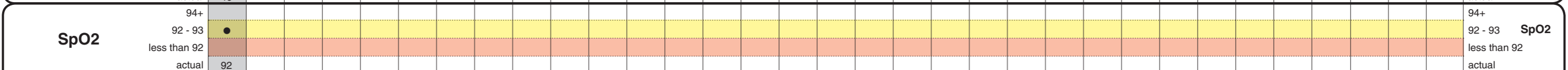
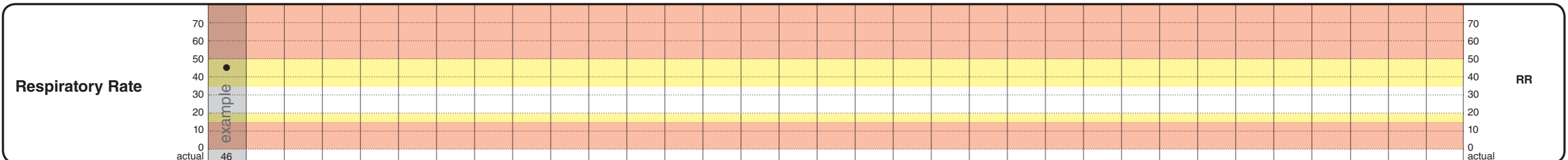


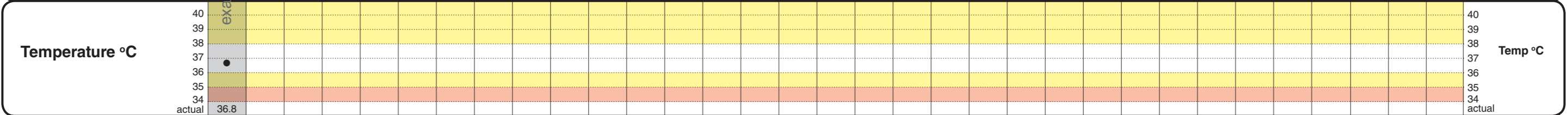
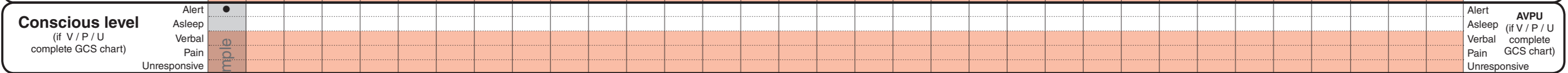
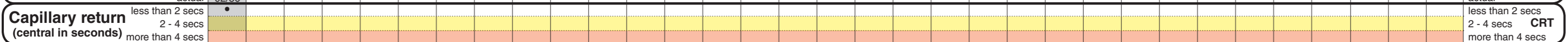
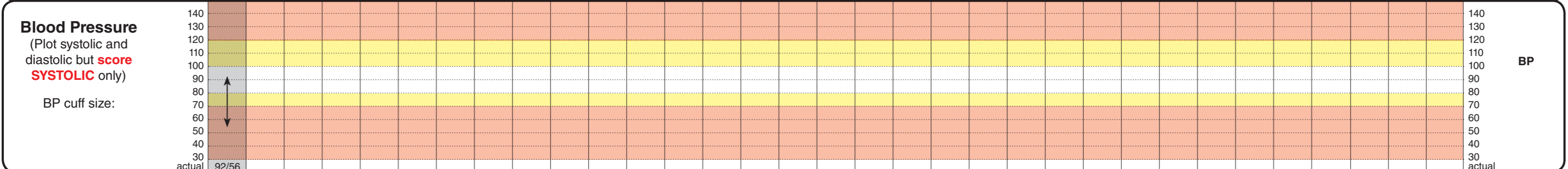
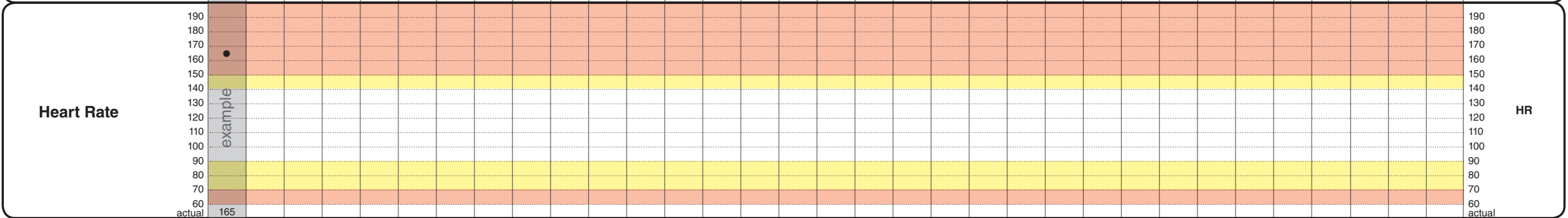
NAME:

CHI NO:

Date:																								
Time:	0800																							
Location:	Ward																							
Prescribed frequency of observations:	15 min																							



Oxygen	air	4L																							O2
Mode of Delivery eg facemask, nasal cannulae	FM																								Mode of Delivery



Staff or Carer Concerns (Staff = S, Carer = C, None = N)	C																								(Staff = S, Carer = C, None = N)
--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	----------------------------------

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

Pain Score	0																								Pain Score
Blood Glucose	4.6																								Blood Glucose

0

1

3

2-4 YEARS





(To be used from 2 years until day before 5th 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



- 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
Regardless of PEWS always escalate if concerned about a patient's condition		
0	0	
1-2	1	
3-4 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 O² 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 ² 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