

Key Points for PEWS

Top tips for safe practice

- The frequency of physical observations must be completed on the front of the chart with the rationale i.e. routine, post fall, post rapid tranq. etc.
- ANY score of 3 or above must be recorded on the Paediatric Early Warning Score Activation Sheet on the back of the chart
- ANY parameter amendments must be completed by a medic at the top of the chart with a rationale i.e. medication, chronic condition
- Only count the SHADED boxes that you have filled (whether with an indication or number)
- A medic MUST complete the box with 'For Patients with ANOREXIA/ LOW BMI' when appropriate
- If ALL the physical observations cannot be completed, a NON CONTACT PHYSICAL OBSERVATION chart MUST be completed. Document the rationale in the patient's notes.
- Double check your documentation to ensure the observations are written in the correct box. Incorrect documentation can lead to incorrect scoring and ultimately failure to escalate. This is a risk to the patient's safety.
- Double check your adding up as this score in conjunction with clinical judgement will direct escalation of patient care..
- If the PEWS score requires an increase in the frequency of physical observations, ensure this is communicated and actioned using the SBARD communication tool.
- If physical observations are not completed as frequently as the PEWS escalation pathway dictates, the rationale for this must be documented clearly in the patient's notes/care plans.

REMEMBER: Registered Nurses are **ACCOUNTABLE** for the delegation of a patients physical observations, this includes reviewing the PEWS charts, escalating care if required and documenting actions/changes to care plan clearly. This is documented in section 11 of the Nursing and Midwifery Council Code.

OUR VALUES

