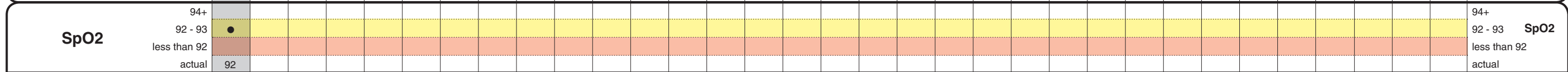
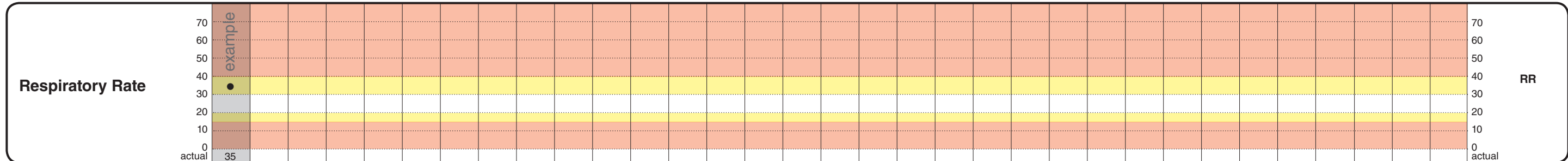


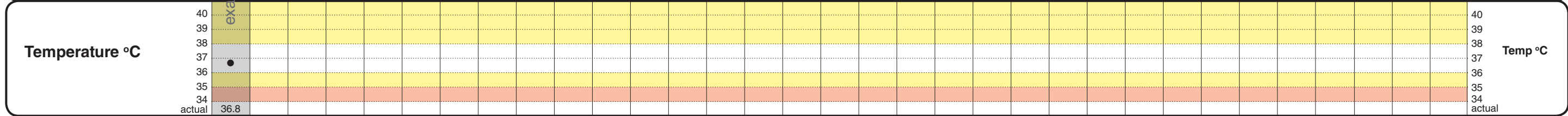
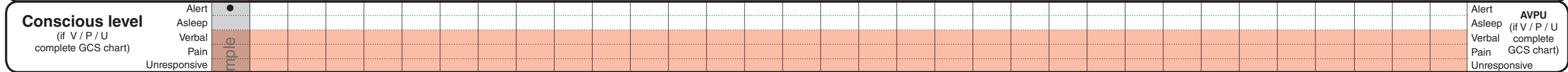
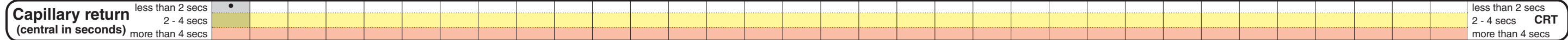
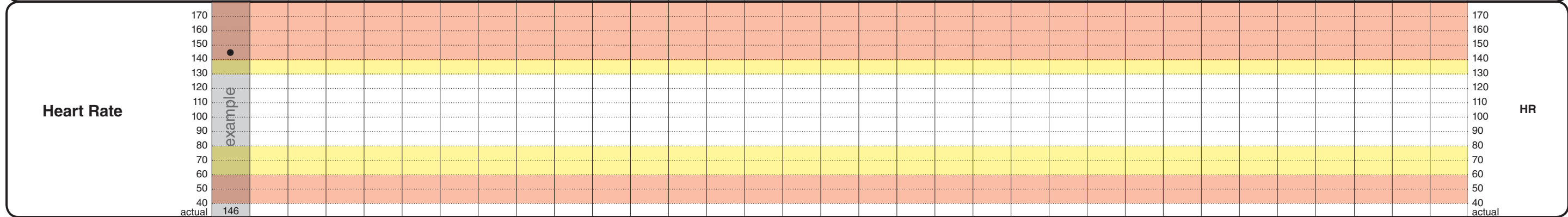
NAME:

CHI NO:

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



<b>Oxygen</b>	air	O2
l/min	4L	l/min
Mode of Delivery eg facemask, nasal cannulae	FM	Mode of Delivery



<b>Staff or Carer Concerns</b> (Staff = S, Carer = C, None = N)	C																						(Staff = S, Carer = C, None = N)
--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	----------------------------------

<b>PEWS</b>	6																						<b>PEWS</b>
<b>Initials</b>	ABC																						<b>Initials</b>
Time of medical review if score elevated	08.15																						Time of medical review if score elevated

<b>Pain Score</b>	0																						<b>Pain Score</b>
<b>Blood Glucose</b>	4.6																						<b>Blood Glucose</b>

0  
1  
3

5-11 YEARS





**(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



- 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 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<sub>2</sub> 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 <sub>2</sub> 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