



Information for PEWS Leads and governance groups

Safe and effective care of the child is paramount and any evolving developments to the PEWS chart are based on this premise.

The design changes in version Chart Type A have been influenced largely by a series of Australian studies into chart design, feedback from clinicians using previous versions of the chart and from the advice of colleagues with human factors design experience. These collaborations have led to a user-friendly design that provides an effective instrument for clinical staff with responsibility for recording and interpreting observation charts in paediatric practice. Most recently, changes have been made to Chart Type A (the most up-to-date version is Chart Type A, June 2023) that reflects new guidance on Sepsis in children. Following national site visits, Guideline Development and Steering Group discussion and a working group collaborative of nursing, medical and human factors experts, the *Medical Escalation Suspension*, used in previous charts has now been replaced with the wording *Medical Escalation Agreement*. This better reflects the need to agree new bedside guidance for escalation that differs from the standard *Escalation Guide*. The *Medical Escalation Agreement* is a medical decision which represents nursing and parent input.

The Chart Type A version is a generic national template. Sites may add details to the chart to reflect specific local arrangements as set out in the following pages. Frontline ownership of PEWS is vital for successful implementation and embedding of good practices. There is space for additions to make these charts locally relevant. Decisions around additions should be documented by the hospital PEWS Governance Group referring to the advice below and the National Clinical Guideline no.12 PEWS.

- 1.1 Hospital demographics
- 1.2 Escalation Guide
- 1.3 ISBAR Communication
- 1.4 Medical Escalation Agreement\*
- 1.5 Updated Paediatric Guidance

Hospital Logo

PAEDIATRICS

Addressograph

Ward \_\_\_\_\_

Consultant \_\_\_\_\_

Paediatric Observation Chart  
**12+ Years**

**Escalation Guide**

**PEWS does not replace an emergency call**

Score	Minimum Observations	Minimum Alert	Minimum Response
1	4 hourly	Nurse in Charge	Any trigger should prompt increase in observation frequency as clinically appropriate
2	2 - 4 hourly		
3*	1 hourly	Nurse in Charge + Doctor on call	Nurse in Charge review
4-5	30 minutes		Urgent medical review
6	Continuous	Nurse in Charge + Doctor on call + Senior Doctor +/- Consultant	Urgent SENIOR medical review
≥7	Continuous	<b>URGENT PEWS CALL</b>	Immediate local response team

\* Pink score in any parameter merits review

**PEWS does not replace clinical concern**

**ISBAR**  
Communication Tool

Identify **S**ituation **B**ackground **A**ssessment **R**ecommendation

**Medical Escalation Agreement**

Date / Time	Maximum Duration	Following clinical assessment, if appropriate, state clinical impression, permitted parameters & calling criteria. Document clearly in clinical notes.	Senior Doctor <small>Initials / MCRN / Designation</small>
		IMPRESSION:	
		IMPRESSION:	
		IMPRESSION:	
		IMPRESSION:	

**Could this be Sepsis?**

If there is clinical suspicion of infection and child appears unwell, INITIATE PAEDIATRIC SEPSIS FORM.  
From 4 weeks (or 4 weeks corrected age) to 16 years.

≥1 Red Flag

≥1 Amber Flag

+/- Risk Factor(s)

Immediate Medical Review

Signs of Shock

Complete Sepsis 6 Bundle within 1 HOUR

Urgent Medical Review

Suspected Sepsis

Complete Sepsis 6 Bundle within 3 HOURS of suspicion of sepsis

PAEDIATRIC SEPSIS 6 – TAKE 3 AND GIVE 3

Version 1.1 | 2019

**Page 1, section 1.1-1.5 Front Page**

<b>1.1 – hospital details</b>	
<b>Modifiable</b>	<b>Non-modifiable</b>
<ul style="list-style-type: none"><li>• Add hospital/group logo(s) +/- hospital name</li></ul>	<ul style="list-style-type: none"><li>• Do not remove paediatrics logo</li><li>• Colour coding and image may not be altered</li></ul>

<b>1.2 – Escalation Guide</b>	
<b>Modifiable</b>	<b>Non-modifiable</b>
<ul style="list-style-type: none"><li>• The specific level of doctor or bleep/telephone number(s) may be added</li></ul>	<ul style="list-style-type: none"><li>• The level of seniority suggested in the generic escalation guide should not be lowered</li><li>• Colour coding and layout may not be altered</li></ul>

<b>1.3 – ISBAR</b>	
<b>Modifiable</b>	<b>Non-modifiable</b>
Nil	<ul style="list-style-type: none"><li>• Colour coding and image may not be altered</li></ul>

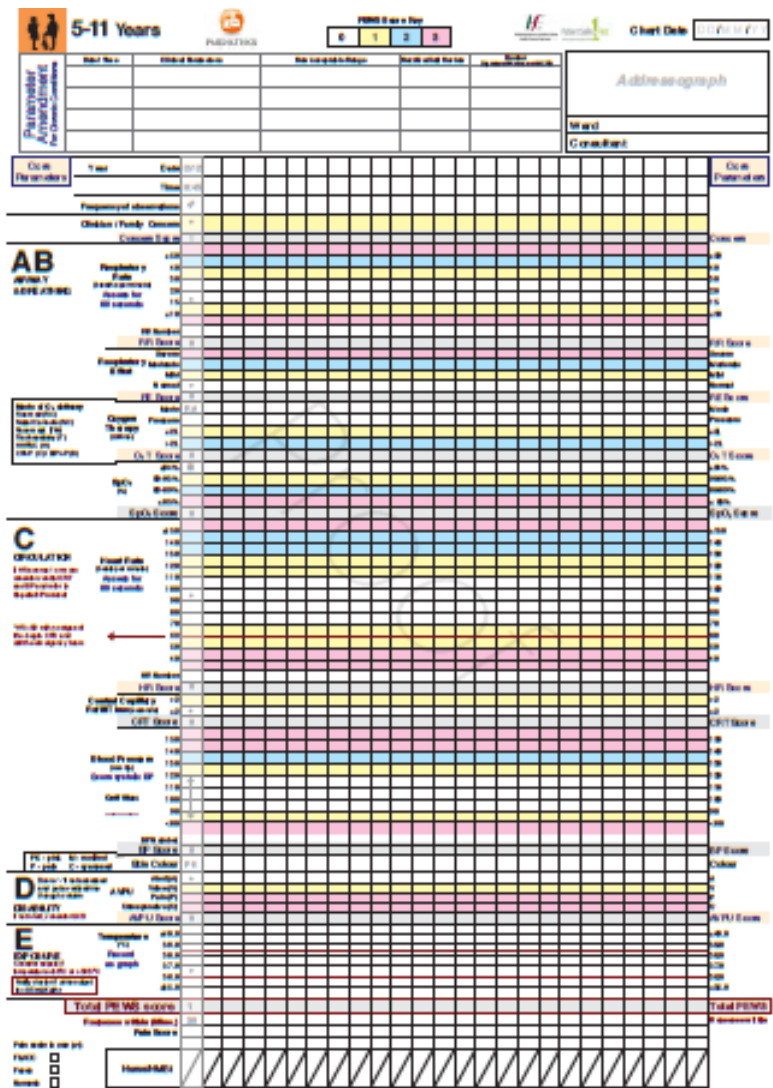
<b>1.4 – Medical Escalation Agreement* – note new wording</b>	
<b>Modifiable</b>	<b>Non-modifiable</b>
<ul style="list-style-type: none"><li>• It is recommended that a hospital without 24 hour inpatient paediatric medical support remove this section from their chart – see further information section later</li></ul>	<ul style="list-style-type: none"><li>• Colour coding and content may not be altered</li></ul>

<b>1.5 – Paediatric Sepsis Guidance</b>	
<b>Modifiable</b>	<b>Non-modifiable</b>
Nil	<ul style="list-style-type: none"><li>• Colour coding and content may not be altered</li></ul>

2.1 Chart details

2.2 Parameter Amendment\*

2.3 Observation template



2.1 – Chart details	
<b>Modifiable</b>	<b>Non-modifiable</b>
Nil	<ul style="list-style-type: none"> <li>No changes permitted</li> </ul>

2.2 – Parameter Amendment for chronic conditions*	
<b>Modifiable</b>	<b>Non-modifiable</b>
<ul style="list-style-type: none"> <li>It is recommended that a hospital without 24 hour inpatient paediatric medical support consider removing this section – refer to NCG no.12</li> </ul>	<ul style="list-style-type: none"> <li>No changes permitted</li> </ul>

2.3 – Observation template	
<b>Modifiable</b>	<b>Non-modifiable</b>
<ul style="list-style-type: none"> <li>Final two lines (currently pain score and blank line) may be labelled as per local requirements</li> </ul>	<ul style="list-style-type: none"> <li>No changes permitted to any other scoring elements of the chart template</li> </ul>

**P4, section 3.1-3.3 (back page)**

3.1 Event Record

3.2 Respiratory Assessment

3.3 Blank space

Event Record for PEWS score ≥6				
Date	Time	PEWS	Nurse Initials & NMBI	Alert

*Addressograph*

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Ward \_\_\_\_\_

Consultant \_\_\_\_\_

Assessment of Respiratory Effort			
	Mild	Moderate	Severe
Airway	• Stridor on exertion/crying	• Some stridor at rest	• Stridor at rest
Behaviour and feeding	• Normal • Talks in sentences	• Some/intermittent irritability • Difficulty talking/crying • Difficulty feeding or eating	• Increased irritability and/or lethargy • Looks exhausted • Unable to talk or cry • Unable to feed or eat
Respiratory rate	• Mildly increased	• Respiratory rate in blue zone	• Respiratory rate in pink zone • Increased or markedly reduced respiratory rate as the child tires
Accessory muscle use	• Mild intercostal and suprasternal recession	• Moderate intercostal and suprasternal recession • Nasal flaring	• Marked intercostal, suprasternal and sternal recession
Oxygen	• No oxygen requirement	• Mild hypoxemia corrected by oxygen • Increasing oxygen requirement	• Hypoxemia may not be corrected by oxygen
Other		• May have brief apnoeas	• Gasping, grunting • Extreme pallor, cyanosis • Increasingly frequent or prolonged apnoeas

3.1 – Event Record	
<b>Modifiable</b>	<b>Non-modifiable</b>
<ul style="list-style-type: none"> <li>• Example line may be included</li> <li>• Alternative layout/headings permitted</li> <li>• Could be moved to the front page in place of MEA section</li> </ul>	<ul style="list-style-type: none"> <li>• Must be retained on the chart</li> </ul>

3.2 – Respiratory Assessment (permission for replication granted by Victoria Children’s Hospital)	
<b>Modifiable</b>	<b>Non-modifiable</b>
Nil	<ul style="list-style-type: none"> <li>• No modifications permitted</li> </ul>

3.1 – Blank space	
<b>Modifiable</b>	<b>Non-modifiable</b>
<ul style="list-style-type: none"> <li>• Local hospital additions (suggested: pain scale / GCS)</li> </ul>	