

VITAL SIGNS IN CHILDREN

AGE	HEART RATE (beats/minute)	RESPIRATORY RATE (breaths/mm)	BLOOD PRESSURE (mm/Hg)
Premature	120-170	40-70	55-75/35-45
0-3 months	100-150	35-55	65-85/45-55
3-6months	90-120	30-45	70-90/50-65
6-12months	80-120	25-40	80-100/55-65
1-3 years	70-110	20-30	90-105/55-70
3-6years	65-110	20-25	95-110/60-75
6-12years	60-95	14-22	100-120/60-75
Above 12 years	55-85	12-18	110-135/65-85

PAEDIATRIC EARLY WARNING SCORE

PARAMETER	0	1	2	3
Behaviour	Playing / appropriate	Sleeping	Irritable (unconsolable)	Lethargic/confused Reduced response to pain.
Cardiovascular	Pink or capillary refill 1-2 seconds	Pale or capillary refill 3 seconds. AND/OR Tachycardia of 20 above normal rate	Grey or capillary refill 4 seconds AND/OR Tachycardia of 20 above normal rate	Grey and mottled or capillary refill 5 seconds or above. AND/OR Tachycardia of 30above normal rate or bradycardia.
Respiratory	Within normal parameters, no recession or tracheal tug	> 10 above normal parameters using, accessory muscles, or requiring <5L/min of oxygen	>20 above normal parameters recessing, tracheal tug, or requiring 6-7L/min of oxygen.	5 below normal parameters with sterna recession, tracheal tug or grunting, or requiring 8 or more L/min of oxygen.

Add 2 extra for 1/3 hourly (every 20 minutes) nebulization with Bronchodilators

Add 2 extra for persistent vomiting following surgery

Score of 0-2:	→	No additional intervention required. Nurse to reassess every 1-2 hours and a medical officer to re-assess every 3-4 hours especially if the score is 2.
Score of 3:	→	A senior Sister/Matron assesses the patient. Thereafter a doctor reviews within 1 hours.
Score of 4:	→	A doctor should be called to assess the patient within 30 minutes. Dr. should see senior advice as needed from Consultant.
Score of 4:	→	A doctor should be called to assess the patient IMMEDIATELY. Dr. should seek senior advice as needed from Consultant.
Score of 4:	→	<p>Consultant Observation is required. The medical officer should be involved immediately to review the patient and should.</p> <ul style="list-style-type: none"> • Discuss with patient's own consultant (or on-call Consultant) • Contact ICU or Paediatric Intensivist for advice or admission if appropriate. • If airway support is required, contact first on call Paediatrician or anaesthetist urgently.

If at any time there is no response from the medical team in terms of action taken or if the patient's condition does not improve within 2 hours contact patient's consultant or resident in ICU.

If unsure about the Early Warning Score, or concerned about any patient at any time please contact The ICU/HDU/Emergency Room Team

ICU/HDU/Emergency Room Team
ICU/HDU/Emergency Room Extension Numbers: 219, 217, 300 (Apapa) 200 (Ikeja)