



Hospital Logo



PAEDIATRICS

Paediatric Observation Chart

12+ Years

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| <i>Addressograph</i> |
| Ward |
| Consultant |

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 | URGENT PEWS CALL | Immediate local response team |

* Pink score in any parameter merits review

PEWS does not replace clinical concern

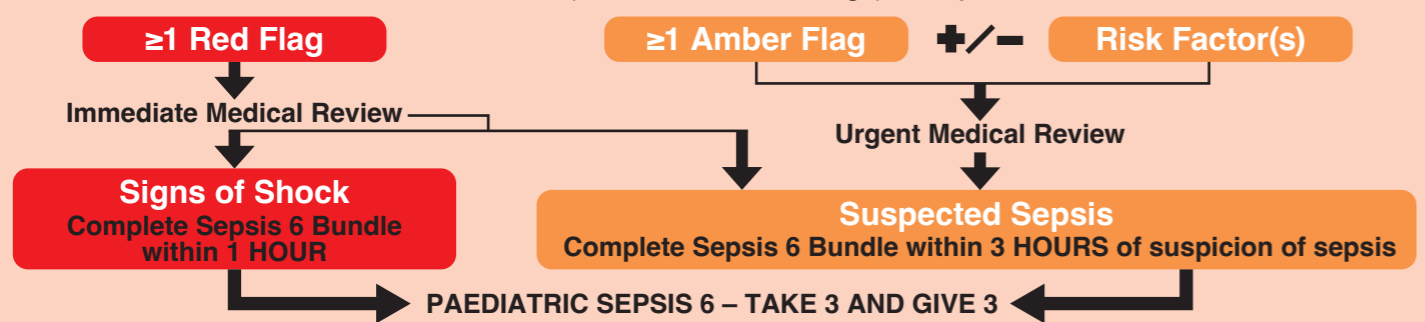


Medical Escalation Agreement

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



Version N4.1 | 2023

| Event Record for PEWS score ≥6 | | | | |
|--------------------------------|------|------|-----------------------|-------|
| Date | Time | PEWS | Nurse Initials & NMBI | Alert |
| | | | | |
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|----------------------|
| <i>Addressograph</i> |
| Ward |
| Consultant |

| Assessment of Respiratory Effort | | | |
|----------------------------------|---|---|---|
| | Mild | Moderate | Severe |
| Airway | • Stridor on exertion/crying | • Mild 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 | | | • Gaspings, grunting • Extreme pallor, cyanosis • Apnoea |



12+ Years



PAEDIATRICS

PEWS Score Key

0 1 2 3



Chart Date

DD/MM/YY

Parameter Amendment For Chronic Conditions

| Date / Time | Clinical Parameters | New Acceptable Range | Next Medical Review | Senior Doctor Initials / MCRN / Designation |
|----------------------------|---------------------|----------------------|---------------------|---|
| Year | 12/12 | | | |
| Time (24hr) | 18:45 | | | |
| Frequency of observations | 4 ^o | | | |
| Clinician / Family Concern | | | | |

Addressograph

Ward

Consultant

Core Parameters

Core Parameters

AB AIRWAY & BREATHING

Respiratory Rate
(breaths per minute)
Assess for 60 seconds

Concern Score 0

0

4^o

18:45

12/12

Respiratory Effort
Severe
Moderate
Mild
Normal

RR Score 0

0

16

0

18:45

12/12

Mode of O₂ delivery

- Room air (RA)
- Nasal Cannula (NC)
- Face mask (FM)
- Tracheostomy (T)
- HFNC (H)
- CPAP (C) / BiPAP (B)

RE Score 0

0

RA

18:45

12/12

Oxygen Therapy
(L/Mins.)
>2L
≤2L

O₂ T Score 0

0

98

98

18:45

12/12

SpO₂
(%)
≥94%
90-93%
86-89%
≤85%

SpO₂ Score 0

0

98

98

18:45

12/12

C CIRCULATION

If HR scores 1 or more consider central CRT and BP and refer to Sepsis 6 Protocol

Heart Rate
(beats per minute)
Assess for 60 seconds

HR Score 0

0

90

90

18:45

12/12

*HR <60 with no signs of life - begin CPR and call the emergency team

Central Capillary Refill Time (seconds) ≤2

CRT Score 0

0

90

90

18:45

12/12

Blood Pressure
(mmHg)
Score systolic BP

BP Score 0

0

PK

PK

18:45

12/12

Cuff Size:

AVPU

Alert

Voice

Pain

Unresponsive

AVPU Score 0

0

115

72

18:45

12/12

Temperature
(°C)
Record as graph

Temperature ≥40.0

39.0

38.0

37.0

36.0

≤35.0

18:45

12/12

AVPU
Alert
Voice
Pain
Unresponsive

AVPU Score 0

0

PK

PK

18:45

12/12

BP Score
Colour

BP Score

0

PK

PK

18:45

12/12

AVPU
Alert
Voice
Pain
Unresponsive

AVPU Score 0

0

PK

PK

18:45

12/12

Temperature
(°C)
Record as graph

Temperature ≥40.0

39.0

38.0

37.0

36.0

≤35.0

18:45

12/12

AVPU
Alert
Voice
Pain
Unresponsive

AVPU Score 0

0

PK

PK

18:45

12/12

Total PEWS score

0

0

PK

PK

18:45

12/12

Reassess within (Mins.)

Pain Score

0

0

PK

PK

18:45

12/12

Pain scale in use (✓):

- FLACC
- Faces
- Numeric

Nurse/NMBI

Total PEWS Reassess within

0

0

PK

PK

18:45

12/12



Hospital Logo



PAEDIATRICS

Paediatric Observation Chart

5-11 Years

| |
|----------------------|
| <i>Addressograph</i> |
| Ward |
| Consultant |

Escalation Guide

PEWS does not replace an emergency call

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|-------|----------------------|---|---|
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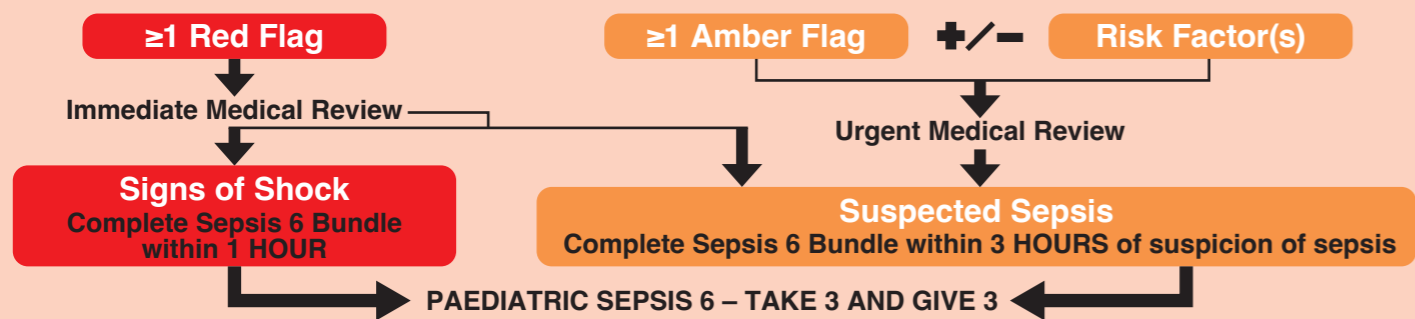


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Could this be Sepsis?

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.



Version N4.1 | 2023

| Event Record for PEWS score ≥6 | | | | |
|--------------------------------|------|------|-----------------------|-------|
| Date | Time | PEWS | Nurse Initials & NMBI | Alert |
| | | | | |
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|----------------------|
| <i>Addressograph</i> |
| Ward |
| Consultant |

Assessment of Respiratory Effort

| | Mild | Moderate | Severe |
|-----------------------|---|---|---|
| Airway | • Stridor on exertion/crying | • Mild 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 |
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| 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 | | | • Gaspings, grunting • Extreme pallor, cyanosis • Apnoea |



5-11 Years



PAEDIATRICS

PEWS Score Key

0 1 2 3



Patient Safety First

Chart Date

DD/MM/YY

Parameter For Chronic Conditions

Date / Time

Clinical Parameters

New Acceptable Range

Next Medical Review

Senior Doctor Initials / MCRN / Designation

Addressograph

Ward

Consultant

Core Parameters

Year Date 12/12

Time (24hr) 18:45

Frequency of observations 4^o

Clinician / Family Concern

Concern Score 0

AB AIRWAY & BREATHING

Respiratory Rate (breaths per minute) Assess for 60 seconds

RR Number 16

RR Score 0

Respiratory Effort Severe Moderate Mild Normal

RE Score 0

Mode of O2 delivery Room air (RA) Nasal Cannula (NC) Face mask (FM) Tracheostomy (T) HFFNC (H) CPAP (C) / BIPAP (B)

Oxygen Therapy (L/Mins.) >2L <2L

O2 T Score 0

SpO2 (%) ≥94% 90-93% 86-89% ≤ 85%

SpO2 Score 0

C CIRCULATION

If HR scores 1 or more consider central CRT and BP and refer to Sepsis 6 Protocol

*HR <60 with no signs of life - begin CPR and call the emergency team

Heart Rate (beats per minute) Assess for 60 seconds

HR Number 96

HR Score 0

Central Capillary Refill Time (seconds) >2 <2

CRT Score 0

Blood Pressure (mmHg) Score systolic BP

Cuff Size: 100 90 80

BP Number (systolic/diastolic) 105/68

BP Score 0

Skin Colour PK

AVPU Alert Voice Pain Unresponsive

AVPU Score 0

Temperature (°C) ≥40.0 39.0 38.0 37.0 36.0 ≤35.0

Record as graph

Notify doctor if urine output is <1mL/kg/hr

DISABILITY If not Alert, consider GCS

AVPU Score 0

Temperature (°C) ≥40.0 39.0 38.0 37.0 36.0 ≤35.0

Record as graph

Notify doctor if urine output is <1mL/kg/hr

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DISABILITY If not Alert, consider GCS

AVPU Score 0

Temperature (°C) ≥40.0 39.0 38.0 37.0 36.0 ≤35.0

Record as graph

Notify doctor if urine output is <1mL/kg/hr

Total PEWS score 0

Reassess within (Mins.)

Pain Score

Pain scale in use (✓):

- FLACC Faces Numeric

Nurse/NMBI

Core Parameters

Concern

50

40

30

20

15

10

RR Score

Severe

Moderate

Mild

Normal

RE Score

Mode

Pressure

>2L

≤2L

O2 T Score

≥94%

90-93%

86-89%

≤ 85%

SpO2 Score

150

140

130

120

110

100

90

80

70

60

50

40

HR Score

>2

≤2

CRT Score

150

140

130

120

110

100

90

80

BP Score

Colour

A

V

P

U

AVPU Score

≥40.0

39.0

38.0

37.0

36.0

≤35.0

Total PEWS

Reassess within



Hospital Logo



PAEDIATRICS

Paediatric Observation Chart

1-4 Years

| |
|----------------------|
| <i>Addressograph</i> |
| Ward |
| Consultant |

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| ≥7 | Continuous | URGENT PEWS CALL | Immediate local response team |

* Pink score in any parameter merits review

PEWS does not replace clinical concern

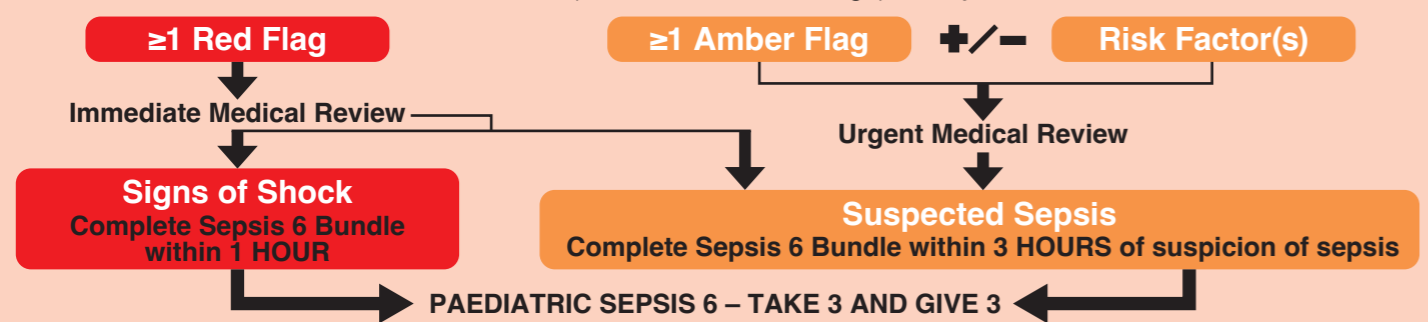


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From 4 weeks (or 4 weeks corrected age) to 16 years.



Version N4.1 | 2023

| Event Record for PEWS score ≥6 | | | | |
|--------------------------------|------|------|-----------------------|-------|
| Date | Time | PEWS | Nurse Initials & NMBI | Alert |
| | | | | |
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| <i>Addressograph</i> |
| Ward |
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Assessment of Respiratory Effort

| | Mild | Moderate | Severe |
|-----------------------|---|---|---|
| Airway | • Stridor on exertion/crying | • Mild 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 |
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| 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 | | | • Gaspings, grunting • Extreme pallor, cyanosis • Apnoea |



1-4 Years



PAEDIATRICS

PEWS Score Key

0 1 2 3



Patient Safety First

Chart Date

DD/MM/YY

Parameter For Chronic Conditions

| Date / Time | Clinical Parameters | New Acceptable Range | Next Medical Review | Senior Doctor Initials / MCRN / Designation |
|-------------|---------------------|----------------------|---------------------|---|
| | | | | |

Addressograph

Ward

Consultant

Core Parameters

Year Date 12/12 18:45

Frequency of observations 4^o

Clinician / Family Concern

Concern Score 0

AB AIRWAY & BREATHING

Respiratory Rate (breaths per minute) Assess for 60 seconds 15

RR Number 34

RR Score 0

Respiratory Effort Severe Moderate Mild Normal

RE Score 0

Mode of O2 delivery

- Room air (RA) Nasal Cannula (NC) Face mask (FM) Tracheostomy (T) HFNC (H) CPAP (C) / BIPAP (B)

Oxygen Therapy (L/Mins.) >2L ≤2L

O2 T Score 0

SpO2 (%) ≥94% 98

SpO2 Score 0

C CIRCULATION

If HR scores 1 or more consider central CRT and BP and refer to Sepsis 6 Protocol

Heart Rate (beats per minute) Assess for 60 seconds 60

*HR <60 with no signs of life - begin CPR and call the emergency team

HR Number 115

HR Score 0

Central Capillary Refill Time (seconds) >2 ≤2

CRT Score 0

Blood Pressure (mmHg) Score systolic BP 140 130 120 110

Cuff Size: 100 90 80 70

BP Number (systolic/diastolic) 100/65

BP Score 0

Skin Colour PK

AVPU Alert Voice Pain Unresponsive

AVPU Score 0

Temperature (°C) ≥40.0 39.0

Record as graph 38.0 37.0 36.0

Notify doctor if urine output is <1ml/Kg/hr ≤35.0

Total PEWS score 0

Reassess within (Mins.)

Pain Score

Pain scale in use (✓):

- FLACC Faces Numeric

Nurse/NMBI

Core Parameters

Concern 60 50 40 30 20 15

RR Score Severe Moderate Mild Normal

RE Score Mode Pressure >2L ≤2L

O2 T Score ≥94% 90-93% 86-89% ≤ 85%

SpO2 Score 170 160 150 140 130 120 110 100 90 80 70 60 50

HR Score >2 ≤2

CRT Score 140 130 120 110 100 90 80 70

BP Score Colour A V P U

AVPU Score ≥40.0 39.0 38.0 37.0 36.0 ≤35.0

Total PEWS Reassess within



Hospital Logo



PAEDIATRICS

Paediatric Observation Chart

4-11 Months

| |
|----------------------|
| <i>Addressograph</i> |
| Ward |
| Consultant |

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 |
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| ≥7 | Continuous | URGENT PEWS CALL | Immediate local response team |

* Pink score in any parameter merits review

PEWS does not replace clinical concern

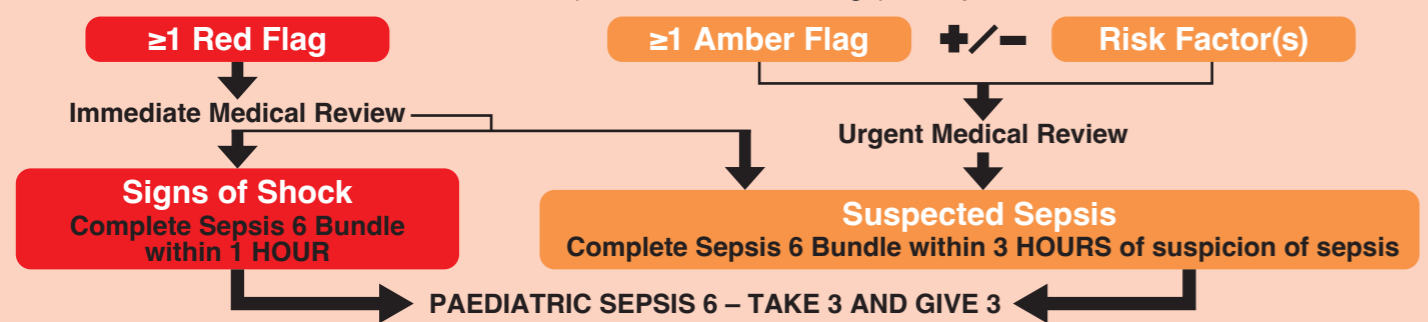


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| | | IMPRESSION: | |
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Could this be Sepsis?

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.



Version N4.1 | 2023

| Event Record for PEWS score ≥6 | | | | |
|--------------------------------|------|------|-----------------------|-------|
| Date | Time | PEWS | Nurse Initials & NMBI | Alert |
| | | | | |
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| <i>Addressograph</i> |
| Ward |
| Consultant |

| Assessment of Respiratory Effort | | | |
|----------------------------------|---|---|---|
| | Mild | Moderate | Severe |
| Airway | • Stridor on exertion/crying | • Mild 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 |
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| Oxygen | • No oxygen requirement | • Mild hypoxemia corrected by oxygen • Increasing oxygen requirement | • Hypoxemia may not be corrected by oxygen |
| Other | | | • Gaspings, grunting • Extreme pallor, cyanosis • Apnoea |



4-11 Months



PAEDIATRICS

PEWS Score Key

0 1 2 3



Patient Safety First

Chart Date

DD/MM/YY

Parameter For Chronic Conditions

| | | | | |
|----------------------------|---------------------|----------------------|---------------------|---|
| Date / Time | Clinical Parameters | New Acceptable Range | Next Medical Review | Senior Doctor Initials / MCRN / Designation |
| Year | Date | | | |
| Time (24hr) | | | | |
| Frequency of observations | | | | |
| Clinician / Family Concern | | | | |
| Concern Score | | | | |

Addressograph

Ward

Consultant

Core Parameters

Core Parameters

Year Date 12/12 18:45

Frequency of observations 4^o

Clinician / Family Concern Concern Score 0

AB AIRWAY & BREATHING

Respiratory Rate (breaths per minute) Assess for 60 seconds

Concern 70 60 50 40 30 20 15

RR Number 38 RR Score 0 Severe Moderate Mild Normal

RR Score Severe Moderate Mild Normal

Mode of O₂ delivery

- Room air (RA)
- Nasal Cannula (NC)
- Face mask (FM)
- Tracheostomy (T)
- HHFNC (H)
- CPAP (C) / BIPAP (B)

Oxygen Therapy (L/Mins.) >2L ≤2L

RE Score Mode Pressure >2L ≤2L

SpO₂ (%) ≥94% 90-93% 86-89% ≤85%

O₂ T Score ≥94% 90-93% 86-89% ≤85%

C CIRCULATION

If HR scores 1 or more consider central CRT and BP and refer to Sepsis 6 Protocol

Heart Rate (beats per minute) Assess for 60 seconds

SpO₂ Score 180 170 160 150 140 130 120 110 100 90 80 70 60

*HR <60 with no signs of life - begin CPR and call the emergency team

HR Number 119 HR Score 0

Central Capillary Refill Time (seconds) >2 ≤2

HR Score >2 ≤2

CRT Score 0

CRT Score

Blood Pressure (mmHg) Score systolic BP

BP Score 130 120 110 100 90 80 70 60

Cuff Size:

90 68

BP Number (systolic/diastolic)

BP Score 0

BP Score

PK - pink M - mottled P - pale C - cyanosed

Skin Colour PK

Colour A V P U

Score - if not assessed and put a vertical line through column

Alert Voice Pain Unresponsive

AVPU Score 0

E EXPOSURE

Consider sepsis if temperature <36°C or >38.5°C

Temperature (°C) Record as graph

Notify doctor if urine output is <1mL/kg/hr

AVPU Score ≥40.0 39.0 38.0 37.0 36.0 ≤35.0

Temperature (°C) Record as graph

Notify doctor if urine output is <1mL/kg/hr

AVPU Score ≥40.0 39.0 38.0 37.0 36.0 ≤35.0

Total PEWS score 0

Total PEWS

Reassess within (Mins.)

Pain Score

Reassess within

Pain scale in use (✓):

- FLACC
- Faces
- Numeric

Nurse/NMBI



Hospital Logo



PAEDIATRICS

Paediatric Observation Chart
0-3 Months

Addressograph

Ward

Consultant

Escalation Guide

PEWS does not replace an emergency call

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|-------|----------------------|---|---|
| 1 | 4 hourly | Nurse in Charge | Any trigger should prompt increase in observation frequency as clinically appropriate |
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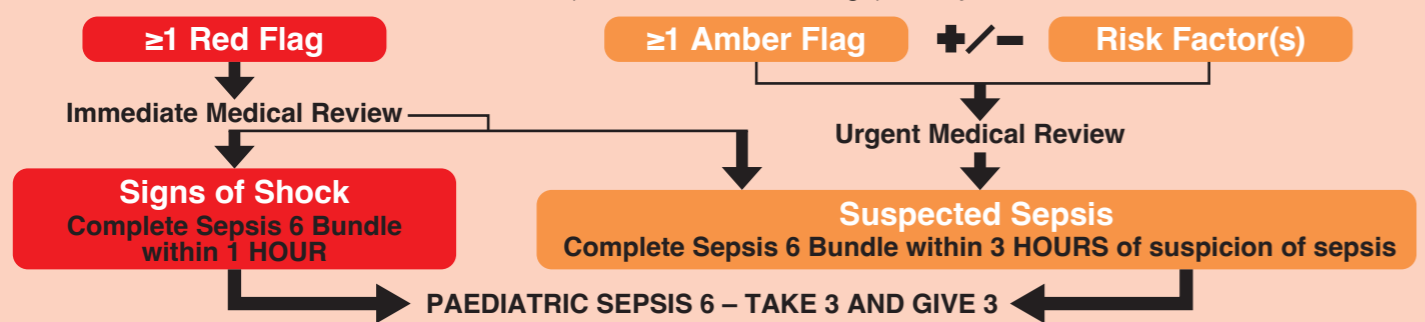


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From 4 weeks (or 4 weeks corrected age) to 16 years.



Version N4.1 | 2023

Event Record for PEWS score ≥6

| Date | Time | PEWS | Nurse Initials & NMBI | Alert |
|------|------|------|-----------------------|-------|
| | | | | |
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Addressograph

Ward

Consultant

Assessment of Respiratory Effort

| | Mild | Moderate | Severe |
|-----------------------|---|---|---|
| Airway | • Stridor on exertion/crying | • Mild stridor at rest | • Stridor at rest |
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| 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 | | | • Gaspings, grunting • Extreme pallor, cyanosis • Apnoea |



0-3 Months



PAEDIATRICS

PEWS Score Key

0 1 2 3



Patient Safety 1st

Chart Date

DD/MM/YY

Corrected: Y/N

Gestational age:

Header section for Date/Time, Clinical Parameters, and Addressograph.

Table with columns for Date, Time, and Clinical Parameters.

Frequency of observations: 40, Clinician / Family Concern, Concern Score: 0

Respiratory Rate (breaths per minute) 80, 70, 60, 50, 40, 30, 20, 15

Respiratory Effort: Severe, Moderate, Mild, Normal

Oxygen Therapy: Mode RA, Pressure >2L, ≤2L

SpO2 (%): ≥94% 98, 90-93%, 86-89%, ≤85%

Heart Rate (beats per minute): 120, 110, 100, 90, 80, 70, 60

Central Capillary Refill Time (seconds): >2, ≤2

Blood Pressure (mmHg): 120, 110, 100, 90, 80, 70, 60, 50, 45

BP Number (systolic/diastolic): 68/46

BP Score: 0, Skin Colour: PK

AVPU: Alert, Voice, Pain, Unresponsive

AVPU Score: 0, Temperature (°C): ≥40.0, 39.0, 38.0, 37.0, 36.0, ≤35.0

Core Parameters: Total PEWS score 0, Reassess within (Mins.) Pain Score

Form for FLACC, Faces, Numeric pain scales and Nurse/NMBI.