



Hospital Logo



PAEDIATRICS

Paediatric Observation Chart
0-3 Months

Addressograph

Ward
Consultant

0-3 months	3	2	1	0	1	2	3
RR	<15	<20	<30	30-60	>60	>70	>80
RE				Normal	Mild	Mod.	Severe
O ₂ T			≤2L			>2L	
SpO ₂	≤85	86-89	90-93	≥94			
HR	<80	<90	<110	110-150	>150	>180	>190
CRT			>2 sec	≤2 sec			
Systolic BP	<45	<50	<60	60-80	>80	>100	>110
AVPU				A	V		P/U

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

	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	• 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

Event Record for PEWS score ≥6

Date	Time	PEWS	Nurse Initials & NMBI	Alert

Paediatric Sepsis 6

Recognition

- 2 or more of the following**
- Core temperature <36°C or >38.5°C
 - Inappropriate tachypnoea
 - Inappropriate tachycardia
 - Reduced peripheral perfusion
 - Altered mental status
 - Consider co-morbidities

Suspected or proven sepsis

- TAKE 3** <60 Mins.
- IV or IO access and take blood samples
 - Urine output measurement
 - **Early SENIOR input**

- GIVE 3** <60 Mins.
- High flow oxygen
 - IV/IO fluids & consider early inotropic support
 - Broad spectrum IV/IO antimicrobials

Within 60 minutes



0-3 Months



PAEDIATRICS

PEWS Score Key

0 1 2 3



1st Patient Safety

Chart Date

DD/MM/YY

Corrected: Y/N

Gestational age:

Parameter Amendment For Chronic Conditions

Date / Time	Clinical Parameters	New Acceptable Range	Next Medical Review	Doctor Signature/Print name /MCRN

Addressograph

Ward
Consultant

Core Parameters	Year	Date	Time	Frequency of observations	Clinician / Family Concern	Concern Score	RR Number	RR Score	Respiratory Effort	RE Score	Mode	Oxygen Therapy (L/Mins)	O ₂ T Score	SpO ₂ (%)	SpO ₂ Score	Heart Rate (beats per minute)	Heart Rate Assess for 60 seconds	HR Number	HR Score	Central Capillary Refill Time (seconds)	CRT Score	Blood Pressure (mmHg)	Score systolic BP	Cuff Size:	BP Number	BP Score	Skin Colour	AVPU	AVPU Score	Temperature (°C)	Record as graph	Total PEWS score	Reassess within (Mins.)	Pain Score	Nurse/NMBI
		12/12	18:45	4 ^o		0	44	0		0	RA	>2L	0	98	0	120		124	0		0	110			65	0	PK	Alert	0	39.0		0			

AB AIRWAY & BREATHING

Respiratory Rate (breaths per minute) Assess for 60 seconds

Respiratory Effort

Mode of O₂ delivery
Room air (RA)
Nasal Cannula (NC)
Face mask (FM)
Tracheostomy (T)
HFNC (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 'U' if not assessed and put a vertical line through column

E EXPOSURE

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

Notify doctor if urine output is <0.5mL/kg/hr

Pain scale in use (✓):
FLACC
Faces
Numeric

Total PEWS

Reassess within