

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. Ignore CTAS and triage if completing for inpatients.

Number of sets of VS assessments done: Please record the number of sets of Vital Sign assessments completed (even if BP is missing).

PEWS components documented: Please record the number of times each vital sign is completed.

PEW score documentation: Please note how many times PEW Score was documented when VS assessed (this should be equal to VS number or less)

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

Escalation: Please indicate whether there was a PEWS of 4 or more on the vital sign record and whether there was an escalation and documentation on the vital sign record

Background information	Electronic Chart	1	2	3	4	5	6	7	8	9	10	
	Admission Date (day/mo/yr)											
	CTAS Score											
PEWS	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 PEW Score done											
Situational Awareness factors (Y/N/NC)	Family/Caregiver Concern											
	Unusual Therapy											
	Watcher Patient											
	Communication Breakdown											
	PEWS 2+											
Escalation & documentation	Was there a PEW 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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Site: _____ Auditor: _____ Date: _____ Quarter: _____

INSTRUCTIONS FOR USE

Background information	Electronic Chart	11	12	13	14	15	16	17	18	19	20	
	Admission Date (day/mo/yr)											
	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	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 (i.e. vomiting, etc) PEWS factors documented (if applicable)											
	Number of times PEW Score done											
Situational Awareness factors	Family/Caregiver Concern											
	Unusual Therapy											
	Watcher Patient											
	Communication Breakdown											
	PEWS 2+											
Escalation & documentation	Was there a PEW 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 (please note any factors that would assist us with understanding any issues with the system)