

## Quick Reference Guide: National Paediatric Observation Charts

**Use clinical judgement at all times**

**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

### 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

**Special Situations:** 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

### **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

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 **U**nderstanding  
**N** Narrate your plan

**Treat the child, not the score**