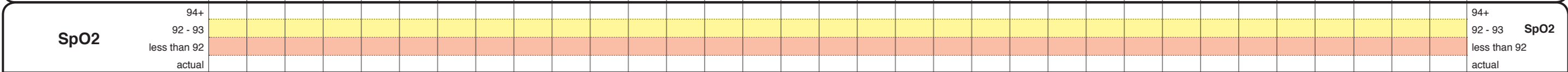
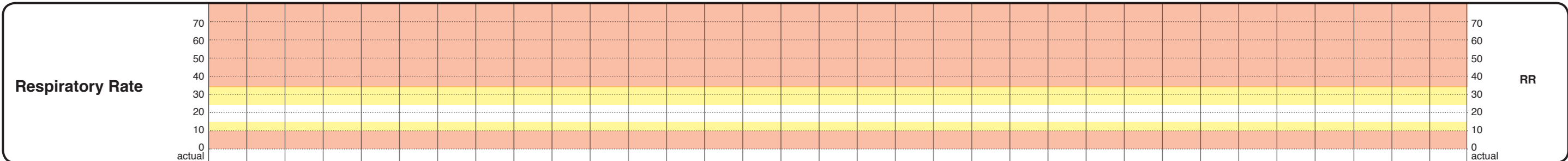


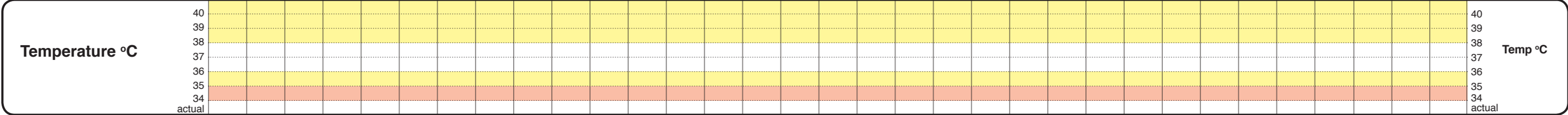
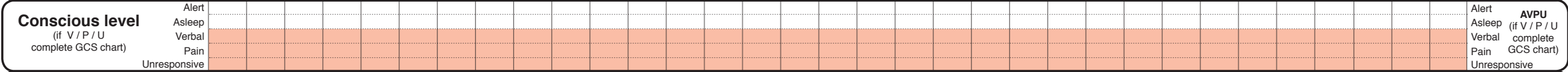
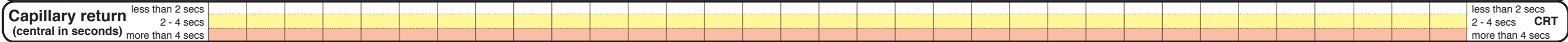
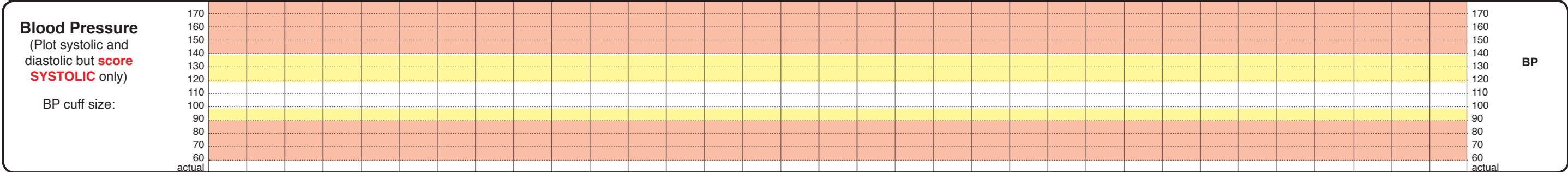
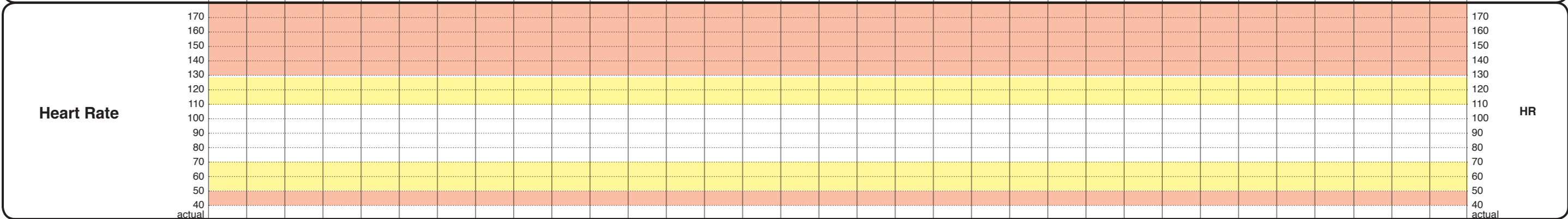
NAME:

CHI NO:

| | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Date: | | | | | | | | | | | | | | | | | | | | | | | | |
| Time: | | | | | | | | | | | | | | | | | | | | | | | | |
| Location | | | | | | | | | | | | | | | | | | | | | | | | |
| Prescribed frequency of observations: | | | | | | | | | | | | | | | | | | | | | | | | |



| | | |
|--|-------|------------------|
| Oxygen | air | O2 |
| l/min | l/min | |
| Mode of Delivery eg facemask, nasal cannulae | | Mode of Delivery |



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

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| PEWS | | | | | | | | | | | | | | | | | | | | | | | | | PEWS |
| Initials | | | | | | | | | | | | | | | | | | | | | | | | | Initials |
| Time of medical review if score elevated | | | | | | | | | | | | | | | | | | | | | | | | | Time of medical review if score elevated |

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------------------|
| Pain Score | | | | | | | | | | | | | | | | | | | | | | | | | Pain Score |
| Blood Glucose | | | | | | | | | | | | | | | | | | | | | | | | | Blood Glucose |

0

1

3

>12 YEARS





(To be used from 12 years and above)

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