

BC PEWS (Inpatient) QI Audit Tool for Sites with Electronic Health Records

Site: _____ Auditor: _____ Date: _____ Date: _____

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)										
Number of times VS assessed	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 (Y/N/NC)	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

BC PEWS (Inpatient) QI Audit Tool for Sites with Electronic Health Records

Site: _____ Auditor: _____ Date: _____ Date: _____

INSTRUCTIONS FOR USE

	Electronic Chart	11	12	13	14	15	16	17	18	19	20
Background information	Admission Date (day/mo/yr)										
	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 (Y/N/NC)	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

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