ssments ews alternatives limits Alternative limits	~
Have alternative limits been determined by the Medical team?	● Yes ○ No
*Date alternative limits determined:	11/05/15
*Date alternative limits are to be reviewed:	11/05/10
*Name of member of the Medical team altering limits:	RAD 8
Respiratory rate: Alternative upper limits	43
Respiratory rate: Alternative lower limits	15
Pulse rate: Alternative upper limit	150
Pulse rate: Alternative lower limit	60
Oxygen saturations: Alternative limits range (%)	
*PEWS does not replace your clinical judge **If you're worried that a patient is deteriorating ra	
Respiratory Rate (21-34 breaths/min)	
Document reason if unable to record resp rate Effort of Breathing	Grunting Wheeze Marked Subcoastal Recession Head bobbing Nasal Flaring Mild recession
CDC2 (62 166)	☐ Stridor
SPO2 (92-100)	0.11.
Oxygen requirements	○ No oxygen required ○ N/C 0-1L/min ○ N/C >2 (change route) ○ FM/Other > 10L/min
Nurse in Charge has reviewed nations	○ Yes
Nurse in Charge has reviewed patient	 Yes - awaiting review Yes - patient reviewed in last 30 minutes Not required resps within the range of alternative limits Not required pulse within the range of alternative limits Not required SpO2 within the range of alternative limits
Dr called to review patient	 Yes Yes - awaiting review Yes - Patient reviewed within last 30 minutes Not required as resps within the range of alternative limits Not required as pulse within the range of alternative limits Not required as SpO2 within the range of alternative limits
Frequency of observations changed to	○ STAT ○ Q1H ○ Q15M ○ No change required due to range of alternative limits ○ Q30M
Additional action to be taken	

	((()))				
	27/07/15 03:27	27/07/15 05:36	27/07/15 06:51	27/07/15 07:44	
PEWS					My Notices
Respiratory Rate	40	38	26	28	Patient Lists
Effort of Breathing	Grunting Marked Su	Marked Su Wheeze	Marked Su	Marked Su	Next Patient
SPO2	94	97	93	97	Select Visits
Oxygen requirements	No oxyge	No oxyge	No oxyge	No oxyge	Summary
Pulse Rate	164 H	183 H	141	138	Review Visit
Unable to obtain Blood Pressure		Yes			Notices
Reason blood pressure not obtained:		crying, un			New Results
Temperature	37.4	37.9	36.4		Clinical Dans
Capillary Refill Time	0 to 2 Sec	0 to 2 Sec	0 to 2 Sec	0 to 2 Sec	Vital Cione
AVPU		Alert	Verbal	Verbal	Vital Signs
Nurse concern of deterioration	no	no	no	no	100
Parental concern of deterioration	no	no	no	no	Medications
PEWS Score		4	2	2	Laboratory
					Microbiology



m= n=	Fri 04 Sep 00:56 by RC	Fri 04 Sep 02:00 by JH	Fri 04 Sep 03:00 by RC	Fri 04 Sep 04:00 by RC	Fri 04 Sep 05:00 by RC	Fri 04 Sep 05:56 by GS
ediatric Early Warning Tool: lyrs PEWS	E					~
Respiratory Rate (21-34 breaths/min) Document reason if	24	36	24	32	32	
unable to record resp rate						
Effort of Breathing	No increased					
SPO2 (92-100)	76	87	79	88	88	
Oxygen requirements	29-50%	29-50%	29-50%	29-50%	29-50%	
Oxygen Amount	45%	45%	46%	46%	46%	
Pulse Rate (91-134 beats/min)	104	100	102	40.70	4070	
Systolic Blood Pressure (70 mm Hg)			76			
Diastolic Blood Pressure (mm Hg)			45			
Blood Pressure Mean (mm Hg)			55			
Unable to obtain Blood Pressure	Yes	Yes		Yes	Yes	
Reason blood pressure not obtained:	not required	not required	Madel	not required	not required	
AVPU	Verbal	Verbal	Verbal	Verbal	Verbal	
Temperature (38.9 °C)			36.3			
Source of Temperature	O to D Corredo	O to O Corredo	Axillar	O to D Corredo	O to 2 Consods	
Capillary Refill Time Nurse concern of deterioration	0 to 2 Seconds no					
Parental concern of deterioration	no	no	no	no	no	
PEWS Score	5	6	5			
	5	6	5			
Pulse Rhythm						
Pulse Strength						
Pulse Assessment Method						
Right Radial						
Pulse Rhythm						
	[eb	· ·	1.44			(5)(V
	Mode Show Text	Recall • Edit	Add Note			Save a

ssments ews alternatives limits Alternative limits	~
Have alternative limits been determined by the Medical team?	● Yes ○ No
*Date alternative limits determined:	11/05/15
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Respiratory rate: Alternative upper limits	43
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Pulse rate: Alternative lower limit	60
Oxygen saturations: Alternative limits range (%)	
*PEWS does not replace your clinical judge **If you're worried that a patient is deteriorating ra	
Respiratory Rate (21-34 breaths/min)	
Document reason if unable to record resp rate Effort of Breathing	Grunting Wheeze Marked Subcoastal Recession Head bobbing Nasal Flaring Mild recession
CDC2 (62 166)	☐ Stridor
SPO2 (92-100)	0.11.
Oxygen requirements	○ No oxygen required ○ N/C 0-1L/min ○ N/C >2 (change route) ○ FM/Other > 10L/min
Nurse in Charge has reviewed nations	○ Yes
Nurse in Charge has reviewed patient	 Yes - awaiting review Yes - patient reviewed in last 30 minutes Not required resps within the range of alternative limits Not required pulse within the range of alternative limits Not required SpO2 within the range of alternative limits
Dr called to review patient	 Yes Yes - awaiting review Yes - Patient reviewed within last 30 minutes Not required as resps within the range of alternative limits Not required as pulse within the range of alternative limits Not required as SpO2 within the range of alternative limits
Frequency of observations changed to	○ STAT ○ Q1H ○ Q15M ○ No change required due to range of alternative limits ○ Q30M
Additional action to be taken	

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	27/07/15 03:27	27/07/15 05:36	27/07/15 06:51	27/07/15 07:44	
PEWS					My Notices
Respiratory Rate	40	38	26	28	Patient Lists
Effort of Breathing	Grunting Marked Su	Marked Su Wheeze	Marked Su	Marked Su	Next Patient
SPO2	94	97	93	97	Select Visits
Oxygen requirements	No oxyge	No oxyge	No oxyge	No oxyge	Summary
Pulse Rate	164 H	183 H	141	138	Review Visit
Unable to obtain Blood Pressure		Yes			Notices
Reason blood pressure not obtained:		crying, un			New Results
Temperature	37.4	37.9	36.4		Clinical Dans
Capillary Refill Time	0 to 2 Sec	0 to 2 Sec	0 to 2 Sec	0 to 2 Sec	Vital Cione
AVPU		Alert	Verbal	Verbal	Vital Signs
Nurse concern of deterioration	no	no	no	no	100
Parental concern of deterioration	no	no	no	no	Medications
PEWS Score		4	2	2	Laboratory
					Microbiology



	Fri 04 Sep 00:56	Fri 04 Sep 02:00	Fri 04 Sep 03:00	Fri 04 Sep 04:00	Fri 04 Sep 05:00	Fri 04 Sep 05:56
liatric Early Warning Tool:	by RC	by JH	by RC	by RC	by RC	by GS
rs EWS	P					•
Respiratory Rate (21-34	24	36	24	32	32	
breaths/min) Document reason if						
unable to record resp rate	No larranged	No larranced	No lacroscod	No larranged	No Ingranged	
Effort of Breathing SPO2 (92-100)	No increased 76	No increased 87	No increased 79	No increased 88	No increased 88	
Oxygen requirements	29-50%	29-50%	29-50%	29-50%	29-50%	
Oxygen Amount Pulse Rate (91-134	45% 104	45% 100	46% 102	46%	46%	
beats/min)	101					
Systolic Blood Pressure (70 mm Hg)			76			
Diastolic Blood Pressure			45			
(mm Hg) Blood Pressure Mean (mm			55			
Hg)	W		-			
Unable to obtain Blood Pressure	Yes	Yes		Yes	Yes	
Reason blood pressure	not required	not required		not required	not required	
not obtained: AVPU	Verbal	Verbal	Verbal	Verbal	Verbal	
Temperature (38.9 °C)	1000		36.3			
Source of Temperature Capillary Refill Time	0 to 2 Seconds	0 to 2 Seconds	Axillar 0 to 2 Seconds	0 to 2 Seconds	0 to 2 Seconds	
Nurse concern of	no	no	no	no	no	
deterioration Parental concern of	no	no	no	no	no	
deterioration				110	110	
PEWS Score	5	6	5			
lse						
Right Brachial						
Pulse Rhythm Pulse Strength						
Pulse Assessment Method						
Right Radial						
Pulse Rhythm	Show	Y	Add			(Sauce)
	Mode Show Text	Recall • Edit	Add Note			Save ? a
Pulse Rhythm	Floor Text	Recall • Edit			,	Save ?
atric Early Warning Tool: 2 NS *PEWS does not re **If you're worried that a pa	1-7yrs eplace your clinical justient is deterioration	judgement*	Note			Save ?
Pulse Rhythm atric Early Warning Tool: 2	2-7yrs eplace your clinical judicint is deterioration	judgement* ng rapidly - call 22	Note		,	Save ?
atric Early Warning Tool: 2 NS *PEWS does not re **If you're worried that a pa Respiratory Rate (21-34 b Document reason if unable	2-7yrs eplace your clinical judicint is deterioration	judgement* ng rapidly - call 22	Note	effort of breathing		· · · · · · · · · · · · · · · · · · ·
Pulse Rhythm atric Early Warning Tool: 2 VS *PEWS does not re **If you're worried that a pa Respiratory Rate (21-34 b Document reason if unable	2-7yrs eplace your clinical judicint is deterioration	judgement* ng rapidly - call 22	No increased e	tota caranta conseninte	☐ Tracheal Tug	· · · · · · · · · · · · · · · · · · ·
Pulse Rhythm atric Early Warning Tool: 2 VS *PEWS does not re **If you're worried that a pa Respiratory Rate (21-34 b Document reason if unable effort of Breathing	2-7yrs eplace your clinical judicint is deterioration	judgement* ng rapidly - call 22	No increased e	effort of breathing		
Pulse Rhythm atric Early Warning Tool: 2 WS *PEWS does not re **If you're worried that a pa Respiratory Rate (21-34 b Document reason if unable Effort of Breathing SPO2 (92-100)	2-7yrs eplace your clinical judicint is deterioration	judgement* ng rapidly - call 22	No increased e Grunting Marked Subcoa	estal Recession	☐ Tracheal Tug ☐ Wheeze ☐ Head bobbin	
Pulse Rhythm atric Early Warning Tool: 2 WS *PEWS does not re **If you're worried that a pa Respiratory Rate (21-34 b Document reason if unable teffort of Breathing SPO2 (92-100) Oxygen requirements	2-7yrs eplace your clinical judicint is deterioration	judgement* ng rapidly - call 22	No increased e Grunting Marked Subcoa No saygen requ >50% 29-50%	uired 0 M	☐ Tracheal Tug ☐ Wheeze	g ute) n
Pulse Rhythm atric Early Warning Tool: 2 VS *PEWS does not re **If you're worried that a pa Respiratory Rate (21-34 b Document reason if unable Effort of Breathing SPO2 (92-100) Oxygen requirements Oxygen Amount	e-7yrs eplace your clinical strent is deterioration or eaths/min) to record resp rate	judgement* ng rapidly - call 22	No increased e Grunting Marked Subcoa Nasal Flaring No oxygen requ > 50% 29-50% Less than or ec	uired 0 M	Tracheal Tug Wheeze Head bobbin WC 0-1L/min WC >2 (change roi M/Other > 10L/mi M/Other 4-10L/mi	g ute) n
Pulse Rhythm atric Early Warning Tool: 2 VS *PEWS does not re **If you're worried that a pa Respiratory Rate (21-34 b Document reason if unable Effort of Breathing SPO2 (92-100) Oxygen requirements Oxygen Amount	e-7yrs eplace your clinical strent is deterioration or eaths/min) to record resp rate	judgement* ng rapidly - call 22	No increased e Grunting Marked Subcoa Nasal Flaring No oxygen requints 50% 29-50% Less than or econy'C 1-2L/min	uired 0 fi 0 fi qual to 28% 0 f	Tracheal Tug Wheeze Head bobbin WC 0-1L/min WC >2 (change roi M/Other > 10L/mi M/Other 4-10L/mi	g ute) n
Pulse Rhythm Atric Early Warning Tool: 2 VS *PEWS does not re *If you're worried that a pa Respiratory Rate (21-34 b Document reason if unable of the second of the seco	e-7yrs eplace your clinical patient is deterioration to record resp rate /min) mm Hg)	judgement* ng rapidly - call 22	No increased e Grunting Marked Subcoa Nasal Flaring No oxygen requints 50% 29-50% Less than or econy'C 1-2L/min	uired 0 fi 0 fi qual to 28% 0 f	Tracheal Tug Wheeze Head bobbin VC 0-1L/min VC >2 (change roi M/Other > 10L/mi M/Other 4-10L/mi M/Other 0-3L/min	g ute) n
Pulse Rhythm Stric Early Warning Tool: 2 VS *PEWS does not re **If you're worried that a pa Respiratory Rate (21-34 b Document reason if unable of the company of the com	eplace your clinical satient is deterioration reaths/min) to record resp rate /min) mm Hg) m Hg)	judgement* ng rapidly - call 22	No increased e Grunting Marked Subcoa Nasal Flaring No oxygen requints 50% 29-50% Less than or econy'C 1-2L/min	uired 0 fi 0 fi qual to 28% 0 f	Tracheal Tug Wheeze Head bobbin VC 0-1L/min VC >2 (change roi M/Other > 10L/mi M/Other 4-10L/mi M/Other 0-3L/min	g ute) n
Pulse Rhythm Stric Early Warning Tool: 2 VS *PEWS does not re *If you're worried that a pa Respiratory Rate (21-34 b Document reason if unable of the company of the comp	eplace your clinical satient is deterioration reaths/min) to record resp rate /min) mm Hg) m Hg)	judgement* ng rapidly - call 22	No increased e Grunting Marked Subcoa Nasal Flaring No oxygen requ >50% 29-50% Less than or ec N/C 1-2L/min	uired	Tracheal Tug Wheeze Head bobbin VC 0-1L/min VC >2 (change roi M/Other > 10L/mi M/Other 4-10L/mi M/Other 0-3L/min	g ute) n n
Pulse Rhythm Stric Early Warning Tool: 2 VS *PEWS does not re *If you're worried that a pa Respiratory Rate (21-34 b Document reason if unable of the company of the comp	eplace your clinical satient is deterioration reaths/min) to record resp rate /min) mm Hg) m Hg)	iudgement* ng rapidly - call 22	No increased e Grunting Marked Subcoa Nasal Flaring No oxygen requ > 50% 29-50% Less than or ec N/C 1-2L/min A manual Pulse sh	uired Of Qual to 28% Of Qual to 28% Of State of	Tracheal Tug Wheeze Head bobbin VC 0-1L/min VC >2 (change roi M/Other > 10L/mi M/Other 4-10L/mi M/Other 0-3L/min least once per shi	gute) n ft (ED - per visit
Pulse Rhythm atric Early Warning Tool: 2 WS *PEWS does not re **If you're worried that a pa Respiratory Rate (21-34 b Document reason if unable effort of Breathing SPO2 (92-100) Oxygen requirements Oxygen Amount Pulse Rate (91-134 beats) Systolic Blood Pressure (70 Diastolic Blood Pressure (mBlood Pressure Mean (mm Head) Unable to obtain Blood Pressure Unable to obtain Blood Pressure	eplace your clinical jatient is deterioration reaths/min) to record resp rate /min) mm Hg) m Hg)	judgement* ng rapidly - call 22	No increased e Grunting Marked Subcoa Nasal Flaring No oxygen requ > 50% 29-50% Less than or ec N/C 1-2L/min A manual Pulse sh	uired Of Qual to 28% Of Qual to 28% Of State of	Tracheal Tug Wheeze Head bobbin VC 0-1L/min VC 2 (change roi M/Other > 10L/mi M/Other 4-10L/mi M/Other 0-3L/min least once per shi at least once per	g ute) n ft (ED - per visit shift (ED -
Pulse Rhythm atric Early Warning Tool: 2 VS *PEWS does not re **If you're worried that a pa Respiratory Rate (21-34 b Document reason if unable of the second of the sec	eplace your clinical jatient is deterioration reaths/min) to record resp rate /min) mm Hg) m Hg)	iudgement* ng rapidly - call 22	No increased e Grunting Marked Subcoa Nasal Flaring No oxygen requ > 50% Less than or ec N/C 1-2L/min A manual Pulse sh A Blood Pressure appropriate patients All renal patients	uired Of Of Qual to 28% Of ould be taken at e should be taken at stay of the country of the coun	Tracheal Tug Wheeze Head bobbin VC 0-1L/min VC >2 (change roi M/Other > 10L/mi M/Other 4-10L/mi M/Other 0-3L/min least once per shi at least once per	g ute) n ft (ED - per visit shift (ED -
atric Early Warning Tool: 2 WS *PEWS does not re *If you're worried that a pa Respiratory Rate (21-34 b Document reason if unable Effort of Breathing SPO2 (92-100) Oxygen Amount Pulse Rate (91-134 beats, Systolic Blood Pressure (70 Diastolic Blood Pressure (m Blood Pressure Mean (mm H Unable to obtain Blood Pres Reason blood pressure not (AVPU	eplace your clinical jatient is deterioration reaths/min) to record resp rate /min) mm Hg) m Hg)	iudgement* ng rapidly - call 22	No increased e Grunting Marked Subcoa No oxygen requ >50% Less than or ec N/C 1-2L/min A manual Pulse sh A Blood Pressure	uired Of Of Qual to 28% Of ould be taken at e should be taken at stay of the country of the coun	Tracheal Tug Wheeze Head bobbin VC 0-1L/min VC >2 (change roi M/Other > 10L/mi M/Other 4-10L/mi M/Other 0-3L/min least once per shi at least once per	g ute) n ft (ED - per visit shift (ED -
Pulse Rhythm atric Early Warning Tool: 2 VS *PEWS does not re **If you're worried that a pa Respiratory Rate (21-34 b Document reason if unable of the second of the sec	eplace your clinical jatient is deterioration reaths/min) to record resp rate /min) mm Hg) m Hg)	ludgement* ng rapidly - call 22	No increased e Grunting Marked Subcoa No oxygen requ > 50% Less than or ec N/C 1-2L/min A manual Pulse sh A Blood Pressure appropriate patient All renal patients Yes Alert Verba	astal Recession uired	Tracheal Tug Wheeze Head bobbin VC 0-1L/min VC >2 (change rown/Other > 10L/min M/Other 4-10L/min M/Other 0-3L/min Heast once per shi at least once per ual Blood Pressure	g ute) n ft (ED - per visit shift (ED -
atric Early Warning Tool: 2 WS *PEWS does not re **If you're worried that a pa Respiratory Rate (21-34 b Document reason if unable Effort of Breathing SPO2 (92-100) Oxygen requirements Oxygen Amount Pulse Rate (91-134 beats) Systolic Blood Pressure (70 Diastolic Blood Pressure (mm H Blood Pressure Mean (mm H Unable to obtain Blood Pres Reason blood pressure not a AVPU Temperature (38.9 °C) Source of Temperature	eplace your clinical jatient is deterioration reaths/min) to record resp rate /min) mm Hg) m Hg)	iudgement* ng rapidly - call 22	No increased e Grunting Marked Subcoa Nasal Flaring No oxygen requ > 50% Less than or ec N/C 1-2L/min A manual Pulse sh A Blood Pressure appropriate patient Yes Allert O Yerba	astal Recession uired	Tracheal Tug Wheeze Head bobbin I/C 0-1L/min I/C >2 (change roi M/Other > 10L/mi M/Other 4-10L/mi M/Other 4-10L/mi Mother 0-3L/min Ieast once per shi at least once per ual Blood Pressure urce.	gute) n ft (ED - per visit shift (ED -
atric Early Warning Tool: 2 WS *PEWS does not re **If you're worried that a pa Respiratory Rate (21-34 b	P-7yrs eplace your clinical patient is deterioration to record resp rate /min) mm Hg) m Hg) lg) ssure obtained:	iudgement* ng rapidly - call 22	No increased e Grunting Marked Subcoa Nasal Flaring No oxygen requ > 50% Less than or ec N/C 1-2L/min A manual Pulse sh A Blood Pressure appropriate patient Yes Allert O Yerba	astal Recession uired	Tracheal Tug Wheeze Head bobbin VC 0-1L/min VC >2 (change rown/Other > 10L/min M/Other 4-10L/min M/Other 0-3L/min Heast once per shi at least once per ual Blood Pressure	gute) n ft (ED - per visit shift (ED -