

Vital Signs	Date Time (24 hour)	EWS	Date Time (24 hour)
Respiratory Rate (breaths/min) <i>write value in box</i>	> 35	MET	> 35
	25-35	3	25-35
	21-24	2	21-24
	12-20	0	12-20
	9-11	1	9-11
	5-8	3	5-8
	< 5	MET	< 5
Supplemental O₂ <i>write value L/min</i>		2	L/min
O₂ Saturation (%) <i>write value in box</i>	≥ 96	0	≥ 96
	94-95	1	94-95
	92-93	2	92-93
	≤ 91	3	≤ 91
Temperature (°C) <i>mark with X</i> <i>write value if off scale</i>	≥ 39s	2	≥ 39s
	38s	1	38s
	37s	0	37s
	36s		36s
	35s	1	35s
	≤ 34s	2	≤ 34s
Blood Pressure (mmHg) <i>score systolic value only</i>	Write ≥ 220	3	Write ≥ 220
	210s		210s
	200s		200s
	190s		190s
	180s		180s
	170s		170s
	160s	0	160s
	150s		150s
	140s		140s
	130s		130s
	120s		120s
	110s		110s
	100s	1	100s
	90s	2	90s
80s	3	80s	
70s		70s	
60s	MET	60s	
50s		50s	
Heart Rate (bpm) <i>mark with X</i>	Write ≥ 140	MET	Write ≥ 140
	130s	3	130s
	120s	2	120s
	110s		110s
	100s	1	100s
	90s		90s
	80s		80s
	70s	0	70s
	60s		60s
	50s		50s
40s	2	40s	
30s	MET	30s	
Level of Consciousness ✓	Alert	0	Alert
	Voice / Pain	3	Voice / Pain
	Unresponsive	MET	Unresponsive
EARLY WARNING SCORE TOTAL			EWS TOTAL

Pain	write score (0-10)	Move	Rest	Move	Rest
Urine Output ✓	Catheter	> 100mls / 4h	< 100mls / 4h	> 100mls / 4h	< 100mls / 4h
	No catheter	PU last 8h	Not PU last 8h	PU last 8h	Not PU last 8h



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

Kenepuru Adult Vital Signs Chart

Medical Staff Modification to Early Warning Score (EWS) Triggers

The EWS can be changed to prevent chronic disease incorrectly triggering escalation. This can only be authorised by a Consultant or Registrar and should be regularly reviewed by the primary team. **Ignore any modification that is not signed & dated.**

Vital Sign	Accepted Values & Modified EWS	Date & time	Doctors name, designation & contact details
		/ /	
		:	
		/ /	
		:	
		/ /	
		:	
NOT FOR CPR	NOT FOR MET	/ /	
		:	

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

Mandatory Early Warning Score Escalation Pathway

Total Early Warning Score	Mandatory Action
EWS 1-5 or any vital sign in yellow zone	EWS 1-2: <ul style="list-style-type: none"> Manage pain, fever or distress. Increase frequency of vital sign monitoring. Discuss with nurse in charge. EWS 3-5: <ul style="list-style-type: none"> As above & house officer review within 60 minutes. Advise duty nurse manager.
EWS 6-7 or any vital sign in orange zone Acute illness or unstable chronic disease	Registrar review within 20 minutes <ul style="list-style-type: none"> Inform nurse in charge Increase frequency of vital sign monitoring Document plan including intervention, escalation & review timeframe Contact Patient At Risk (PAR) nurse #6785 if advice needed
EWS 8-9 or any vital sign in pink zone Likely to deteriorate rapidly	<ul style="list-style-type: none"> Dial 777 State 'Medical Emergency' and your location Support Airway, Breathing & Circulation Consider transfer to Wellington Regional Hospital
EWS 10+ or any vital sign in blue zone Immediately life threatening critical illness	

CALL 777 FOR ANY PATIENT YOU ARE WORRIED ABOUT REGARDLESS OF VITAL SIGNS OR EWS

If there is no timely response to your request for review, escalate to the next coloured zone. A full set of vital signs with corresponding EWS must be taken & calculated each time at the frequency stated in the 'Essential Vital Sign Measurement - Adult Inpatients' protocol.

Each vital sign is scored according to the coloured zone it falls within (see key below)
 Any patient receiving supplemental oxygen automatically scores 2, regardless of rate

Early Warning Score Colour Key				
0	1	2	3	MET: MEDICAL EMERGENCY TEAM