

Paediatric Early Warning Score (PEWS)

Various tools have been used across the Organisation over time in order to identify the deteriorating patient early for rapid management and appropriate escalation. The most recent tool, Track and Trigger has been designed primarily for adults in our services and has not considered the anomalies that maybe expected with service users in the inpatient Specialised CAMHS units.

There is no national tool that has been developed for children and adolescents yet there is an expectation that all Organisations use them. There are countless Paediatric Early Warning Score (PEWS) tools across the UK, all similar but different in many respects. Having looked at several tools for comparison in similar services, a localised SHFT PEWS tool has been developed for use in Bluebird House and Leigh House.

Change from Track and Trigger to PEWS

In 2019, Track and Trigger on the inpatient Child and Adolescent Mental Health Units (Bluebird House and Leigh House) will be changing to PEWS. The date for official final roll out will be determined once the training has been finalised.

Why?

The Innovation	Benefits
<ul style="list-style-type: none"> • To move from Track and Trigger to PEWS • Site specific escalation pathways • Use of SBARD as standardised communication tool • Use of the Non Contact Physical Observation Tool • Tool that is more appropriate for 12-18 year olds 	<ul style="list-style-type: none"> • In line with recommendations from the Confidential Enquiry into Maternal and Childhood report “Why Children Die” report, the NPSA and NICE • Tool more specific for 12-18 year olds • Tool has been customised to be appropriate for the patients i.e. low BMI/ anorexic patients in line with Junior Marsi Guidelines • Important for patient safety, clinical governance and education that there is an established mechanism by which children who required higher level care are recognised and

	<p>an early warning score provides this</p> <ul style="list-style-type: none"> • Early and accurate recognition of deterioration by recognising causes for concern and changes in physical observations • Aid good clinical judgement • Good indication of physiological trends • Early escalation using bespoke escalation pathways and thereby securing appropriate assistance for sick patients in a timely manner • Improved documentation when physical observations cannot be completed • Improve communication within the multidisciplinary team - same language, same rules, SBARD • Considers early recognition of sepsis and the risk factors
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What Now?

- **Training of the ward champions who will cascade the training to the wider team**
- **Training is scenario based and is completed with a competency assessment**
- **Once the training is a complete, the tool will be launched on both sites**
- **There will be a 2 week audit period to ensure staff are completing the forms correctly and escalating appropriately**
- **The Physical Assessment And Monitoring Policy and associated procedure for mental health has been amended to reflect these changes: to be signed off at Patient Safety**
- **There will be quarterly audits of the tool to ensure compliance**

If you have any questions please contact Hayley Stockford – Resuscitation Officer at hayley.stockford@southernhealth.nhs.uk