



Daily Flowsheet 1-3 YEARS

PEWS Scoring Legend: 0 1 2 3

Date:	Initials:																				
	Time:																				
Respiratory	Respiratory Rate (1 minute)	70																		70	
		60																		60	
		50																		50	
		40																		40	
		30																		30	
		20																		20	
		O₂ Saturation (%)																			
		Supplemental O₂ Concentration Delivered	<3L or 30%																		
			≥3L or 30%																		
			≥6L or 40%																		
		≥8L or 50%																			
	Mode of Delivery																				
		None																			
		Mild																			
		Moderate																			
		Severe																			
	PEWS Score for Respiratory	<i>(record most severe score)</i>																			
Cardiovascular	Heart Rate (1 minute) & Blood Pressure	190																		190	
		180																		180	
		170																		170	
		160																		160	
		150																		150	
		140																		140	
		130																		130	
		120																		120	
		110																		110	
		100																		100	
	90																		90		
	80																		80		
	70																		70		
	60																		60		
	50																		50		
	Capillary Refill Time	1-2 seconds																			
		3 seconds																			
		4 seconds																			
		≥5 seconds																			
	Skin Colour	Pink																			
		Pale																			
		Grey/Cyanotic																			
		Grey & Mottled																			
	PEWS Score for Cardiovascular	<i>(record most severe score)</i>																			
Behaviour	PEWS Score for Behaviour	Playing / Appropriate																			
		Sleeping																			
		Irritable																			
		Lethargic / Confused																			
		Reduced response to pain																			
	PEWS Score for Behaviour	<i>(record most severe score)</i>																			
PEWS	Total PEWS Score	<i>(R + C + B + vomiting + bronchodilator)</i>																			
Temperature °C	Temperature	40																		40	
		39																		39	
		38																		38	
		37																		37	
		36																		36	
Situational Awareness Factors	Situational Awareness Factors	Patient/Family/Caregiver concern																			
		Unusual therapy																			
		Watcher patient																			
		Communication breakdown																			
		PEWS Score > 2																			
		PEWS Escalation Process Activated (time) See NN																			
	Sepsis Screen																				

Screen for sepsis if PEWS score increases or temperature is >38.5°C / <36.0°C. (Indicate with a ✓ & document findings & actions in Nurses' Notes.)

Pediatric Early Warning System (PEWS) Escalation Aid	Score 0-1	Continue to monitor & document as per orders & routine protocols.	Score 3	Increase frequency of assessments & 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 & escalate to meet deficits.	Score 5-13	or score of "3" in any one category	Immediate assessment by MRP/delegate (& pediatrician if available). 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.
	Score 2	Review with more experienced healthcare professional. Escalate if further consultation required or resources do not allow. Continue to monitor as per orders/protocols.								

NEUROLOGICAL	PUPILS	Size	Right																	
			Left																	
		Reaction	Right																	
			Left																	
			Spontaneous	4																
			To speech	3																
			To pain	2																
			None	1																
			C = Closed																	
		VERBAL	Coos/Oriented	5																
		Irritable Cry/Confused	4																	
		Cries to pain/Inappropriate	3																	
		Moans to pain/Incomprehensible	2																	
		None	1																	
	MOTOR	Normal spontaneous / Obeys	6																	
		Withdraws to touch / Localized	5																	
		Withdraws to pain / Withdraws	4																	
		Abnormal flexion	3																	
		Abnormal extension	2																	
		Flaccid	1																	
	TOTAL SCORE GCS																			
	Muscle Strength	Right Arm																		
		Left Arm																		
		Right Leg																		
		Left Leg																		
	COLOR, WARMTH & SENSATION OF EXTREMITIES	Right Arm																		
		Left Arm																		
		Right Leg																		
		Left Leg																		
	BLADDER FUNCTION	✓ = Normal																		
		NN = Nurses' Notes																		

CARE	Pain (q4h & PRN)	Tool _____	Pain Score _____																	
		Location of Pain _____																		
	Arousal Score																			
	Regular Checks	Enteral / Gastric Tube																		
		IV Site to Source:																		
		Touch, look & compare q1h																		
		Patient Safety Check q1h																		
		PRAM Score (Asthma patients only)																		
		Phototherapy / Eye Shields																		
		Routine Nursing Care	Repositioning q _____ h																	
		Ambulation																		
		Foley Care / Pericare																		
		Shower (S) / Bath (B)																		
		Mouth care																		
		Oximeter site probe change q4h																		
		Family presence																		

PUPIL SIZE (mm)				MUSCLE STRENGTH GRADING SYSTEM				LEVEL OF AROUSAL SCORE				
•	•	•	•	0/5	No movement	3/5	Movement overcoming gravity, but not against resistance	1	2	3	4	5
•	•	•	•	1/5	Trace movement	4/5	Movement overcoming gravity & some resistance	Awake & 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
•	•	•	•	2/5	Movement only (not against gravity)	5/5	Normal strength against resistance					

