

## PAEDIATRIC VITAL SIGNS CHART: 4-11 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
		/ /	
		/ /	
		/ /	
		/ /	
<input type="checkbox"/> Not for CPR	<input type="checkbox"/> Not for PET	/ /	

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

### Mandatory Early Warning Score Escalation Pathway

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

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
<b>Face</b>	No particular expression or smile	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant frown, clenched jaw, quivering chin
<b>Legs</b>	Normal position or relaxed	Uneasy, restless, tense	Kicking or legs drawn up
<b>Activity</b>	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense	Arched, rigid or jerking
<b>Cry</b>	No cry (awake or asleep)	Moans or whimpers: occasional compliant	Crying steadily, screams or sobs, frequent complaints
<b>Consolability</b>	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:		PEWS score	Time (24 hour):	
	Time (24 hour):	Time (24 hour):			
Respiratory rate (breaths/min) <small>Add &gt;50 write value in box</small>	60		PET	60	
	55		3	55	
	50		2	50	
	45		1	45	
	40		0	40	
	35		0	35	
	30		0	30	
	25		0	25	
	20		2	20	
	15		3	15	
	10		PET	10	
	5		PET	5	
	Respiratory distress	Severe		3	Severe
		Moderate		2	Moderate
Mild			1	Mild	
Nil			0	Nil	
O <sub>2</sub> 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%	
O <sub>2</sub> Delivery Method*					
SpO <sub>2</sub> <small>write value in box</small>	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		1	75	
	70		1	70	
	65		2	65	
	60		2	60	
	55		3	55	
	50		PET	50	
	Heart rate (beats/min)  X	190		3	190
		180		2	180
		170		1	170
		160		0	160
150			0	150	
140			0	140	
130			0	130	
120			0	120	
110			0	110	
100			1	100	
90			2	90	
80			3	80	
70			3	70	
60			PET	60	
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	
<b>TOTAL PEWS</b>				<b>TOTAL PEWS</b>	
<b>Initials</b>				<b>Initials</b>	

# PAEDIATRICS FLUID BALANCE CHART

## 24 hours

### 4-11 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			
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