	Admission Date (day/month/year)										
	CTAS Score										
	PEWS completed at Triage	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
PEWS	Number of times VS assessed										
	Heart rate documented										
	Capillary refill documented										
	Skin colour documented										
	Respiratory rate documented										
	Oxygen rate documented										
	Respiratory distress documented										
	Behaviour documented										
	Other PEWS factors documented (if applicable)										
	Number of times PEWS Score done										
Situational Awareness Factors (Y/N/NC)	Family/Caregiver Concern										
	Unusual Therapy										
	Watcher Patient										
	Communication Breakdown										
	PEWS 2+										
Escalation & Documentation	Was there a PEWS Score of 4 or more?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	If YES, was there escalation activation documentation?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N

Comments: