

## BC Pediatric Early Warning System (PEWS) Clinical Decision Support Tool

### Site Applicability

All VCH acute sites using the pediatric early warning system.

### Practice Level

All VCH Health Care Professionals (HCPs) performing or responding to basic nursing assessment with pediatric patients

<b>RN, NP:</b>	Basic Skill <ul style="list-style-type: none"> <li>Conducting physical assessments, vital sign measurements and Pediatric Early Warning Scoring are foundational level competencies.</li> </ul>
<b>LPN:</b>	<ul style="list-style-type: none"> <li>LPNs using the PEWS will do so in collaboration with a RN and practice within their scope as outlined by their professional college.</li> <li>In areas where various levels of care providers (LPN, Care Aide, student nurses, employed student nurses) are assigned to patients, care of a deteriorating patient will be assumed by the RN.</li> </ul>

### Policy Statement

VCH HCPs will use the Child Health BC (CHBC) BC Pediatric Early Warning System (PEWS) Clinical Decision Support Tool, when using PEWS with children being cared for at sites using the BC PEWS. PEWS supports the recognition, mitigation and escalation to higher level of care of the pediatric patient at risk of deterioration.

### Need to Know

The pediatric early warning system (PEWS) provides a method to assess children using vital signs parameters and risk indicators supported by evidence to be reliable indicators of deterioration. The system is made up of a risk score based on physiological findings, evidence based risk factors (situational awareness), escalation responses, and a communication framework. Together these system parts are designed to provide a standardized framework and language to identify potential deterioration in a child, mitigate that risk, and escalate care as needed as early as possible.

### Equipment & Supplies

- PEWS age-specific flowsheets
  - 0 to 3 months
  - 4 to 11 months
  - 1 to 3 years
  - 4 to 6 years
  - 7 to 11 years
  - 12 + years
- PEWS pediatric vital signs quick reference card
- Brighton PEWS/SBAR quick reference card
- PEWS site-specific escalation aid
- PEWS situational awareness posters

**Note:** This is a **controlled** document for VCH internal use. Any documents appearing in paper form should always be checked against the electronic version prior to use. The electronic version is always the current version.

## Practice Guideline

See the Child Health BC (CHBC) BC Pediatric Early Warning System (PEWS) Clinical Decision Support Tool: <http://www.childhealthbc.ca/sites/default/files/2018%2002%2026%20Provincial%20PEWS%20Clinical%20Decision%20Support%20Tool.pdf>

## Expected Patient Outcomes

Pediatric patient deterioration will be identified, mitigated and escalated to a higher level of care (if appropriate) sooner, thus reducing the rates of unsafe patient transfers and serious adverse events that lead to morbidity and mortality.

## Evaluation

BC PEWS is being extensively evaluated by Child Health BC using a mixed methods approach (pre-post chart audit, surveys and interviews with health care providers) 2015-2016.

## Site Specific Practices

Sites may tailor the provincial PEWS escalation aid outlining suggested actions that correspond to a patient's PEWS score.

## Documentation

PEWS score and assessment findings are to be documented on age appropriate Provincial PEWS flowsheet and other agency-specific documentation tool(s) / or designated electronic health record.

If escalation process is activated, RECORD the time in the corresponding time slot on age appropriate Provincial PEWS Flowsheet or document in nurses notes.

## Related Documents

- VCH: PEWS Vital Signs, Assessment and Documentation ([D-00-07-30071](#))
- [Instructions for Use of The Provincial Pediatric Patient Flowsheet](#)
- [Child Health BC \(CHBC\) Provincial PEWS Vital Sign, Assessment & Documentation Guidelines](#)

## References

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*(Regional SharePoint 2<sup>nd</sup> Reading)*

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### Final Sign-off & Approved for Posting by

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