

PEWS Audit	Data collection form	Minimum requirement for HSE KPI suite: 5 charts per month per admitting clinical area (ward)
>Complete this datasheet > Determine areas for improvement > Take appropriate actions > Share the learning >		

Section	Element	Record Yes, No, n/a		Section comments:
1. DOCUMENTATION STANDARDS	Correct chart for age of child	Y		
	3 addressograph labels per chart	Y		
	Date of commencement/ year present	Y		
	Date & time all entries	Y		
	Each entry is signed	Y		
	Each entry includes NMBI PIN	n/a		
2. PARAMETERS	Concern	Y		
	RR	Y		
	RE	Y		
	Oxygen Therapy	N		
	HR	Y		
	AVPU	Y		
	SpO2	Y		
	CRT	n/a		
	BP	Y		
	Skin colour	Y		
	Temperature	Y		
3. SCORING	Every individual parameter score correct	Y		
	Total PEWS Score correct on every entry	Y		
4. ESCALATION	Evidence of nursing response to triggers	Y		
	Evidence of medical response to triggers	n/a		
5. VARIANCES	Is the PA dated and timed?	n/a		
	Does the PA contain ranged parameters?			
	Does the PA contain next medical review?			
	Is the PA correctly signed?			
	Is the MES signed and dated?	n/a		
	Does the MES contain impression?			
	Does the MES contain ranged parameters?			
	Does the MES contain timeframe?			
	Is the MES correctly signed?			
6. CLINICAL PICTURE	Observation pattern matches planned frequency & reassess within times & response to clinical condition (no score)	NARRATIVE ENTRY:		

Instructions for completing the form

Section	Element	Required standard
1. DOCUMENTATION STANDARDS	<ul style="list-style-type: none"> - check child's age against chart range - addressograph or patient label on each page (x3) - date of commencement / year completed (as required by local standards) - date at least with the first entry of every 24 hours plus every entry timed - nurse/ student nurse initials with every entry - NMBI PIN on every observation set if required by local standards 	Standard: 100%
2. PARAMETERS	<ul style="list-style-type: none"> - 6 core parameters completed every time, no exceptions - each parameter to be correctly completed according to the sample column on the local chart - if AVPU not scored, section completed as per example on left of chart - are additional parameters used? - if yes, are they completed correctly every time? 	Standard: 100%
3. SCORING	<ul style="list-style-type: none"> - each individual parameter to be scored correctly - total PEWS score to be calculated correctly every time 	Standard: 100%
4. ESCALATION	<ul style="list-style-type: none"> - triggers result in increased frequency of observations if appropriate - triggers and action noted in nursing documentation as appropriate - action/response noted in medical documentation as appropriate 	Standard: 100% of applicable responses
5. VARIANCES	<ul style="list-style-type: none"> - Has a variance order been completed on this chart? - If yes, is it compliant with documentation standards as per PEWS Guideline and Quick Reference Guide? 	Standard: 100% of applicable responses
6. CLINICAL PICTURE	<p>This section represents a qualitative approach to the chart:</p> <ul style="list-style-type: none"> - Does the clinical information presented on the chart seem reasonable? - Are there too few or too many observation sets? - Are there too few or too many additional observations recorded? - Is there evidence of response to raised or reducing triggers? i.e. increased/decreased frequency, reassess within completed, event record completed? 	This section does not score but does offer a clinical overview of the chart and progression of the child's condition and may be a particularly useful learning tool
Response to audit results	<p style="text-align: center;">Actions required</p> <ul style="list-style-type: none"> • Identify areas for improvement – complete action plan • Complete education / shared learning initiative • Re-audit 	<p style="text-align: center;">Audit tools</p> <ul style="list-style-type: none"> • PEWS Audit excel datasheet • PDSA template

PEWS Audit

Quality Improvement Plan

Standard/ element	What outcome or goal do we seek?	Priority (L/M/H)	How will we get this outcome? (Steps)	Success measure	By when?	Progress notes
<i>Documentation Standards - patient labels</i>	<i>3 addressographs on every chart</i>	<i>High</i>	<i>Remind at ward handover and Safety Pause daily 1/52</i>	<i>3 addressographs on every chart on the ward</i>	<i>Re-audit 4-10-16</i>	<i>10 charts examined 5-10-16 9/10 had 3 labels-plan to continue daily reminders & re-audit 1 week</i>

PEWS Audit

PDSA template

Day/Date	Plan <i>What did we want to try?</i>	Do <i>How did it go?</i>	Study <i>What did we learn?</i>	Act <i>What change will we try next?</i>
5-10-16	<i>Improve compliance of 3 addressographs per chart from baseline 75% to 100% in 1/7 by issuing twice daily reminders at shift change and safety pause</i>	<i>Reminders given at daily handover and Safety Pause. Line added to pre-printed sheets for both'</i>	<i>Reminders at these times led to other PEWS related questions and clarifications so other improvements in documentation also noted.</i>	<i>Nurses to audit 1 chart per month each to examine own practices. CNF will present results at monthly ward meeting</i>