



Hospital Logo



PAEDIATRICS

Paediatric Observation Chart

12+ Years

Addressograph

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

ISBAR
Communication Tool

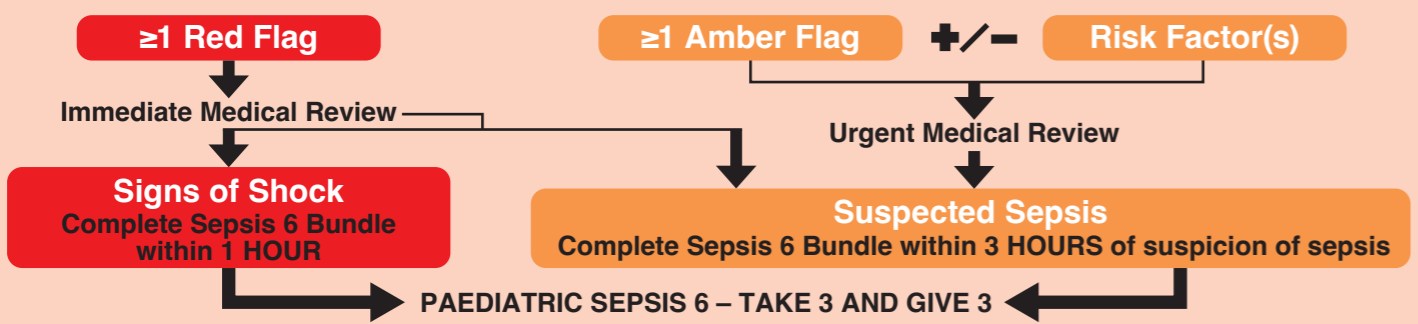
Identify **S**ituation **B**ackground **A**ssessment **R**ecommendation

Event Record for PEWS score ≥6

Date	Time	PEWS	Nurse Initials & NMBI	Alert

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

Paediatric Early Warning System (PEWS) Score Key 12+ Years

SCORE	3	2	1	0	1	2	3
Respiratory Rate (bpm)	≤10		10 - 14	15 - 19	20 - 24	25 - 29	≥30
Respiratory Effort					Mild / Moderate		Severe
O ₂ Therapy (L)			≤2			>2	
SpO ₂ (%)	≤85	86 - 89	90 - 93	≥94			
Heart Rate (BPM)	<40		40 - 60	61 - 99	100 - 119	120 - 139	≥140
Systolic BP (mmHg)	<90		90 - 109	110 - 119	120 - 129	130 - 149	>150
CRT (seconds)			>2	≤2			
AVPU / CNS Response				Alert (A)	Voice (V)		Pain (P) / Unresponsive (U)

Addressograph

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 • Difficultly talking/crying • Difficultly 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



Patient Safety First

Addressograph

PEWS Score Key

0	1	2	3
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Chart Date DD/MM/YY

Ward

Consultant

Core Parameters	Year	Date	Time (24hr)	Frequency of observations	Clinician / Family Concern	Concern Score	RR Number	RR Score	Respiratory Effort	RE Score	Oxygen Therapy (L/Mins.)	SpO ₂ (%)	SpO ₂ Score	Heart Rate (beats per minute)	HR Number	HR Score	Central Capillary Refill Time (seconds)	CRT Score	Blood Pressure (mmHg)	Cuff Size:	BP Number	BP Score	Skin Colour	AVPU	Temperature (°C)	Record as graph	Total PEWS score	Reassess within (Mins.)	Pain Score	Nurse/NMBI	Core Parameters	
		12/12	18:45	4 ^h		0	16	0	Mild	0	RA	98	0	60	90	0	•	0	110	↕	117	0	PK	Alert	39.0	•	0					
AB AIRWAY & BREATHING																																
C CIRCULATION																																
D DISABILITY																																
E EXPOSURE																																
Total PEWS score						0																					0					

Pain scale in use (✓):

FLACC

Faces

Numeric

Nurse/NMBI

Total PEWS

Reassess within



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PAEDIATRICS

Paediatric Observation Chart
5-11 Years

Addressograph

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

ISBAR
Communication Tool

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

Event Record for PEWS score ≥6

Date	Time	PEWS	Nurse Initials & NMBI	Alert

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

Urgent Medical Review

Signs of Shock

Complete Sepsis 6 Bundle within 1 HOUR

Suspected Sepsis

Complete Sepsis 6 Bundle within 3 HOURS of suspicion of sepsis

PAEDIATRIC SEPSIS 6 – TAKE 3 AND GIVE 3

Version N4.1 | 2023

Paediatric Early Warning System (PEWS) Score Key 5-11 Years

SCORE	3	2	1	0	1	2	3
Respiratory Rate (bpm)	≤10		11 - 15	16 - 29	30 - 39	40 - 49	≥50
Respiratory Effort					Mild / Moderate		Severe
O ₂ Therapy (L)			≤2			>2	
SpO ₂ (%)	≤85	86 - 89	90 - 93	≥94			
Heart Rate (BPM)	<50		50 - 69	70 - 109	110 - 129	130 - 149	≥150
Systolic BP (mmHg)	<80		80 - 89	90 - 119	120 - 129	130 - 139	>140
CRT (seconds)			>2	≤2			
AVPU / CNS Response				Alert (A)	Voice (V)		Pain (P) / Unresponsive (U)

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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 • Difficultly talking/crying • Difficultly 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



5-11 Years



Chart Date

DD / MM / YY

PEWS Score Key

0 1 2 3

Addressograph

Ward

Consultant

Core Parameters		Year	Date												
Core Parameters		Frequency of observations	Time												
Core Parameters		Clinician / Family Concern	Concern Score												
Core Parameters		Concern	0												
Core Parameters		Respiratory Rate (breaths per minute) Assess for 60 seconds	50												
Core Parameters		Respiratory Effort	40												
Core Parameters		RR Number	30												
Core Parameters		RR Score	20												
Core Parameters		Severe	15												
Core Parameters		Moderate	10												
Core Parameters		Mild	16												
Core Parameters		Normal	0												
Core Parameters		RE Score	0												
Core Parameters		Mode	RA												
Core Parameters		Pressure													
Core Parameters		Oxygen Therapy (L/Mins.)	>2L												
Core Parameters		HHFNC (H)	≤2L												
Core Parameters		CPAP (C) / BiPAP (B)	0												
Core Parameters		O ₂ T Score	0												
Core Parameters		≥94%	98												
Core Parameters		90-93%													
Core Parameters		86-89%													
Core Parameters		≤ 85%													
Core Parameters		SpO ₂ Score	0												
Core Parameters		150													
Core Parameters		140													
Core Parameters		130													
Core Parameters		120													
Core Parameters		110													
Core Parameters		100													
Core Parameters		90													
Core Parameters		80													
Core Parameters		70													
Core Parameters		60													
Core Parameters		50													
Core Parameters		40													
Core Parameters		HR Number	96												
Core Parameters		HR Score	0												
Core Parameters		>2													
Core Parameters		≤2													
Core Parameters		CRT Score	0												
Core Parameters		150													
Core Parameters		140													
Core Parameters		130													
Core Parameters		120													
Core Parameters		110													
Core Parameters		100													
Core Parameters		90													
Core Parameters		80													
Core Parameters		BP Number	109												
Core Parameters		BP Score	0												
Core Parameters		PK													
Core Parameters		Alert													
Core Parameters		Unresponsive													
Core Parameters		AVPU Score	0												
Core Parameters		≥40.0													
Core Parameters		39.0													
Core Parameters		38.0													
Core Parameters		37.0													
Core Parameters		36.0													
Core Parameters		≤35.0													
Core Parameters		Total PEWS score	0												
Core Parameters		Reassess within (Mins.)													
Core Parameters		Pain Score													
Core Parameters		Nurse/NMBI													

AB
AIRWAY
& BREATHING

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

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

D
DISABILITY

Score +, if not assessed and put a vertical line through column
PK - pink M - mottled P - pale C - cyanosed

E
EXPOSURE

Consider sepsis if temperature <36°C or >38.5°C
Notify doctor if urine output is <1mL/Kg/hr

Pain scale in use (✓):

- FLACC
- Faces
- Numeric



Hospital Logo



PAEDIATRICS

Paediatric Observation Chart

1-4 Years

Addressograph

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

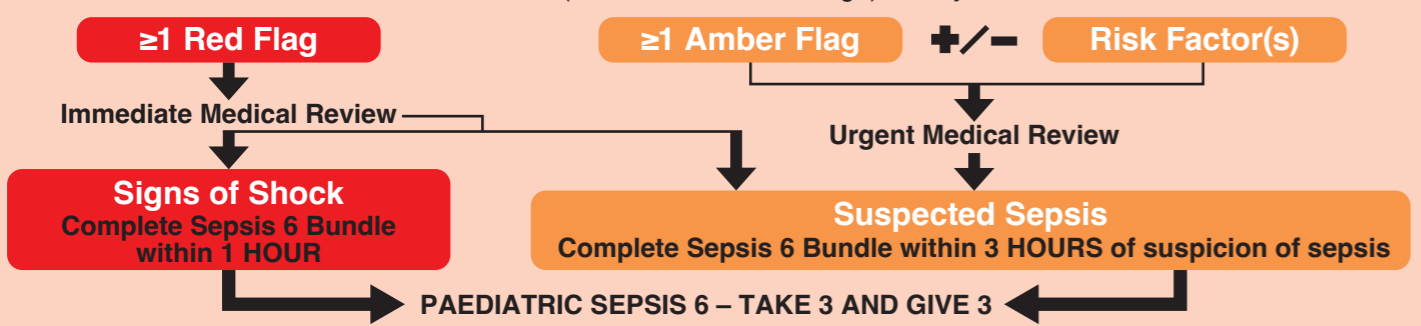


Event Record for PEWS score ≥6

Date	Time	PEWS	Nurse Initials & NMBI	Alert

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

Paediatric Early Warning System (PEWS) Score Key 1-4 Years

SCORE	3	2	1	0	1	2	3
Respiratory Rate (bpm)	≤15	15 - 19	20 - 39	40 - 49	50 - 59	≥60	
Respiratory Effort				Mild / Moderate		Severe	
O ₂ Therapy (L)			≤2		>2		
SpO ₂ (%)	≤85	86 - 89	90 - 93	≥94			
Heart Rate (BPM)	<60	60 - 79	80 - 129	130 - 149	150 - 169	≥170	
Systolic BP (mmHg)	<70	70 - 79	80 - 89	90 - 109	110 - 119	120 - 129	>130
CRT (seconds)		>2	≤2				
AVPU / CNS Response			Alert (A)	Voice (V)		Pain (P) / Unresponsive (U)	

Addressograph

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 • Difficultly talking/crying • Difficultly 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



1-4 Years



PAEDIATRICS



Patient Safety First

Addressograph

PEWS Score Key: 0 (yellow), 1 (light blue), 2 (light blue), 3 (pink)

Chart Date: DD/MM/YY

Ward

Consultant

Core Parameters	Year	Date	Time	Frequency of observations	Clinician / Family Concern	Concern Score	Core Parameters						
AB AIRWAY & BREATHING Respiratory Rate (breaths per minute) Assess for 60 seconds RR Number: 34 RR Score: 0 Respiratory Effort: Severe, Moderate, Mild, Normal RE Score: 0 Mode of O ₂ delivery: RA Oxygen Therapy (L/Mins.): >2L, ≤2L O ₂ T Score: 0 SpO ₂ (%): ≥94%, 90-93%, 86-89%, ≤85% SpO ₂ Score: 0													
C CIRCULATION Heart Rate (beats per minute) Assess for 60 seconds 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, 100, 90, 80, 70 Cuff Size: ← → BP Number: 107 BP Score: 0 Skin Colour: PK AVPU: Alert, Voice, Pain, Unresponsive AVPU Score: 0 Temperature (°C) Record as graph: ≥40.0, 39.0, 38.0, 37.0, 36.0, ≤35.0 EXPOSURE: Consider sepsis if temperature <36°C or >38.5°C. Notify doctor if urine output is <1mL/Kg/hr.													
D DISABILITY Score: if not assessed and put a vertical line through column AVPU: Alert, Voice, Pain, Unresponsive AVPU Score: 0													
E EXPOSURE Temperature (°C) Record as graph: ≥40.0, 39.0, 38.0, 37.0, 36.0, ≤35.0 Notify doctor if urine output is <1mL/Kg/hr.													
Total PEWS score : 0 Reassess within (Mins.) Pain Score													
Pain scale in use (✓): FLACC <input type="checkbox"/> Faces <input type="checkbox"/> Numeric <input type="checkbox"/>													
Nurse/NMBI													



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PAEDIATRICS

Paediatric Observation Chart 4-11 Months

Addressograph

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

ISBAR
Communication Tool

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

Event Record for PEWS score ≥6

Date	Time	PEWS	Nurse Initials & NMBI	Alert

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

Urgent Medical Review

Signs of Shock

Complete Sepsis 6 Bundle within 1 HOUR

Suspected Sepsis

Complete Sepsis 6 Bundle within 3 HOURS of suspicion of sepsis

PAEDIATRIC SEPSIS 6 – TAKE 3 AND GIVE 3

Version N4.1 | 2023

Paediatric Early Warning System (PEWS) Score Key 4-11 Months

SCORE	3	2	1	0	1	2	3
Respiratory Rate (bpm)	<15	16 - 29	30 - 49	50 - 59	60 - 69	≥70	
Respiratory Effort				Mild / Moderate		Severe	
O ₂ Therapy (L)			≤2			>2	
SpO ₂ (%)	≤85	86 - 89	90 - 93	≥94			
Heart Rate (BPM)	<70	70 - 99	100 - 149	150 - 169	170 - 179	≥180	
Systolic BP (mmHg)	<60	60 - 69	70 - 79	80 - 99	100 - 109	110 - 119	>120
CRT (seconds)			>2	≤2			
AVPU / CNS Response			Alert (A)	Voice (V)		Pain (P) / Unresponsive (U)	

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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 • Difficultly talking/crying • Difficultly 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



4-11 Months



PAEDIATRICS

Addressograph

PEWS Score Key: 0 (white), 1 (yellow), 2 (blue), 3 (pink)

Chart Date: DD/MM/YY

Ward

Consultant

Main clinical table with columns for Core Parameters, Date, Time, Frequency of observations, and various clinical parameters (Respiratory, Oxygen Therapy, Heart Rate, SpO2, Blood Pressure, etc.) with color-coded cells.

Total PEWS score section with a red border, including 'Reassess within (Mins.) Pain Score' and 'Nurse/NMBI' fields.

Pain scale in use (✓) with checkboxes for FLACC, Faces, and Numeric.



Hospital Logo



PAEDIATRICS

Paediatric Observation Chart
0-3 Months

Addressograph

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

ISBAR
Communication Tool

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

Event Record for PEWS score ≥6

Date	Time	PEWS	Nurse Initials & NMBI	Alert

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

Urgent Medical Review

Signs of Shock
Complete Sepsis 6 Bundle
within 1 HOUR

Suspected Sepsis
Complete Sepsis 6 Bundle within 3 HOURS of suspicion of sepsis

PAEDIATRIC SEPSIS 6 – TAKE 3 AND GIVE 3

Paediatric Early Warning System (PEWS) Score Key 0-3 Months

SCORE	3	2	1	0	1	2	3
Respiratory Rate (bpm)	≤15	16 - 19	20 - 29	30 - 59	60 - 69	70 - 79	≥80
Respiratory Effort					Mild / Moderate		Severe
O ₂ Therapy (L)			≤2			>2	
SpO ₂ (%)	≤85	86 - 89	90 - 93	≥94			
Heart Rate (BPM)	<80	80 - 89	90 - 109	110 - 149	150 - 179	180 - 189	≥190
Systolic BP (mmHg)	≤45	46 - 49	50 - 59	60 - 79	80 - 99	100 - 109	>110
CRT (seconds)			>2	≤2			
AVPU / CNS Response				Alert (A)	Voice (V)		Pain (P) / Unresponsive (U)

Addressograph

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 • Difficultly talking/crying • Difficultly 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



0-3 Months



PEWS Score Key

0 1 2 3

Chart Date DD/MM/YY

Gestational age: Corrected: Y/N

Addressograph

Ward
Consultant

Core Parameters		Year	Date	12/12											Core Parameters			
Frequency of observations		Time	18:45															
Clinician / Family Concern		Concern Score	4 ^o															
AB AIRWAY & BREATHING	Respiratory Rate (breaths per minute) Assess for 60 seconds	80																
		70																
		60																
		50																
		40																
		30																
		20																
		15																
	RR Number	44																
	RR Score	0																
Respiratory Effort	Severe Moderate Mild Normal																	
RE Score	0																	
Mode of O ₂ delivery	RA																	
Oxygen Therapy (L/Mins.)	>2L ≤2L																	
O ₂ T Score	0																	
SpO ₂ (%)	≥94% 90-93% 86-89% ≤85%	98																
SpO ₂ Score	0																	
C CIRCULATION	Heart Rate (beats per minute) Assess for 60 seconds	190 180 170 160 150 140 130 120 110 100 90 80 70 60																
	HR Number	124																
	HR Score	0																
	Central Capillary Refill Time (seconds)	>2 ≤2																
	CRT Score	0																
	Blood Pressure (mmHg)	120 110 100 90 80 70 60 50 45																
	Score systolic BP																	
	Cuff Size:																	
	BP Number	65																
	BP Score	0																
Skin Colour	PK																	
AVPU	Alert Voice Pain Unresponsive																	
AVPU Score	0																	
E EXPOSURE	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 scale in use (✓):	Pain Score																	
	FLACC	<input type="checkbox"/>																
	Faces	<input type="checkbox"/>																
Numeric	<input type="checkbox"/>																	
Nurse/NMBI																		

Pain scale in use (✓):
FLACC
Faces
Numeric