

Quick Reference Guide: National Paediatric Observation Charts

Use clinical judgement at all times

URGENT PEWS RESPONSE at PEWS \geq 7 or acute concern

i 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

How to complete the paediatric observation charts:

- 6 Core criteria must be assessed: Concern, RR, RE, O₂ Therapy, HR, AVPU
- Additional criteria as required: SpO₂, CRT (central), BP, skin colour, temperature
- Record as per example column on the chart
- Dots must be joined by straight lines ●—●
- Complete the Total PEWS score every time

Frequency of observations should be indicated on admission and documented in line with the first set of observations on any chart and altered if there is any change to the documented previous planned frequency.

In the case of an adjustment to the frequency due to a change in the child's condition, new directions from the medical team, as a response to an increase or decrease in a PEWS Score or a change in scoring parameters, complete the '**reassess within**' line

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 at every observation opportunity

Ask...	<p>Does your child seem different to their normal self?</p> <p>Is it something you can see or feel?</p> <p>Is it something that your child is doing/not doing?</p> <p>Has it changed from earlier?</p>	Do...	<p>S Stop & listen</p> <p>U check your Understanding</p> <p>N Narrate your plan</p>
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Ask, are you worried?

Treat the child, not the score



Escalation

- Use clinical judgement in conjunction with PEWS scoring
- Escalation guide should not prompt step-down of care
- The seniority of any clinician called to review is based on the condition of the child
- **Seek consultant and specialist advice early**
- Activate **Urgent PEWS Pathway at scores of ≥ 7**

Document all communication, management plans and/or deviation from guide

Special Situation: 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.



Variances to support clinical judgement

- Variances to escalation are made only by senior members of the clinical team
- Consider variances on a case-by-case basis & only use with significant caution
- Document rationale for non-escalation
- Admitting team to review variance orders daily

Parameter Amendment (chronic)

- Senior grade medical decision only
- Pre-existing conditions where physiological baseline differs from expected range
- Complete chart as usual
- Score 0 if within amended range
- Score 3 for any observation outside of amended range and escalate concerns

Medical Escalation Agreement (acute)

- Senior grade medical decision only
- Child is 'sick but stable'
- Represents agreement for escalation
- Frequent review/reassessment required
- Calculate Total PEWS Score as usual
- Monitor for changes in condition
- Escalate concerns

Sample Format for Completion of Medical Escalation Agreement

Date/ time	Max. duration	Following clinical assessment, if deemed appropriate, state clinical impression, permitted parameter safe ranges and calling criteria. Document in healthcare record.	Senior Doctor Initials/MCRN/Designation
1/5/17 10.20	4 hours	<i>Impression: acute bronchiolitis – improving</i> No escalation required provided: PEWS 3-4 with RR 40-70. RE Mild to Moderate (no evidence of tiring or worsening) No oxygen requirement $SpO_2 \geq 94\%$	Dr ### 123456 MROC

Contraindications to Medical Escalation Agreement

- Chronic condition
- Instability
- Suspension of RE in active cardiac condition

Cautions for Medical Escalation Agreement

- Newly admitted from ED or Intensive Care
- On-call suspension in unfamiliar patient/condition
- Non-respiratory parameters
- Neuromuscular disease
- Specialist medications

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