



PEWS Form

# 5-12 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"/>																			
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A

Respiratory Rate (Over 1 minute)	50	<input checked="" type="checkbox"/>																		
	40	<input type="checkbox"/>																		
	30	<input type="checkbox"/>																		
	20	<input type="checkbox"/>																		
	10	<input type="checkbox"/>																		
0	<input type="checkbox"/>																			
Respiratory Rate (number)	55																			

B

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

C

Heart Rate & Blood Pressure	BP NOT used to calculate PEWS	180	EXAMPLE																			
		170																				
		160																				
		150																				
		140																				
		130																				
		120																				
		110			<input checked="" type="checkbox"/>																	
		100			<input type="checkbox"/>																	
		90																				
Heart Rate (number)	110																					

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

Temperature °C	40	<input type="checkbox"/>																		
	39	<input type="checkbox"/>																		
	38	<input checked="" type="checkbox"/>																		
	37	<input type="checkbox"/>																		
	36	<input type="checkbox"/>																		
35	<input type="checkbox"/>																			
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](http://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