

Activation of Early Warning Score system

Review requested for this patient

Have you notified the nurse in charge or PAR nurse? Yes No

Person requesting review:

Name: _____ Designation: _____

Location: _____

Date: ___/___/___ Time: _____ 24 hour

From whom:

House Surgeon Registrar Consultant

EWS

Time required:

Immediately 20 mins 60 mins

Reviewed by:

House Surgeon Pager or contact

Name: _____ Registrar number: _____

Consultant _____

Date: ___/___/___ Time: _____ 24 hour

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