Quick Reference Guide: National Paediatric Observation Charts

Use clinical judgement at all times
URGENT PEWS RESPONSE at PEWS ≥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, O₂ Therapy, HR, AVPU
- Additional criteria as required: SpO₂, 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 ≥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:

- 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?

Ask...

Do...

S Stop & listen
U check your Understanding
N Narrate your plan

Treat the child, not the score