

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

## PAEDIATRIC VITAL SIGNS CHART: 5-11 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><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

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:		PEWS score										Time (24 hour):								
	Time (24 hour):																				
<b>Respiratory rate</b> (breaths/min) <small>Add &gt;50 write value in box</small>	50																			50	
	45																			45	
	40																			40	
	35																			35	
	30																			30	
	25																				25
	20																				20
	15																				15
	10																				10
	5																				5
<b>Respiratory distress</b>	Severe																			Severe	
	Moderate																			Moderate	
	Mild																			Mild	
	Nil																			Nil	
<b>O<sub>2</sub> L/min</b>	≥ 15	> 50%																		≥ 15 > 50%	
	11-14	40-50%																		11-14 40-50%	
	2-10	30-39%																		2-10 30-39%	
	≤ 2	21-30%																		≤ 2 21-30%	
<b>O<sub>2</sub> Delivery Method*</b>																					
<b>SpO<sub>2</sub></b> <small>write value in box</small>	93-100																			93-100	
	89-92																			89-92	
	85-88																			85-88	
	< 85																			< 85	
<b>Blood Pressure</b> (mmHg)  ↑ ↕ ↓  Score systolic ONLY	130																			130	
	125																			125	
	120																			120	
	115																			115	
	110																			110	
	105																			105	
	100																			100	
	95																			95	
	90																			90	
	85																			85	
	80																			80	
	75																			75	
	70																			70	
	65																			65	
	60																			60	
	55																			55	
	<b>Heart rate</b> (beats/min)  X	170																			170
		160																			160
150																				150	
140																				140	
130																				130	
120																				120	
110																				110	
100																				100	
90																				90	
80																				80	
70																				70	
60																			60		
<b>Temperature</b> (°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	
<b>Level of Consciousness</b>  ✓	Alert																			Alert	
	Voice																			Voice	
	Pain																			Pain	
	Unresponsive																			Unresponsive	
<b>Pain score</b>	0 to 10																			0 to 10	
<b>TOTAL PEWS</b>																				<b>TOTAL PEWS</b>	
<b>Initials</b>																				Initials	

# PAEDIATRICS FLUID BALANCE CHART

## 24 hours

5-11 YEARS



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