

PEWS AUDIT

Date/month audited :

AUDITOR :

WARD: _____



	MRN	1	2	3	4	5	TOTALS
1	Is the correct age chart being used?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	__/_
2	Completeness of core observations (e.g. RR 7/10) *see point 2 over page	RR __/_ Sats __/_ HR __/_ *BP __/_ Temp __/_ LOC __/_	RR __/_ Sats __/_ HR __/_ *BP __/_ Temp __/_ LOC __/_	RR __/_ Sats __/_ HR __/_ *BP __/_ Temp __/_ LOC __/_	RR __/_ Sats __/_ HR __/_ *BP __/_ Temp __/_ LOC __/_	RR __/_ Sats __/_ HR __/_ *BP __/_ Temp __/_ LOC __/_	RR __/_ Sats __/_ HR __/_ *BP __/_ Temp __/_ LOC __/_
3	≤ 4 hours between all sets of observations in the previous 24 hours? IF patient has returned from OT/Procedure in the last 24 hours – is frequency of observations increased as required after procedure	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	__/_
4	Are all observations graphically represented?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	__/_
	Numbers/letters/ "x" / ticks						
	BP not graphed						
	Dots not joined						
5a	Are total PEWS accurate?	__/_	__/_	__/_	__/_	__/_	__/_
5b	Errors?						
	1= addition						
	2= individual score error						
	3= individual score missing						
6	PEWS ≥ 4 or MET criteria? write highest PEWS score /MET criteria	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	
7	Which level of MO reviewed the patient?						
8	Was time to review within correct time frame?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	
9	Did frequency of observations increase to ½ hourly for 1 hour, then hourly for 4 hours , then 4/24 for 24 hours?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	
COMMENTS							

Audit 5 patients in each clinical area- (1 observation chart each)	
1	Is the correct age chart being used? – remember to use child’s corrected age until child is 12 months old (corrected)
2	Count every vital sign as documented on the chart over previous 24 hours. Example if 8 RR’s documented in 10 sets of vital signs – record as 8/10. Note that BP is not required on every set of vital signs in Paediatric patients, so completeness of BP measurement is only counted for the times when a BP reading should be taken, as per Paediatric Vital sign procedure. Example –patient returns to ward post op so requires BP reading x 1 – no BP reading = 0/1. <i>BP should be recorded on admission, pre op, return to ward post op, if PEWS \geq 6, child has renal or cardiac disease, diabetes or adrenal disorders, on medical orders, child has sustained a head injury or is admitted as a result of trauma (eg burns, MVA)</i>
3	Were obs measured according to vital sign Procedure? Observation frequency minimum 4/24 unless documented by MO Post op observations: on RTW, ½ hourly for 4 hours, hourly for 4 hours, 4/24 for 24 hours (If PEWS < 4), if PEWS > 4, continue ½ hourly observations
4	Check that vital signs have been represented graphically, for example: Do not accept crosses, numbers, ticks or letters, or dots that are not joined.
5a 5b	PEWS that is not accurate is determined by establishing that an error has occurred. Whether one error or multiple errors identified within a single set of vital signs, that set of vital signs is deemed inaccurate. If there are errors, indicate the inaccurate vital signs. For example: if RR is inaccurate, list “RR” within the classifications available. Multiple errors may be identified. Please indicate all errors, in accordance within these classifications. Further guidance: If the total PEWS is missing, but it is determined that the PEWS should be “0,” then this is regarded as ACCURATE PEWS.
6	If the PEWS \geq 4 or MET criteria breached indicate the highest PEWS/MET criterion and continue to answer shaded questions. This applies to the documented PEWS/MET Criteria and corrected PEWS/MET Criteria as identified by the auditor. If NO proceed to next patient to audit.
7	Refer to the progress notes, to determine the level of M.O. who reviewed the patient after the observed high MEWS/MET criteria. It is not necessary to scrutinise the review, but rather to indicate if that the level of review was appropriate to the escalation level required.
8	Correct time frames: PEWS 4-5 within 120 minutes/ PEWS 6-7 within 60 minutes/ PEWS \geq 8 and MET criteria within 10 minutes
9	Did the frequency of observations increase according to Procedure requirements of ½ hourly for one hour, hourly for 4 hours, and 4/24 for 24 hours?