



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

Audit 10 patients in each clinical area.	
1	<b>The Usual Systolic BP must be documented on the current MEWS observation chart.</b> 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	<b>Frequency of observations (requires context). For example:</b> <ul style="list-style-type: none"> <li>• A high frequency is required for patients from critical care areas, new admissions or post procedures.</li> <li>• A minimum of 8/24 is required.</li> <li>• 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. <ul style="list-style-type: none"> <li>○ Note: if a patients 'Care Type' is NAC - only daily observations are necessary.</li> </ul> </li> </ul>
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	<b>Total MEWS</b> 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. <b>Multiple</b> errors may be identified. Please indicate all errors, in accordance within these classifications. 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.
5b	
6	If the <b>Total MEWS</b> 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. <b>If 'NO' proceed to next patient to audit.</b>
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?