

Escalation

PEWS	Level of escalation	Actions to be taken
Always escalate if concerned about a patient's condition, regardless of PEWS		
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

The escalation can be modified to reflect local context.

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?

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

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 by 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 increase in O² requirement
- poor perfusion/blue/mottled/cool peripheries
- seizures
- confusion/irritability/altered behaviour
- hypoglycaemia
- high pain score despite appropriate analgesia