

Escalation

PEWS	Level of escalation	Actions to be taken
Regardless of PEWS always escalate if concerned about a patient's condition		
0	0	To be determined locally
1-2	1	To be determined locally
3-4 or any in red zone	2	To be determined locally
5 or more	3	To be determined locally
Bradycardia, cardiac or respiratory arrest		To be determined locally

Detecting deterioration is important but accessing the correct expertise thereafter is essential.

Escalation. Consider:

Should your patient be a 'watcher'?

Any rise in the value or a gut feeling? Discuss with the team.

What could happen next? Is there a plan?

The escalation can be modified to reflect local context.

Individualised PEWS

It is normal for some children with a chronic illness to have observations that sit outside the reference ranges on the chart.

Individualised PEWS provides an opportunity to define normal parameters for these children.



**Paediatric
Early
Warning
Score (PEWS)**



Why a national PEWS?

Scotland has developed a national PEWS to create a common language across Scotland and improve the situational awareness of teams caring for sick children. It assists front-line staff when a patient is deteriorating, initiating expertise and ensuring rapid appropriate expertise at the bedside.

Choose the correct age chart

0-11 months

12-23 months

2-4 years

5-11 years

12 and over

Score the chart

0	1	3
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Add scores and document

PEWS	6
Initials	ABC
Time of medical review if score elevated	08.15

Are you concerned about your patient?

Concerns include, but are not restricted to:

- gut feeling
- looks unwell
- apnoea
- airway threat
- increased work of breathing
- significant \uparrow in O₂ requirement
- poor perfusion/blue/mottled/cool peripheries
- seizures
- confusion/irritability/altered behaviour
- hypoglycaemia
- high pain score despite appropriate analgesia