BC PEWS Escalation Aid for Inpatient and Emergency Department Settings



Always use clinical judgement in conjunction with the Escalation Aid

RE		0 - 1	2	3 * For a score of "3" in any one category consider higher escalation	4 &/or score increases by 2 after interventions	5 – 13 or score of "3" in one category
PEDIATRIC EARLY WARNING SYSTEM SCORE	Notify		• Consider reviewing patient with a more experienced healthcare provider	• As per PEWS Score 2	 As per PEWS Score 2 AND notify most responsible physician (MRP) or physician delegate Based on rate of deterioration, consider pediatrician consult 	 MRP to assess patient immediately (& pediatrician if available) If MRP unable to attend, call for STAT physician review Appropriate senior review
	Plan				 MRP or delegate communicate a plan of care to mitigate contributing factors of deterioration Communicate plan of care to the patient and/or family 	• As per PEWS Score 4
C EARLY W	Assessment	• Continue assessment, monitoring and documentation as per orders & routine protocols	• As per PEWS Score 1	 Increase frequency of assessments & documentation as per plan from consultation with more experienced healthcare provider 	 Increase frequency of assessments & documentation as per plan 	• As per PEWS Score 4
PEDIATRI	Resources			• Escalate if further consultation required or if resources do not allow for safe monitoring and care	 Reassess adequacy of resources and make changes as needed: RN to patient ratio Location: ensure appropriate level of skill, equipment, medication and resources available Consider internal or external consult or transfer to higher level of care 	• As per PEWS Score 4
SITUATIONAL AWARENESS	If patient is assessed with one or more of the following situational awareness factors: Parent concern Watcher patient Unusual therapy Breakdown in communication 					

Effective: June 2025. This document is a component of the Child Health BC Provincial Pediatric Early Warning System Guideline. Refer to PHSA SHOP C-05-07-63105.