

Name:

Patient Number:

**Pain Assessment Tool**

	No Pain	Mild Pain	Moderate Pain	Severe Pain
Faces Scale Score	0	1	2	3
Ladder Score	0	1-4	5-7	8-10
Behaviour	a. Normal Activity b. No ↓ movements c. Happy d. Normal colour e. Normal expression & affect	f. Rubbing affected area g. Reduced movement h. Neutral expression i. Able to play/talk normally j. Restless/uncomfortable	k. Protective of affected area l. ↓ movement/quiet m. Complaining of pain n. Consolable crying o. Grimaces when affected part moved/touched	p. No movement or protective of affected part q. Looking frightened r. Very quiet s. Restless unsettled t. Complaining of lots of pain u. Inconsolable crying

**Evaluation Chart**

Date & Time	Category	Pain Score	Site & Type of pain	Analgesia given	Review Time/ Sign	Re-eval. Score\Time
eg 21.02.09 11.00	Behaviour	f	Leg - burning	Paracetamol 1G p.o.	12.00 noon PC	b - 12noon

			Severe
	Mild	Moderate	Paracetamol & NSAIDs + opioid
Slight	Paracetamol & NSAIDs	Paracetamol & NSAIDs +/- opioid	
Paracetamol			

**Patient Observation Chart < 1 year**

Name \_\_\_\_\_ This is chart number .....during this admission

MRN/NHS No. \_\_\_\_\_

DOB & Age \_\_\_\_\_

I.D Label

**A PEWS should be calculated and recorded every time observations are performed.**

**How to calculate a score**

- Record the specified observation at the prescribed intervals - Respiratory rate, SaO<sup>2</sup> (If in O<sub>2</sub> add 1 to score. When patient receiving oxygen, record saturations in air at a frequency determined by the clinician responsible for care). Temperature, Heart Rate, Level of Consciousness using (AVPU A = Alert, V= response to Voice, P= response to Pain and U = Unresponsive;) Blood Pressure and Capillary refill time (CRT). If particular measures (eg Temp, BP, etc) are not clinically indicated, please document with x on PEWS (see chart).
- Add points scored and record the total PEWS in the appropriate box
- Action to be taken as described below

0	1	2	3	Call 2222

Response Grade	Early Warning Score	Action to be taken
	0	4-6 hourly, unless stated by the clinician responsible for care.
Low	1 - 2	Report to Senior Nurse. Increase PEWS to 1-2 hourly. If no response to treatment measures, inform SHO.
Medium	3 - 4	Report to Senior Nurse and SHO for review. Repeat PEWS within 30 minutes and then 1-2 hourly. If no response to treatment, further review by SHO ± Registrar.
High	5 - 6	Inform Registrar. Medical review within 30 minutes. If unable to attend, inform Consultant. Pews frequency as specified by the clinician
High	≥7	<b>Immediate Registrar review / or call 2222 stating paediatric emergency and location</b>

**PEWS Plan (on admission)**

**PEWS Frequency:** (tick box)  1 hourly  2 hourly  4-6 hourly  Other (state frequency) \_\_\_\_\_

**Parameters:** (tick box)  AVPU  Resp  SaO<sup>2</sup>  Heart Rate  Temp  CRT  B/P  All Parameters

**Individual parameters/instructions:**

Date: \_\_\_\_\_ Time (24 Hr): \_\_\_\_\_ Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

This tool is intended to augment clinical judgement and NOT replace it. If you are worried about any child please escalate your concerns.

Name: \_\_\_\_\_ Patient Number: \_\_\_\_\_

PEWS Key		PEWS 1-2 Inform Senior Nurse:			PEWS 3-4 Inform Doctor		
0	1	2	3	Call 2222	Recheck within 30 minutes		
					See front of form for actions to be taken		
					See front of form for actions to be taken		
					Date		
					Time		
Respiratory Rate		≥56					
		51-55					
		46-50					
		41-45					
		36-40					
		31-35					
		26-30					
		21-25					
		16-20					
		11-15					
	≤10						
SaO <sub>2</sub> (if in O <sub>2</sub> add 1 to score) *see How to calculate a score		92+					
		90-91					
		85-89					
		<85					
Air/O <sub>2</sub> con. % or Litres/min		Cross if O <sub>2</sub> sats not clinically indicated					
O <sub>2</sub> Probe site Change/Check							
Temperature		≥40					
		39					
		38					
		37					
		36					
		35					
	34						
Cross if Temp not clinically indicated							
Heart Rate		≥190					
		180					
		170					
		160					
		150					
		140					
		130					
		120					
		110					
		100					
		90					
		80					
		70					
	60						
	≤59						
Blood Pressure Score systolic BP		100					
		90					
		80					
		70					
		60					
		50					
		40					
	<40						
Cross if BP not clinically indicated							
CRT (seconds)		<2					
		2-3					
		≥4					
Cross if CRT not clinically indicated							
Conscious Level		Alert*					
		Verbal					
		Pain					
		Unresp					
* If conscious level less than <b>ALERT</b> please commence additional neurological observation chart							
PEWS TOTAL SCORE							
Limb/s		An abnormal reading should initiate Senior Nurse/Orthopaedic SHO review					
Colour							
Sensation							
Movement							

If you are concerned about the condition of any child, please escalate

Name: \_\_\_\_\_ Patient Number: \_\_\_\_\_

PEWS 5-6 Inform Registrar		PEWS ≥7			PEWS Key		
Recheck within 30 minutes		Immediate Reg review/Call 2222			0	1	2
		State Paediatric Emergency/Location			3	Call 2222	
					Date		
					Time		
					≥56		
					51-55		
					46-50		
					41-45		
					36-40		
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Sensation							
Movement							

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