



**PEWS Vital Sign Record**  
**1 – 3 YEARS**

Patient label

|   |   |  |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|--|-------|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>Date:</b>  | <b>Initials:</b>  |  |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | <b>Time:</b>  |  |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Care</b>   | Sepsis Screen   |  |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | Screen for sepsis if PEWS score increases by 2, or temperature is > 38°C or < 36.0°C, or critical heart rate. (Indicate with a ✓ and document findings and actions in Nurses' Notes.) |  |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | Tool: _____   | Pain Score   |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   | Location of pain   |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   | Arousal Score  |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   | PRAM Score (Asthma Patients Only)  |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   | EtCO2 (mmHg)   |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   | Glucometer (mmol/L)  |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | <b>Neurological</b>   | <b>PUPILS</b><br><small>B = Brisk<br/>S = Sluggish<br/>F = Fixed</small> | Size  | Right |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |  |       | Left  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Reaction  |   |  | Right |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |  | Left  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>EYES</b>   |   | Spontaneous  | 4     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   | To speech  | 3     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   | To pain  | 2     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   | None   | 1     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>VERBAL</b>   |   | Coos/Oriented  | 5     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   | Irritable cry/Confused   | 4     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   | Cries to pain/Inappropriate  | 3     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   | Moans to pain/Incomprehensible   | 2     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>MOTOR</b>  |   | None   | 1     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   | Normal spontaneous/Obeys   | 6     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   | Withdraws to touch/Localized   | 5     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   | Withdraws to pain/Withdraws  | 4     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   | Abnormal flexion   | 3     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   | Abnormal extension   | 2     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   | Flaccid  | 1     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>TOTAL SCORE GCS</b>  |   |  |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Muscle Strength</b><br><small>Refer to rating scale below<br/>Rate 0 – 5</small>                       | Right Arm   |  |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | Left Arm  |  |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | Right Leg   |  |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | Left Leg  |  |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Colour, Warmth, &amp; Sensation of Extremities</b><br><small>✓ = Normal<br/>NN = Nurse's Notes</small> | Right Arm   |  |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | Left Arm  |  |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | Right Leg   |  |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | Left Leg  |  |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Bladder Function</b>   | <small>✓ = Normal<br/>NN = Nurse's Notes</small>  |  |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Pediatric Early Warning System (PEWS) Escalation Aid**

**Score 0 – 1**

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

**Score 2**  
or any one of 5 Situational Awareness Factors

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**

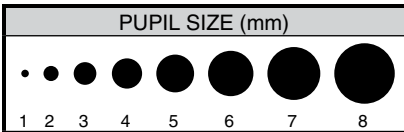
Increase frequency of assessments and documentation as per plan from consultation.

**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.



| 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 |

|                     |                  |                 |
|---------------------|------------------|-----------------|
| <b>PRINTED NAME</b> | <b>SIGNATURE</b> | <b>INITIALS</b> |
|                     |                  |                 |
|                     |                  |                 |