



PEWS Form

0-11 Months

Name
Date of Birth
NHS Number
Consultant
Ward

Frequency of obs Every _____ _____ hourly	Date	30/11																		
	Time	18:00																		
	Initial	SNM																		

Doctor/Nurse/Family concern?	<input checked="" type="checkbox"/>																			
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A

Respiratory Rate (Over 1 minute)	70																			
	60	●																		
	50																			
	40																			
	30																			
	20																			
10																				
Respiratory Rate (number)	65																			

B

Respiratory Distress	Severe/Mod	<input checked="" type="checkbox"/>																		
	Mild/None																			
O ₂ Saturation %	95																			
Receiving O ₂ l/min	2																			

C

Heart Rate & Blood Pressure <i>BP NOT used to calculate PEWS</i>	200																			
	190																			
	180																			
	170																			
	160																			
	150																			
	140																			
	130	●																		
	120																			
	110																			
	100																			
	90																			
	80	X																		
70																				
60																				
50	X																			
40																				
30																				
Heart Rate (number)	130																			

Conscious Level	Normal																			
	Decreased	<input checked="" type="checkbox"/>																		

Temperature °C	40																			
	39																			
	38	●																		
	37																			
	36																			
	35																			
Temperature (number)	38																			

Total PEWS	0-2	3-4	5-6	6																
	P.T.O for Action				Total PEWS = Number of entries of shaded boxes												P.T.O for Action			



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PEWS Escalation Aid

S **Situation:**
I am (name), a nurse on ward (X)
I am calling about (child X)
I am calling because I am concerned that...
(e.g. BP is low/high, pulse is XXX
temperature is XX, Early Warning Score is XX)

B **Background:**
Child (X) was admitted on (XX date) with
(e.g. respiratory infection)
They have had (X operation/procedure/investigation)
Child (X)'s condition has changed
in the last (XX mins)
Their last set of obs were (XXX)
The child's normal condition is...
(e.g. alert/drowsy/confused, pain free)

A **Assessment:**
I think the problem is (XXX)
and I have...
(e.g. given O2 /analgesia, stopped the infusion)
 OR
I am not sure what the problem is but child (X)
is deteriorating
 OR
I don't know what's wrong but I am really worried

R **Recommendation:**
I need you to...
Come to see the child in the next (XX mins)
 AND
Is there anything I need to do in the meantime?
(e.g. stop the fluid/repeat the obs)

Remember: If you feel you need more help at any time, call for help – regardless of PEW Score

0 1	Continue monitoring
2	Nurse in charge MUST review
3	Nurse in charge & Doctor MUST review
4	Nurse in charge & Doctor MUST review & inform Consultant
5 6	Nurse in charge & Consultant MUST review

Download SBAR prompt cards and pads at www.institute.nhs.uk/SBAR

Record Call When PEWS 3 Or More				Record Time of Review, Who by & Plan		
Date	Time	PEWS	Print Name (nurse)	Time	Plan	Print Name
01/01/11	09:00	5	SN Morton	09:15	ED consultant called Anaesthetic review	Sister JACKS