<table>
<thead>
<tr>
<th>PEWS Vital Sign Record</th>
<th>12+ YEARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>Initials:</td>
</tr>
<tr>
<td>Time:</td>
<td></td>
</tr>
</tbody>
</table>

### Respiratory

- **Respiratory Rate (1 minute)**
  - 40
  - 30
  - 20
  - 10

- **O₂ Saturation (%)**
  - ≤ 3L or 30%
  - > 3L or 30%

- **Supplemental O₂ Concentration Delivered**
  - ≤ 3L or 30%
  - > 3L or 40%
  - > 6L or 50%

- **Mode of Delivery**
  - None
  - Mild
  - Moderate
  - Severe

<table>
<thead>
<tr>
<th>PEWS Score for Respiratory (record most severe score)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
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</tbody>
</table>

### Cardiovascular

- **Heart Rate (1 minute) & Blood Pressure**
  - Systolic: V
  - Diastolic: A
- **Normal Parameters:**
  - Systolic (mmHg): 105 – 136
  - Diastolic (mmHg): 62 – 87
- **Apex:**
  - Monitor: *

<table>
<thead>
<tr>
<th>Capillary Refill Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – 2 seconds</td>
</tr>
<tr>
<td>3 seconds</td>
</tr>
<tr>
<td>4 seconds</td>
</tr>
<tr>
<td>≥ 5 seconds</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Skin Colour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pink</td>
</tr>
<tr>
<td>Pale</td>
</tr>
<tr>
<td>Grey/Cyanotic</td>
</tr>
<tr>
<td>Grey &amp; Mottled</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PEWS Score for Cardiovascular (record most severe score)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
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</table>

### Behaviour

- **Playing/Appropriate**
- **Sleeping**
- **Irritable**
- **Lethargic/Confused**
- **Reduced response to pain**

<table>
<thead>
<tr>
<th>PEWS Score for Behaviour (record most severe score)</th>
</tr>
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<tbody>
<tr>
<td>0</td>
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</table>

### PEWS

- Persistent vomiting following surgery
- Bronchodilator every 20 minutes

<table>
<thead>
<tr>
<th>Total PEWS Score (R + C + B + vomiting + bronchodilator)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
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</table>

### Situational Awareness Factors

- Patient/Family/Caregiver concern
- Unusual therapy
- Watcher patient
- Communication breakdown
- PEWS Score ≥ 2

<table>
<thead>
<tr>
<th>PEWS Escalation Process Activated (time) See NN</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
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</table>

### Temperature

- A – Axilla
- R – Rectal
- O – Oral
- T – Temporal
- E – Esophageal

<table>
<thead>
<tr>
<th>°C</th>
</tr>
</thead>
<tbody>
<tr>
<td>40</td>
</tr>
<tr>
<td>39</td>
</tr>
<tr>
<td>38</td>
</tr>
<tr>
<td>37</td>
</tr>
<tr>
<td>36</td>
</tr>
</tbody>
</table>
PEWS Vital Sign Record
12+ YEARS

Date: Initials: 
Time: 

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)

Size

Right

Left

B = Brisk

S = Sluggish

F = Fixed

Reaction

Right

Left

Spontaneous

To speech

To pain

C = Closed

None

Coos/Oriented

Irritable cry/Confused

Cries to pain/Inappropriate

Moans to pain/Incomprehensible

None

Normal spontaneous/Obeys

Withdraws to touch/Localized

Withdraws to pain/Withdraws

Abnormal flexion

Abnormal extension

Flaccid

TOTAL SCORE GCS

Muscle Strength

Right Arm

Left Arm

Right Leg

Left Leg

Colour, Warmth, & Sensation of Extremities

✓ = Normal

NN = Nurse’s Notes

Bladder

✓ = Normal

NN = Nurse’s Notes

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