

5 - 11 Years Age: _____	DATE										DATE
	TIME										TIME
Respiratory Rate (breaths/minute)	Write ≥ 50										Write ≥ 50
	45-49										45-49
Urgent review if RR is < _____ or > _____	40-44										40-44
	35-39										35-39
Respiratory Rate Score	30-34										30-34
	25-29										25-29
Effort of Breathing	20-24										20-24
	15-19										15-19
Effort of Breathing Score	10-14										10-14
	Write ≤ 9										Write ≤ 9
Normal	Room Air										Normal
	Mild										Mild
Moderate	NP Nasal Prongs										Moderate
	Severe										Severe
Severe	HFNP High Flow Nasal Prongs										HM Hudson Mask
	RA Room Air										
Room Air											• Room Air
Nasal Prongs											• Nasal Prongs
Hudson Mask 4L											• Hudson Mask 4L
HFNP ≤ 1.5L/kg or HFNP with FIO2 ≤ 40% or HM > 4L											• HFNP ≤ 1.5L/kg or HFNP with FIO2 ≤ 40% or HM > 4L
HFNP ≥ 1.6L/kg or HFNP with FIO2 >40%											• HFNP ≥ 1.6L/kg or HFNP with FIO2 >40%
Oxygen Delivery Score											
Oxygen Saturation (%)	98-100										98-100
Urgent review if SpO2 < _____	95-97										95-97
	93-94										93-94
Oxygen Saturation Score	90-92										90-92
	87-89										87-89
Heart Rate	85-86										85-86
	Write ≤ 84										Write ≤ 84
Heart Rate Score	Write ≥ 180										Write ≥ 180
	170-179										170-179
Urgent review if HR _____ or > _____	160-169										160-169
	150-159										150-159
Systolic Blood Pressure Score	140-149										140-149
	130-139										130-139
Urgent review if Systolic BP < _____ or > _____	120-129										120-129
	110-119										110-119
Heart Rate Score	100-109										100-109
	90-99										90-99
Blood Pressure (mmHg)	80-89										80-89
	70-79										70-79
Urgent review if Systolic BP < _____ or > _____	60-69										60-69
	50-59										50-59
Systolic Blood Pressure Score	40-49										40-49
	Write ≤ 39										Write ≤ 39
Temperature Score	Write ≥ 39.6										Write ≥ 39.6
	39.1 - 39.5										39.1 - 39.5
Temperature (°C)	38.6 - 39.0										38.6 - 39.0
	38.0 - 38.5										38.0 - 38.5
Level of Consciousness (AVPU)	37.0 - 37.9										37.0 - 37.9
	36.1 - 36.9										36.1 - 36.9
AV/PU Score	35.6 - 36.0										35.6 - 36.0
	35.0 - 35.5										35.0 - 35.5
Alert	Write ≤ 34.9										Write ≤ 34.9
	Alert										Alert
Voice	Voice										Voice
	Pain										Pain
Unresponsive	Unresponsive										Unresponsive
	AV/PU Score										AV/PU Score
TOTAL PEWS	<3 sec										<3 sec
	≥3 sec										≥3 sec
Central Capillary Return	Initials										Initials

Alteration to Calling Criteria
Refer to urgent review parameters documented in left column next to vital signs

Paediatric Early Warning Scores (PEWS)

0	1	2	3	4/MET
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Effort of Breathing
(Advanced Paediatric Life Support Criteria for Effort of Breathing)

Stridor, accessory muscle use, recession, wheeze, nasal flaring, grunting, gasping

Normal = nil of the above criteria
Mild = 1 of the above criteria
Moderate = 2 of the above criteria
Severe = 3 or more of above criteria

PEWS Escalation Table			
PEWS	Notify	Escalate	Intra hospital escort
PEWS 4-5	Team Leader, RMO review within 30 minutes	After 60 minutes if no review and/or no improvement escalate per PEWS 6-7	RN
PEWS 6-7	Team Leader, Registrar review within 30 minutes	After 60 minutes if no review and/or no improvement escalate per PEWS ≥ 8	RN and RMO
PEWS ≥ 8	Team Leader, Registrar review immediately, Contact Consultant	Consider MET if no review and/or no improvement	RN and Registrar

Alteration to calling criteria

- Patient meeting urgent review criteria
- Registrar review within 15 minutes

Vital sign frequency and actions for PEWS ≥4:

- ½ hourly for 1 hour
- Commence fluid balance chart
- **IF PEWS ≥ 6 BP must be measured with each set of vital signs**

If patient improves decrease frequency of vital signs to:

- Hourly for 4 hours
- 4 hourly for 24 hours

Guide for assessing Level of Consciousness using AVPU tool

Alert Awake and alert OR asleep with no clinical indication to wake for assessment

Voice Responds to verbal stimuli

Pain Responds to painful stimuli

Unresponsive No response to stimuli

Clinical indications for waking child up for assessment of level of consciousness include: neurological condition; post operative or post procedure; medical orders; signs of clinical deterioration and/or PEWS ≥ 4.

Refer to Vital Sign Procedure for clarification.

MET Criteria (Dial "8" for MET)

Neonatal MET if < 10 months or < 10 kg **Paediatric MET if > 10 months or > 10 kg**

- Any observation in 4/MET zone
- SpO2 < 90 % on any O2
- SpO2 < 60 % in patients with Cyanotic Heart Disease on any O2
- Airway threat
- Respiratory or cardiac arrest

- Sudden drop in level of consciousness
- Repeated or prolonged seizures
- Severe or worsening respiratory distress, exhaustion, apnoea or cyanosis
- Any patient you are worried about that does not fit this criteria