General ADULT MEWS chart audit Date/month audited: Platfo							tform: Ward:						
MRN	1	2	3	4	5	6	7	8	9	10	Totals		
1 Usual BP documented on current chart?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No			
2 Completeness of core observations (e.g. RR 7/10)	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 _/_	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 Correct frequency of OBS? (Minimum 8/24). If NO specify below	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No			
OBS Frequency: 8/24 > 8.5 hrs													
OBS Frequency: 4/24 > 4.5 hrs													
OBS Frequency : 1/24 > 1.5 hrs													
OBS Frequency : ½ hourly > 45 mins													
4 All observations written graphically?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No			
Numbers/letters/ "x"/ ticks			-		_		_	-					
Dots not joined													
BP not graphed													
5 Total MEWS accurate? Specify Errors below	/	/	/	/	/	/	/	/	/	/			
No usual BP													
addition													
individual score error													
individual score missing													
s MEWS ≥ 4 or MET criteria? Record highest score/MET criteria	Yes / No	Yes / No	Yes / No	Yes / No	Yes /No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No			

7 Which level MO reviewed pt.?										
8 Review within correct time frame?	Yes / No									
9 Did frequency of observations increase to ½ hourly, then hourly then 4 hourly?	Yes / No									
COMMENTS										

Audit 10	patients in each clinical area.
1	The Usual Systolic BP must be documented on the current MEWS observation chart. No USBP = nil correct 'Total MEWS' (refers to question 5).
2	Count every vital sign as documented on the chart. For example, if there are 8 RR's documented within 10 sets of vital signs – record as 8/10.
3	Frequency of observations (requires context). For example:
	 A high frequency is required for patients from critical care areas, new admissions or post procedures.
	A minimum of 8/24 is required.
	• If less frequent (e.g. 12/14 or daily). Documentation to this effect by MO is required and this is considered compliant with frequency for that pt.
	 Note: if a patients 'Care Type' is NAC - only daily observations are necessary.
4	Check that vital signs have been represented graphically, i.e. connecting the dots (or that the extreme value is written numerically in the extreme row)
5a	Total MEWS that is not accurate is determined by establishing that an error has occurred. One or more errors may be identified within a single set of vital signs. Record the errors,
	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.
5b	Further guidance: (following from question 1) If there is no documented Usual BP, all vital signs are inaccurate.
	Further guidance: If the MEWS is missing, but it is determined that the MEWS should be "0," then this is regarded as ACCURATE MEWS.
6	If the Total MEWS is ≥4 or there is a breach in MET criteria indicate the highest MEWS/MET criterion and continue to answer shaded questions. This instance applies to the
	documented MEWS/MET Criteria and the 'corrected' MEWS/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 MO. who reviewed the patient post the time of 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 review' time frames: MEWS 4-5 within 120 minutes / MEWS 6-7 within 60 minutes / MEWS ≥ 8 and MET criteria within 10 minutes
9	Did the frequency of observations increase according to the procedure requirements of 1/2hrly for one hour, hourly for 4, and 4/24 for 24 hours?