5 to 12 years

NHS

5 to 12 years

Patient Name: _____ Date of Birth: _____

Hospital No. _____ Consultant: _____

NHS No. _____

Emergency Department NPEWS 0 1 2 4

Carer question: Ask your parent/carer: How is your child different since I last saw them? You decide if their response means:

W - Worse | A - Parent/Carer Asleep
S - Same | U - Unavailable
B - Better

At initial assessment ask the parent/carer: How is your child different since the decision to bring them here?
W - Worse S - Same B - Better

Respiratory distress

Mild
- Accessory muscle use

Moderate
- Tracheal tug
- Intercostal recession
- Inspiratory or expiratorynoises

Severe
- Tripoding
- Supraclavicular recession
- Grunting
- Exhaustion
- Impending respiratory arrest

Respiratory support device (RSD)

HF = High Flow
BiP = BiPAP
CP = CPAP

Other delivery methods

NP = nasal prongs
FM = face mask
HB = head box
NRB = Non-rebreather

Record position of BP taken by inserting relavant initials above systolic arrow
LA – Left Arm
RA – Right Arm
LL – Left Leg
RL – Right Leg

Derogation code if required: Option for skipping Blood Pressure

Observation
1. Not Attempted (No Concern) (NCO) – **Scores 0**
2. Unsuccessful Attempt (No Concern) (U0) – **Scores 0**
3. Unsuccessful Attempt (Concern) (U4) – **Scores 4**
4. Not Attempted (Concern) – **Scores 4**

If V or less do GCS
A = Alert
V = Responsive to voice
P = Responsive to pain
U = Unresponsive

If asleep with no reason for altered conscious state (e.g. sepsis) write 'asleep'.

Clinical intuition
If you're feeling that the patient is 'just not right' despite a low PEWS or natural carer concern *(Y/N)

Airway and Breathing

Circulation

Disability and Exposure

TRIAGE, ASSESSMENT AND INITIAL OBSERVATIONS
ONGOING OBSERVATIONS

ED

Date																		**Date**
Time																		**Time**
Frequency																		**Frequency**
W/S/B/A/U																		W/S/B/A/U
Value																		Value
Respiratory Rate • RR/ min																		**Respiratory Rate** • RR/ min
Respiratory Distress																		**Respiratory Distress**
SpO_2																		**SpO_2**
SpO_2 probe change (✓)																		SpO_2 probe change (✓)
RSD CODE																		RSD CODE
Oxygen Oxygen as per PGD or prescription box, of 100% oxygen. Mark '%' with a '•' and L/min with an 'X'																		**Oxygen Delivery (NOT High Flow Delivery)** Litres per min (L/Min)
Document 'Air' or Value Delivery method /RSD flow rate																		Document 'Air' or Value Delivery method /RSD flow rate
Value																		Value
Heart Rate • HR/ min																		**Heart Rate** • HR/ min
BP Value or *Code*																		**BP Value or *Code***
Blood Pressure (Score systolic only) < diastolic • mean systolic >																		**Blood Pressure (Score systolic only) < diastolic (no score) • mean systolic >**
CRT Record in seconds																		**CRT** Record in seconds
PEWS																		**PEWS**
AVPU/GCS																		**AVPU/GCS**
Blood glucose																		**Blood glucose**
Pain score (as per local policy)																		Pain score (as per local policy)
Value																		Value
Temperature °C A=Axilla T=Tympanic S=Skin																		**Temperature °C** A=Axilla T=Tympanic S=Skin
New suspicion of sepsis or septic shock (Y/N)																		**New suspicion of sepsis or septic shock (Y/N)**
Clinical intuition (Y/N)																		**Clinical intuition (Y/N)**
Signature																		**Signature**

Time															
Escalation Level															
Acuity Level															
Trigger Criteria															
Escalated (E) or Plan in place (P)															
Time NIC informed															
Time ED Clinician informed															
Time ED Clinician arrived															
Time Paediatric / Specialist Team informed															
Time Paediatric / Specialist Team arrived															
Time PICU arrived															
Signature															
? Other															

Escalation Level: No (N), Low (L), Medium (M), High (H) or Emergency (E)
Trigger Criteria: None (0), PEWS (P), Specific Concern (SC), Carer Question (CQ), Clinical Intuition (CI)

		Date																		
		Time																		
		Initials																		
	Care	Oral/Nasopharyngeal suction																		
		Nasal pressure care																		
Glasgow Coma Scale (record the best response)	Eye opening	Spontaneous																		4
		To speech																		3
		To pain																		2
		None																		1
	Verbal response	Orientated																		5
		Confused																		4
		Inappropriate																		3
		Incomprehensible																		2
		None																		1
	Motor response	Obey command																		6
		Localise pain																		5
		Withdrawal																		4
		Flexion																		3
		Extension																		2
		None																		1
	GCS total																			
Pupillary reaction	R	Size																		**R** Reacts **NR** No reaction **SL** Sluggish **EC** Eye closed **UN** Unrecordable
		Reaction																		
	L	Size																		
		Reaction																		
Limb movement	Arms	Normal power																		Record Right (**R**) and Left (**L**) separately if there is a difference
		Mild weakness																		
		Severe weakness																		
		Spastic flexion																		
		Extension																		
		Fractured limb																		
		No response																		
		Unmeasurable																		
	Legs	Normal power																		
		Mild weakness																		
		Severe weakness																		
		Extension																		
		Fractured limb																		
		No response																		
		Unmeasurable																		
	Vomiting																			Yes (**Y**)
	Involuntary movements																			No (**N**)

	Adult	Child	Non-Verbal	Notes
5	Orientated	Alert, babbles, coos, uses words or sentences to normal ability	Spontaneous oro-facial activity	
4	Disorientated	Less than usual or spontaneous irritable cry		A child may no longer be able to use recognisable words / sentences when using them before
3	Inappropriate	Cries inappropriately or cries only to pain	Vigorous grimace to painful stimuli	
2	Incomprehensible sounds	Occasional whimper/moan	Mild grimace only to painful stimuli	
1	None	None	None	
1	Intubated	Intubated		

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