

PEWS Vital Sign Record 0 – 3 MONTHS

Patient label

PEWS Scoring Legend: 0 1 2 3

Date: Initials: Time 80 70 70 Respiratory Rate (1 minute) 60 60 50 50 Respiratory 40 40 Resp: • 30 30 20 20 O₂ Saturation (%) ≤3L or 30% Supplemental O₂ ≥3L or 30% Concentration ≥6L or 40% Delivered ≥8L or 50% Mode of Delivery None Respiratory Mild Distress Moderate Severe PEWS Score for Respiratory 190 Heart Rate (1 minute) & Blood Pressure 180 180 170 170 160 160 Systolic: V Diastolic: Λ 150 150 140 140 (Do not score blood pressure) 130 130 Normal Parameters: Systolic (mmHg): 60 – 84 (0 – 28 days) 73 – 105 (1 – 3 mos) 120 120 Cardiovascula 110 110 100 100 Diastolic (mmHg): 30 – 53 (0 – 28 days) 36 – 68 (1 – 3 mos) 90 90 80 80 70 70 Apex: ● 60 Monitor: * 50 50 MAP 1 – 2 seconds Capillary Refill Time 3 seconds 4 seconds ≥5 seconds Pink Pale Skin Colour Grey/Cyanotic Grey & Mottled PEWS Score for Cardiovascular Playing/Appropriate Sleeping Irritable Lethargic/Confused Reduced response to pain PEWS Score for Behaviour Persister vo...

Bronchodilator every 20 minute

Total PEWS Score

(R+C+B+vomitting+bronchodilator)

Postiant/Family/Caregiver concern Persistent vomiting following surgery Situational Awareness Factors Unusual therapy Watcher patient Communication breakdown PEWS Score ≥2 PEWS Escalation Process Activated (time) See NN Temperature °C 40 39 A – Axilla R – Rectal 39 38 38 O – Oral – Temporal 37 37 E – Esophageal 36



PEWS Vital Sign Record 0-3 MONTHS

Patient label

		Date: Initials:													
		Time:													
ı		Sepsis Screen		_	+	_	-		_				_		
		Tool: Pain Score													
ı	Care	Location of pain													
I		Arousal Score													
ı	ပိ	PRAM Score (Asthma Patients Only)													
		EtCO2 (mmHg)													
i		Glucometer (mmol/L)													
İ		P Size Right										_			
		P Left													
		I	\vdash												
		S F = Fixed Left Spontaneous 4		_											
i		E To speech 3 Y To pain 2	\vdash												
		C = Closed None 1 Coos/Oriented 5	\vdash			-	-								
		V E Irritable cry/Confused 4													
	=	R Cries to pain/Inappropriate 3													
	ပ္ပ	F Irritable cry/Confused 4 R Cries to pain/Inappropriate 3 B Moans to pain/Incomprehensible 2 L													
	Neurologica	None I	\vdash	_	-	-		_							
		Normal spontaneous/Obeys 6 Withdraws to touch/Localized 5													
		O Withdraws to pain/Withdraws 4													
		M Withdraws to touch/Localized 5 O Withdraws to pain/Withdraws 4 T O Abnormal extension 3 R Abnormal extension 2													
	<u>e</u>	Abnormal extension 2 Flaccid 1													
=1	Z	TOTAL SCORE GCS													
2		Muscle Strength Right Arm													
등		Refer to rating scale below Left Arm	-												
Spinal		Rate 0 – 5 Right Leg													
		Left Leg	 		+	 	-								
		Colour, Warmth, Right Arm & Sensation of Left Arm			+										
		Extremities √ = Normal Right Leg													
		NN = Nurse's Notes Left Leg													
		Bladder √ = Normal Function NN = Nurse's Notes													

Pediatric Early Warning System (PEWS) Escalation Aid Score 2 or any one of 5 Situational Awareness Factors

Score 0 - 1

Continue to monitor and document as per orders & routine protocols.

Review with more experienced healthcare professional. Escalate if further consultation required or resources do not allow. Continue to monitor as per orders/protocols.

Score 3

Increase frequency of assessments and documentation as per plan from consultation.

Score 4 and/or score increases by 2 after interventions

Notify MRP/delegate. Consider pediatrician consult. MRP/delegate to communicate a plan of care.
Increase assessments.
Reassess adequacy of resources
and escalate to meet deficits. Score 5 – 13 or score of 3 in any one category

Immediate assessment by MRP/delegate or pediatrician, or emergency room physician. MRP/delegate to communicate a plan of care. Increase nursing care with increasing interventions as per plan. Consider internal or external transfer to higher level of care.

PUPIL SIZE (mm)									
•	•	•	•						
1	2	3	4	5	6	7	8		

N	MUSCLE STRENGTH GRADING SYSTEM									
0/5	No movement	3/5	Movement overcoming gravity, but not against resistance							
1/5	Trace movement	4/5	Movement overcoming gravity and some resistance							
2/5	Movement only (not against gravity)	5/5	Normal strength against resistance							

LEVEL OF AROUSAL SCORE								
1	2	3	4	5				
Awake and alert, oriented	Normal sleep, easy to arouse to verbal stimulation	Difficult to arouse to verbal stimulation	Responds only to physical stimulation	Does not respond to verbal or physical stimulation				

PRINTED NAME	SIGNATURE	INITIALS				
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