CHILD HEALTH BC

Date: _____

PEWS Vital Sign Record
12+ YEARS

Patient identification

PEWS Scoring Legend: 0 | 1 | 2 | 3

	Initials:																					
	Time:																					
Respiratory	Respiratory Rate (1 minute) Resp: ●	40																				40
		30																				30
		20																				20
		10																				10
	O_2 Saturation (%)																					
	Supplemental O_2 Concentration Delivered	<3L or 30%																				
		≥3L or 30%																				
		≥6L or 40%																				
		≥8L or 50%																				
	Mode of Delivery																					
	Respiratory Distress	None																				
		Mild																				
		Moderate																				
		Severe																				
	PEWS Score for Respiratory (record most severe score, max 3)																					
Cardiovascular	Heart Rate (1 minute) & Blood Pressure Systolic: ∨ Diastolic: ∧ (Do not score blood pressure) Normal Parameters: Systolic (mmHg): 105 - 136 Diastolic (mmHg): 62 - 87 Apex: ● Monitor: * If heart rate is critical – PEWS score of 3, screen for sepsis	140																				140
		130																				130
		120																				120
		110																				110
		100																				100
		90																				90
		80																				80
		70																				70
		60																				60
		50																				50
		MAP																				
	Capillary Refill Time	1 – 2 seconds																				
		3 seconds																				
		4 seconds																				
		≥ 5 seconds																				
	Skin Colour	Pink																				
		Pale																				
		Grey/Cyanotic																				
		Grey & Mottled																				
	PEWS Score for Cardiovascular (record most severe score, max 3)																					
Behaviour	Playing/Appropriate																					
	Sleeping																					
	Irritable																					
	Lethargic/Confused																					
	Reduced response to pain																					
	PEWS Score for Behaviour (record most severe score, max 3)																					
	Persistent vomiting following surgery																					
	Bronchodilator every 20 minutes																					
PEWS	Total PEWS Score (max 13) R + C + B + vomitting + bronchodilator = PEWS Score																					
Situational Awareness Factors	Patient/Family/Caregiver concern																					
	Unusual therapy																					
	Watcher patient																					
	Communication breakdown																					
	PEWS Score ≥2																					
	PEWS Escalation Process Activated (time) See NN																					
Temperature °C	● A – Axilla R – Rectal O – Oral T – Temporal E – Esophageal If temperature is less than 36°C or above 38°C, screen for sepsis	40																				40
		39																				39
		38																				38
		37																				37
		36																				36
	Source of Temperature																					

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	Date: Initials:																				
	Time:																				
Care	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)																				
Neurological	PUPILS — Size — Right																				
	PUPILS — Size — Left																				
	PUPILS — Reaction (B = Brisk, S = Sluggish, F = Fixed) — Right																				
	PUPILS — Reaction — Left																				
	EYE — Spontaneous 4																				
	EYE — To speech 3																				
	EYE — To pain 2																				
	EYE — None 1 (C = Closed)																				
	VERBAL — Coos/Oriented 5																				
	VERBAL — Irritable cry/Confused 4																				
	VERBAL — Cries to pain/Inappropriate 3																				
	VERBAL — Moans to pain/Incomprehensible 2																				
	VERBAL — None 1																				
	MOTOR — Normal spontaneous/Obeys 6																				
	MOTOR — Withdraws to touch/Localized 5																				
	MOTOR — Withdraws to pain/Withdraws 4																				
	MOTOR — Abnormal flexion 3																				
	MOTOR — Abnormal extension 2																				
	MOTOR — Flaccid 1																				
	TOTAL SCORE GCS																				
Spinal	Muscle Strength (Refer to rating scale below, Rate 0 – 5) — Right Arm																				
	Muscle Strength — Left Arm																				
	Muscle Strength — Right Leg																				
	Muscle Strength — Left Leg																				
	Colour, Warmth, & Sensation of Extremities (√ = Normal, NN = Nurse's Notes) — Right Arm																				
	Colour, Warmth, & Sensation of Extremities — Left Arm																				
	Colour, Warmth, & Sensation of Extremities — Right Leg																				
	Colour, Warmth, & Sensation of Extremities — Left Leg																				
	Bladder Function (√ = Normal, NN = Nurse's Notes)																				

Pediatric Early Warning System (PEWS) Escalation Aid

Score 0 – 1 — Continue to monitor and document as per orders & routine protocols.

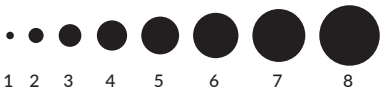
Score 2 or any one of 5 Situational Awareness Factors — Review with more experienced healthcare professional. Escalate if further consultation required or resources do not allow. Continue to monitor as per orders/protocols.

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.

PUPIL SIZE (mm)



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

PRINTED NAME	SIGNATURE	INITIALS