

PAEDIATRIC VITAL SIGNS CHART: 0-3 MONTHS

Medical Staff Modification to Early Warning Score (PEWS) Triggers

Any modification to the PEWS must be made by a Consultant or Registrar and regularly reviewed by the primary team. **Ignore any modification that is not signed & dated.**

Vital Sign	Accepted Values & Adjusted PEWS	Date & time	Doctors name, designation, contact details
		/ /	
		:	
		/ /	
		:	
		/ /	
		:	
		/ /	
		:	

Not for CPR Not for PET

All limitations must be documented in the patient's clinical record.

Mandatory Early Warning Score Escalation Pathway

Total PEWS	Action
PEWS 1-3 or any vital sign in yellow zone	<ul style="list-style-type: none"> Inform nurse in charge Optimise appropriate treatment as prescribed Manage anxiety/pain Observations at least 4 hourly or more frequently if required Review oxygen requirement
PEWS 4-5 or any vital sign in orange zone Acute illness or unstable chronic disease	<ul style="list-style-type: none"> Notify nurse in charge HO Review within 60 minutes
PEWS 6-7 or any vital sign in red zone Likely to deteriorate rapidly	<ul style="list-style-type: none"> Notify nurse in charge Registrar review within 15 minutes Paediatric & PAR team referral #6785 If patient is about to trigger a PET call, please contact SMO before dialing 777
PEWS 8+ or any vital sign in blue zone Immediately life threatening critical illness	<ul style="list-style-type: none"> DIAL 777 STATE 'PAEDIATRIC MEDICAL EMERGENCY' Vital signs Q15mins Document plan which includes timeframe and criteria for review Recalculate PEWS after interventions CONTACT PRIMARY CARE TEAM Consider transfer to ICU

CALL A PAEDIATRIC MEDICAL EMERGENCY IMMEDIATELY IF:
Respiratory or cardiac arrest is imminent
Any observations in PET Zone
Major Bleeding
Airway threat

REQUEST URGENT REVIEW IF:
Apnoea
Unexpected seizure
If score has increased by >4 in last hour
Nurse concerned about patient

FLACC	0	1	2
Face	No particular expression or smile	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant frown, clenched jaw, quivering chin
Legs	Normal position or relaxed	Uneasy, restless, tense	Kicking or legs drawn up
Activity	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense	Arched, rigid or jerking
Cry	No cry (awake or asleep)	Moans or whimpers: occasional compliant	Crying steadily, screams or sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging or being talked to, distractible	Difficult to console or comfort

Each patient will have blood pressure done on admission, **and** once per shift if stable or as clinically indicated.

Paediatric Vital sign	Date:	Time (24 hour):	PEWS score	Time (24 hour):	
Respiratory rate (breaths/min) Add >50 write value in box	80		PET	80	
	75		3	75	
	70		3	70	
	65		2	65	
	60		1	60	
	55		0	55	
	50		0	50	
	45		0	45	
	40		0	40	
	35		0	35	
	30		0	30	
	25		1	25	
	20		2	20	
	< 15		3	< 15	
			PET		
	Respiratory distress	Severe		3	Severe
		Moderate		2	Moderate
Mild			1	Mild	
Nil			0	Nil	
O₂ L/min	≥ 15 > 50%		3	≥ 15 > 50%	
	11-14 40-50%		2	11-14 40-50%	
	2-10 30-39%		1	2-10 30-39%	
	≤ 2 21-30%		0	≤ 2 21-30%	
O₂ Delivery Method*					
SpO₂ write value in box	93-100		0	93-100	
	89-92		1	89-92	
	85-88		2	85-88	
	< 85		3	< 85	
Blood Pressure (mmHg) ↑ ↕ ↓ Score systolic ONLY	120		2	120	
	115		0	115	
	110		0	110	
	105		0	105	
	100		0	100	
	95		0	95	
	90		0	90	
	85		0	85	
	80		0	80	
	75		0	75	
	70		1	70	
	65		1	65	
	60		2	60	
	55		2	55	
	50		3	50	
			PET		
	Heart rate (beats/min) X	190		3	190
180			2	180	
170			2	170	
160			1	160	
150			0	150	
140			0	140	
130			0	130	
120			0	120	
110			0	110	
100			0	100	
90			1	90	
80			2	80	
70			2	70	
60			2	60	
			PET		
Temperature (°C) X		39.5			39.5
		39			39
	38.5			38.5	
	38			38	
	37.5			37.5	
	37			37	
	36.5			36.5	
	36			36	
	35.5			35.5	
Level of Consciousness	Alert		0	Alert	
	Voice		1	Voice	
	Pain		3	Pain	
	Unresponsive		PET	Unresponsive	
Pain score	0 to 10			0 to 10	
TOTAL PEWS				TOTAL PEWS	
Initials				Initials	

PAEDIATRICS FLUID BALANCE CHART

24 hours

0-3 MONTHS



Date: / /

Weight: _____

FLUID AMOUNT (please tick)

- Full maintenance
- 2/3 maintenance
- 1/2 maintenance

..... mls/hr

Surname: NHI:

First Names:

Date of Birth:/...../..... Sex:

PLACE PATIENT ID HERE

Time	pH Aspirate	Input (mls)															RUNNING TOTAL	2 hrly Phlebitis score	Nurse's signature	
		Oral / enteral intake				Bolus (I/V) (pushed)			Line 1 (I/V)			Line 2 (I/V)			Line 3 (I/V)					
		Fluid type	Feeding Method (PO/NG/NJ/PEG)	Rate / amount	Total volume given	Fluid type	Volume given	Total volume infused	Fluid type	Rate	Total volume infused (read from pump)	Fluid type	Rate	Total volume infused (read from pump)	Fluid type	Rate				Total volume infused (read from pump)
0800																				
0900																				
1000																				
1100																				
1200																				
1300																				
1400																				
1500																				
8 hr total																				
1600																				
1700																				
1800																				
1900																				
2000																				
2100																				
2200																				
2300																				
16 hr total																				
0000																				
0100																				
0200																				
0300																				
0400																				
0500																				
0600																				
0700																				
0800																				
24 hr total																				

Output (mls)					
Nappy weight:			Urinalysis:		
Time	Urine	Vomit / NG loss	Bowels / stoma	Drain(s)	Running total
0800					
0900					
1000					
1100					
1200					
1300					
1400					
1500					
8 hr total					
1600					
1700					
1800					
1900					
2000					
2100					
2200					
2300					
16 hr total					
0000					
0100					
0200					
0300					
0400					
0500					
0600					
0700					
24 hr Input					
24 hr Output					
24 hr Balance (indicate + or -)					

INTRAVENOUS 'FLUID TYPE' ABBREVIATIONS						
• NS = 0.9% Saline	• DSK = 0.45% Saline + 5% Dextrose + KCL	• IVM = IV medications	• D5 = 5% dextrose	• LIP = Lipids	• Alb = Albumin	• FFP = Fresh Frozen Plasma
• DS = 0.9% Saline + 5% Dextrose	• IVAB = IV antibiotics	• D10 = 10% dextrose	• TPN = Aqueous	• RBC = Blood	• Plt = Platelets	

PHLEBITIS SCORE:	0	1	2	3	4	5
IV SITE:	Site healthy	Slight: pain or redness	Two of: pain, redness or swelling	All of: pain, redness, swelling	All of 3 and: palpable venous cord	All of 4 and: exudate, thrombosis and/or pyrexia