

Surname: ..... NHI: .....  
First Names: .....  
Date of Birth: ...../...../..... Sex: .....  
PLACE PATIENT ID HERE

## PAEDIATRIC VITAL SIGNS CHART: ≥ 12 YEARS

### 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> or any vital sign in yellow zone	<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> or any vital sign in orange zone Acute illness or unstable chronic disease	<ul style="list-style-type: none"> <li>Notify nurse in charge</li> <li>HO Review within 60 minutes</li> <li>Calculate full PEWS score</li> <li>Optimise treatment</li> </ul>
<b>PEWS 6-7</b> or any vital sign in red zone Likely to deteriorate rapidly	<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>Plan to be formulated and documented including timeframe and criteria for review and frequency of vital signs</li> <li>Recalculate PEWS after interventions</li> <li>Consider ICU referral</li> </ul>
<b>PEWS 8+</b> or any vital sign in blue zone Immediately life threatening critical illness	<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>CONTACT PRIMARY CARE TEAM</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

ACES PAIN SCALE: Children > 5 years old

0	1	2	3	4	5	6	7	8	9	10
No pain										Pain

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	40		3	40
	35		3	35
	30		2	30
	25		1	25
	20		0	20
	15		0	15
	10		1	10
	5		2	5
			PET	
			3	
Respiratory distress	Severe		3	Severe
	Moderate		2	Moderate
	Mild		1	Mild
	Nil		0	Nil
O <sub>2</sub> L/min	≥ 15	> 50%	3	≥ 15
	11-14	40-50%	2	11-14
	2-10	30-39%	1	2-10
	≤ 2	21-30%	0	≤ 2
O <sub>2</sub> Delivery Method*				
SpO <sub>2</sub> 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	150		2	150
	145		2	145
	140		0	140
	135		0	135
	130		0	130
	125		0	125
	120		0	120
	115		0	115
	110		0	110
	105		0	105
	100		0	100
	95		0	95
	90		0	90
	85		1	85
	80		2	80
	75		3	75
	70		3	70
			PET	
			3	
	Heart rate (beats/min)  X	160		3
150			3	150
140			3	140
130			2	130
120			2	120
110			1	110
100			0	100
90			0	90
80			0	80
70			0	70
If heart rate >180 or <50 write value in box	60		1	60
	50		3	50
	40		3	40
			3	
			3	
			3	
			3	
			3	
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
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

≥ 12 YEARS



Date: / /

Weight:

FLUID AMOUNT (please tick)

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

..... mls/hr

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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