CHILD:
LEAD BENEFACTOR
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## **CHBC PEWS Quarterly Flowsheet Audit tool**

HEALTH BC	Cribe i Evvo Quarterry i lovosificet Addit tool										
•	Site:			Date:							
NSTRUCTIONS FOR USE											
Please randomly select <b>ONE</b> flowsheet from 20 patient charts (or all charts if less than 20) for every audit period (quarterly).											
Do not audit ALL flowsheets from one chart.You should have a maximum of 20 flowsheets from 20 charts for every site.											
Number of full VS assessments done: Please record the number of full Vital Sign assessments done on every flowsheet (even if BP is missing).											
PEW score documentation: Please note how many times PEW Score was documented when VS assessed (this should be equal to VS number or less)											
PEW Score accuracy: Please re-calculate all PEW Scores documented when VS assessed and report the number of times PEW Score was accurate.											
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 PEWS of 4 or more in flowsheet and whether there was an escalation and documentation in the flowsheet											
Background	Flowsheet	1	2	3	4	5	6	7	8	9	10
Backg	Admission Date (day/mo/yr)										
	Number of times VS assessed										
PEWS	Number of times PEW Score done										
_	Number of accurate PEWS Scores										
tors	Family/Caregiver Concern										
Situational Awareness factors (Y/N/NC)	Unusual Therapy										
	Watcher Patient										
	Communication Breakdown										
Escalation & documentation	Was there a PEW Score of 4 or more	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
atio	in this flowsheet?	N	N	N	N	N	N	N	N	N	N
Escalation & ocumentatio	If YES, was there escalation	Υ	Υ	Υ	Υ	Υ	Y	Y	Υ	Υ	Υ
Es	activation or documentation?	N	N	N	N	N	N	N	N	N	N

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HEALTH BC	CIIDCI	Cribe Pews Quarterly Flowsheet Addit tool										
saveonfoods	Site:	Auditor:		Date:			Quarter:					
INSTRUCTIONS F	FOR USE											
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 PEWS Scores											
Situational Awareness factors (Y/N/NC)	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:												