CHILD::::: HEALTH BC	BC PEWS ED QI Audit tool											
save on foods	Site:	Auditor:			Date:			Quarter:				
NSTRUCTIONS												
	ly select 20 patient charts (or all ch	arts if less	than 20) f	or every a	udit period	l (6 weeks,	3,6 & 9, 1	2 months)	. Do not a	udit ALL f	orms	
rom one chart	You should have a maximum of 20	forms fro	m 20 char	ts for ever	y site.							
lumber of sets	of VS assessments done: Please reco	rd the num	ber of sets	of Vital Sig	n assessme	nts complet	ted (even if	BP is missii	ng).			
PEW score docu	mentation: Please note how many tir	nes PEW So	core was do	cumented	when VS as	sessed (this	should be	equal to VS	number or	· less)		
PEW Score accu	racy: Please re-calculate all PEW Sco	res docum	ented wher	ı VS assesse	ed and repo	ort the num	ber of times	s PEW Score	e was accu	rate .		
ituational Awa	reness: Please record 'Y' if a situatio	nal awaren	ess factor (was docum	ented, 'N' if	it was neg	ative & 'N/0	C' if field wo	as not comp	olete.		
scalation: Plea ign record	se indicate whether there was a PEW:	S of 4 or mo	ore on the v	rital sign red	cordand wh	ether there	was an eso	calation an	d documen	tation on th	ne vita	
	Form	1	2	3	4	5	6	7	8	9	1	
u	Admission Date (day/mo/yr)											
informati	CTAS Score											
Background information	PEWS Vital Sign record used											
	Pediatric ENAR used											
	Pediatric treatment form used (Short form)											
PEWS	Number of times VS assessed (regardless of where documented)											
	Number of times PEW Score done											
	Number of accurate PEW Scores											
	PEWS completed at Triage	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	
Situational Awareness factors (Y/N/NC)	Family/Caregiver Concern											
	Unusual Therapy											
	Watcher Patient											
	Communication Breakdown											
											 	

Was there a PEW Score of 4 or

more on this vital sign record?

If YES, was there escalation

activation or documentation?

Υ

Ν

Υ

Ν

Υ

Ν

Υ

Ν

Υ

Ν

Υ

Ν

Υ

Ν

Υ

Ν

Υ

Ν

Υ

Ν

Υ

Ν

Υ

Ν

PEWS 2+

Escalation & documentation

Y	Y	Y	Y						
N	N	N	N						
Y	Y	Y	Y						
N	N	N	N						
Page 1 of 2									

CHILD :: CHI	BC PEWS ED QI Audit tool										
save on foods	Site:	Auditor:			Date: _			Quarter:			
INSTRUCTIONS F											
ınd information	Flowsheet	11	12	13	14	15	16	17	18	19	20
	Admission Date (day/mo/yr)										
	CTAS Score										
	PEWS Vital Sign record used										
	Pediatric ENAR used										
	Pediatric treatment form used (Short form)										
PEWS	Number of times VS assessed (regardless of where documented)										
	Number of times PEW Score done										
	Number of accurate PEW Scores										
	PEWS completed at Triage	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Situational Awareness factors (Y/N/NC)	Family/Caregiver Concern										
	Unusual Therapy										
	Watcher Patient										
	Communication Breakdown										
	PEWS 2+										
scalation &	Was there a PEW Score of 4 or more on this vital sign record?	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:		_					_				