



PEWS Form

1-4 Years

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"/>																			
------------------------------	-------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

A

Respiratory Rate (Over 1 minute)	60																			
	50	●																		
	40																			
	30																			
	20																			
Respiratory Rate (number)	55																			

B

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

C

Heart Rate & Blood Pressure	BP NOT used to calculate PEWS	200	EXAMPLE																				
		190																					
		180																					
		170																					
		160																					
		150																					
		140																					
		130		●																			
		120																					
		110																					
Heart Rate (number)	130																						

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

Temperature °C	40																			
	39																			
	38	●																		
	37																			
	36																			
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			



PEWS Form 1-4 Years

Name
Date of Birth
NHS Number
Consultant
Ward

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