

# 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.*

**Number of sets of Vital Signs assessments done:** Please record the number of sets of VS assessments completed (even if some components missing)

**PEWS components documented:** Please record the number of times each PEWS component is completed.

**PEW score documentation:** Please note how many times PEW Score was documented when VS assessed (should be less than or equal to # of VS)

**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 PEW score of 4 or more on the vital sign record and whether there was documentation of escalation on the vital sign record (or documentation of why care was not escalated)

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 <span style="color: red;">(Y/N/NC)</span>	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 <span style="color: red;">(Y/N/NC)</span>	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	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	Y N

**Comments (please note any factors that would assist us with understanding any issues with the system)**