





**(To be used from 5 years until day before 12th birthday)**

**PEWS is a tool to aid recognition of sick and deteriorating children. PEWS should be calculated every time observations are recorded.**

How to calculate score:

- Record observations at intervals as prescribed
  - Record observations in black pen with a dot
  - Score as per the colour key
- 0

1

3
- Add total points scored
  - Record total score in PEWS box at bottom of chart
  - Action should be taken as below

Name .....

DOB .....

CHI ..... Affix Patient ID label

Ward..... Consultant .....

**Chart Number** .....

**Date** .....

| PEWS   | Level of escalation | Action to be taken |
|--|---------------------|--------------------|
| <b>Regardless of PEWS always escalate if concerned about a patient's condition</b> |                     |                    |
| 0  | 0                   |                    |
| 1-2  | 1                   |                    |
| 3-4<br>or any in red zone  | 2                   |                    |
| 5 or more  | 3                   |                    |
| Bradycardia, cardiac or respiratory arrest   |                     |                    |

**Concerns include, but are not restricted to;**

- gut feeling
- looks unwell
- apnoea
- airway threat
- increased work of breathing,
- significant ↑ in O<sup>2</sup> requirement
- Poor perfusion / blue / mottled / cool peripheries
- seizures
- confusion / irritability / altered behaviour
- hypoglycaemia
- high pain score despite appropriate analgesia

**If observations are as expected for patient's clinical condition, please note below accepted parameters for future calls**

| Acceptable parameters | RR          | O <sup>2</sup> saturation | HR | BP | Temperature °C |
|-----------------------|-------------|---------------------------|----|----|----------------|
| Upper acceptable      |             |                           |    |    |                |
| Normal range          |             |                           |    |    |                |
| Lower acceptable      |             |                           |    |    |                |
| Doctor's signature    | Date & Time |                           |    |    |                |

**PAEDIATRIC SEPSIS 6**  
**Recognition: Suspected or proven infection + 2 of:**

- Core temperature < 36°C >38°C
- Inappropriate Tachycardia
- Altered mental state: sleepy / irritable / floppy
- Peripheral perfusion, CRT >2 sec, cool, mottled

Lower threshold in vulnerable groups

**Think could this be sepsis? IF NOT then why is this child unwell?**

**If YES respond with Paediatric Sepsis 6 within 1 hour:**

- Give high flow oxygen
- IV or IO access and blood cultures, glucose, lactate
- Give IV or IO antibiotics
- Consider fluid resuscitation
- Consider inotropic support early
- Involve senior clinicians/ specialists EARLY

## Neurological Observations

|                    |                      | Time  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                                       |
|--------------------|----------------------|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|---|---------------------------------------|
| <b>COMA SCALES</b> | Eyes Open            | Spontaneously                                   | 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |   | Eyes closed by swelling = C           |
|                    |                      | To Speech                                       | 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                                       |
|                    |                      | To Pain   | 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                                       |
|                    |                      | None  | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                                       |
|                    | Best Verbal Response | Alert, Coos and babbles, words to usual ability | 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |   | Endotracheal tube or tracheostomy = T |
|                    |                      | Irritable cries, less than normal ability       | 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                                       |
|                    |                      | Cries in response to pain                       | 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                                       |
|                    |                      | Moans to pain                                   | 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                                       |
|                    | Best Motor Response  | No response                                     | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |   | Usually record the best arm response  |
|                    |                      | Moves purposefully and spontaneously            | 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                                       |
|                    |                      | Withdraw to touch                               | 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                                       |
|                    |                      | Withdraws in response to pain                   | 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                                       |
|                    | Flexion to pain      | 3   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                                       |
|                    | Extension to pain    | 2   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                                       |
|                    | None                 | 1   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                                       |
|                    | Score                |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                                       |
| Pupils             | Right                | Size Reaction                                   |   |  |  |  |  |  |  |  |  |  |  |  |  |  | Reacts + No reaction - Eye closed c   |                                       |
|                    | Left                 | Size Reaction                                   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                                       |
| LIMB MOVEMENT      | ARMS                 | Normal power                                    |   |  |  |  |  |  |  |  |  |  |  |  |  |  | Record right (R) and left (L) separately if there is a difference between the two sides |                                       |
|                    |                      | Mild weakness                                   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                                       |
|                    |                      | Severe weakness                                 |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                                       |
|                    |                      | Spastic flexion                                 |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                                       |
|                    | LEGS                 | Extension                                       |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                                       |
|                    |                      | No response                                     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                                       |
|                    |                      | Normal power                                    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                                       |
|                    |                      | Mild weakness                                   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                                       |
|                    | Severe weakness      |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                                       |
|                    | Extension            |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                                       |
|                    | No response          |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                                       |
|                    |                      |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                                       |
| Pupil Scale (m.m.) |                      |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                                       |

## Assessment of Acute Pain in Children

|                          | No Pain   | Mild Pain   | Moderate Pain  | Severe Pain   |
|--------------------------|---|---|--|---|
| <b>Faces Scale Score</b> |   |   |  |   |
| <b>Ladder Score</b>      | 0   | 1-3   | 4-6  | 7-10  |
| <b>Behaviour</b>         | <ul style="list-style-type: none"> <li>* Normal activity</li> <li>* No ↓ movement</li> <li>* Happy</li> </ul> | <ul style="list-style-type: none"> <li>* Rubbing affected area</li> <li>* Decreased movement</li> <li>* Neutral expression</li> <li>* Able to play/talk normally</li> </ul> | <ul style="list-style-type: none"> <li>* Protective of affected area</li> <li>* ↓ movement/quiet</li> <li>* Complaining of pain</li> <li>* Consolable crying</li> <li>* Grimaces when affected part moved/touched</li> </ul> | <ul style="list-style-type: none"> <li>* No movement or defensive of affected part</li> <li>* Looking frightened</li> <li>* Very quiet</li> <li>* Restless/unsettled</li> <li>* Complaining of lots of pain</li> <li>* Inconsolable crying</li> </ul> |