

## Quick Reference Guide: National Paediatric Observation Charts

**Use clinical judgement at all times – are you worried?**

**URGENT PEWS RESPONSE at PEWS  $\geq$ 7 or acute concern**

### How to complete the paediatric observation charts:

- ✓ Record as per example column on the chart
- ✓ Dots must be joined by straight lines ●—●
- ✓ Complete the Total PEWS score every time
- ✓ 6 Core criteria must be assessed: Concern, RR, RE, O<sub>2</sub> Therapy, HR, AVPU
- ✓ Additional criteria as required: SpO<sub>2</sub>, CRT (central), BP, skin colour, temperature

#### Parameter Amendment (chronic)

- ✓ Senior grade medical decision only
- ✓ Pre-existing conditions where physiological baseline differs from expected range
- ✓ Complete chart as usual
- ✓ Score 0 if within amended range
- ✓ Score 3 for any observation outside of amended range and escalate concerns

#### Medical Escalation Suspension (acute)

- ✓ Senior grade medical decision only
- ✓ Child is 'sick but stable'
- ✓ Represents agreement for escalation
- ✓ Frequent review/reassessment required
- ✓ Calculate Total PEWS Score as usual
- ✓ Monitor for changes in condition
- ✓ Escalate concerns

**Special Situation:** If experienced nursing staff postpone medical escalation for a PEWS score that is attributed to a simple transient reason (pain, upset, slight fever). This decision must be documented and the timeframe for reassessment clearly indicated.

#### Escalation Guide

- ✓ Clinical judgement guides escalation, in conjunction with PEWS scoring
- ✓ Suggests *minimum* alert and responses to Total PEWS scores  $\geq$ 1
- ✓ Clinical concern should prompt action
- ✓ Cumulative tool
- ✓ Document all communication, management plan and/or deviation from guide

#### Acceptable Format for Completion of Medical Escalation Suspension

|                          | Suspension conditions  | Review   | Dr.     |
|--------------------------|--|--|---------|
| Start: 01.01.16<br>10.20 | <b>Impression:</b> acute bronchiolitis – improving<br><b>No escalation required provided:</b> PEWS 3-4 with RR 40-70 | 4 hours<br>(14.20) or<br>sooner if<br>concerns | Dr ###  |
| End: 01.01.16<br>14.20   | RE Mild to Moderate (no evidence of tiring or worsening)<br>No oxygen requirement SpO <sub>2</sub> $\geq$ 94%        |  | 1234567 |

#### Family concern

Assess parent/carer concern with each observation set:

- Ask...**
- Does your child seem different to their normal self?
  - Is it something you can see or feel?
  - Is it something that your child is doing/not doing?
  - Has it changed from earlier?

- Do...**
- S** Stop & listen
  - U** check your **Understanding**
  - N** **Narrate** your plan

# TOP TIPS FOR PEWS

## Monitor physiological trends

- Identify and monitor trends for deterioration and non-improvement
- Clinical acumen and judgement remain essential for the detection of deterioration in a child with mild or no abnormal haemodynamic vital signs

## Involve the family

- Include the parent/carer in determining what is normal for their child and what may have changed
- Acknowledge parent concern – they know their child best
- Engage with the parent/carer to agree a management plan and escalation criteria

## Escalation

- Use clinical judgement
- Escalation guide should not prompt step-down of care
- The seniority of any clinician called to review is based on the condition of the child
- **Seek consultant and specialist advice early**
- Activate **Urgent PEWS Pathway at scores of  $\geq 7$**

## Variances to support clinical judgement

- Variances to escalation are made only by senior members of the clinical team
- Consider variances on a case-by-case basis
- Document rationale for non-escalation
- **Use Medical Escalation Suspension with caution**
- In Medical Escalation Suspension PEWS scoring is continued and vital sign trends carefully monitored
- Admitting team to review variance orders daily

Wording for **Medical Escalation Suspension** is '**no escalation required**' or '**escalation not required**' provided there is continuing stability in named, ranged parameters for a defined time period.

### **Contraindications to Medical Escalation Suspension**

- Chronic condition
- Instability
- Suspension of RE in active cardiac condition

### **Cautions for Medical Escalation Suspension**

- Newly admitted from ED or Intensive Care
- On-call suspension in unfamiliar patient/condition
- Non-respiratory parameters
- Neuromuscular disease
- Specialist medications

**Ask, are you worried?**

**Treat the child, not the score**