

CHBC PEWS Quarterly Flowsheet Audit tool - Page 2/2

Site: _____ Auditor: _____ Date: _____ Quarter: _____

Background information	Flowsheet	11	12	13	14	15	16	17	18	19	20
	Admission Date (day/mo/yr)										
PEWS	Number of times VS assessed										
	Number of times PEW Score done										
	Number of accurate PEW Score										
Situational Awareness factors	Family/Caregiver Concern										
	Unusual Therapy										
	Watcher Patient										
	Communication Breakdown										
Escalation & documentation	Was there a PEW Score of 4 or more in this flowsheet?	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 or documentation?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N

Comments: