Case 1 – 13th August 2011

- 13/8 ED attendance
- PG male
- 79 yrs
- Retired labourer
- In garden moving furniture
- Sudden pain in groin

- Non-smoker
- Angina
- Hypertension
- Elevated cholesterol
- Diabetes Mellitus
- Poor memory MMS5/10

Medications

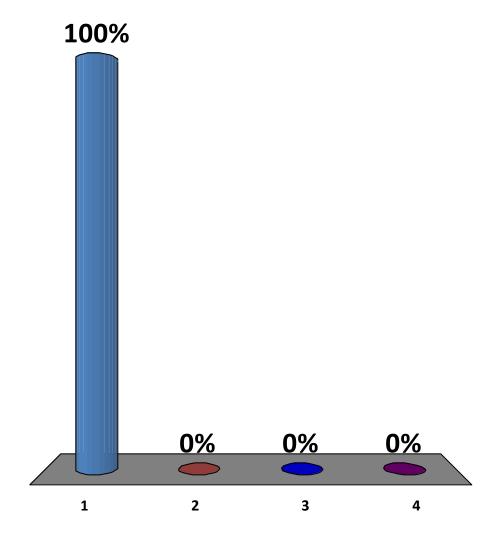
- 5 antihypertensives
- Statin
- Aspirin

15th & 16th August 2011

- 15/8/11 surgery
- Incarcerated hernia
- Spinal anaesthesia no problems
- 16/8 CRASH call? time
- "Unresponsive" then normal
- Pale HR 92: BP 124/80
- Cool peripheries
- "Weak thready pulse"
- BM 11

What is the appropriate response?

- 1. No action required
- Record event prominently in clinical notes
- 3. Move to Coronary Care Unit
- Investigations –
 ECG/CXR/?diabetes



What is the appropriate response?

- 1. No action required
- 2. Record event prominently in clinical notes
- 3. Move to Coronary Care Unit
- 4. Investigations ECG/CXR/?diabetes

17/8/11 (D2 post-op)

Note

- Transfused 1 unit overnight (Hb8.4)
- Stable apyrexic, good colour, "feels good"

Later Hb 7.9 – 2 units PRCs - Hb11.1

Hospital Day 6 / Day 4 post-op

19/8 - colicky pain upper abdomen

Over next 48 hours entries include

Not eating well

Agitated

Confused

Hospital Day 7 / Day 5 post-op

• 20/8/11

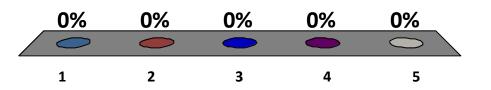
- All well PEWS 0-2 but BP decreased to 115/70 at 2200hrs
- Next observations at 0820 next day.

21st August 2011 D8 (D6 post op) **PEWS Score 5**

- ?time but probably 0900hrs approx
- "sweaty and clammy"
- HR 108
- BP 76/44
- RR 36:
- AVPU= V
- BM 2.9

What do you think is the most significant abnormality?

- 1. HR 108
- 2. BP 76/44
- 3. RR 36
- 4. AVPU Responding to verbal stimuli
- 5. BM 2.9



What do you think is the most significant abnormality?

- 1. HR 108
- 2. BP 76/44
- 3. RR 36
- 4. AVPU Responding to verbal stimuli
- 5. BM 2.9

21st August 2011 D8 (D6 post op)

Treatment

- Fluid challenge 250ml x 2
- Dextrose 50%

21st August 2011 D8 (D6 post op)

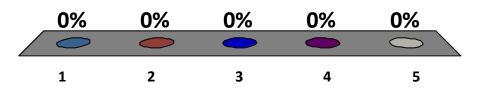
Plan 0900 hrs

- "c/w regular observations"
- "More regular if deterioration"
- Wait 30 mins then reassess ABCDE
- Do bloods need checked

- 1030hrs (MEWS 5: BP 75/42)
- Repeat troponin in 3 hrs
- IV phosphate
- c/w observations.

Score plan for appropriateness from 1 (very poor) to 5 (excellent)

- 1. Very Poor
- 2. Poor
- 3. Fair
- 4. Good
- 5. Excellent



Score plan for appropriateness from 1 (very poor) to 5 (excellent)

- 1. Very Poor
- 2. Poor
- 3. Fair
- 4. Good
- 5. Excellent

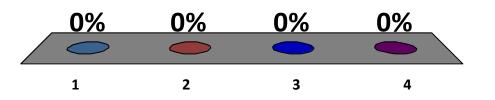
21st August 2011 D8 (D6 post op) **PEWS Score 7**

• 1300 hrs

- HR 100
- Low BP 78/46 (120/70 yesterday)
- RR 34
- Lactate 6.9

What do you think is the most significant abnormality?

- 1. HR 100
- Low BP 78/46
 (120/70 yesterday)
- 3. RR 34
- 4. Lactate 6.9



What do you think is the most significant abnormality?

1. HR 100

- 2. Low BP 78/46 (120/70 yesterday)
- 3. RR 34
- 4. Lactate 6.9 *

21st August 2011 D8 (D6 post op) 1300 hrs **PEWS Score 7**

Investigations

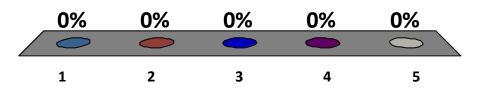
- Hb10
- WCC 4
- Na 133
- K 3.3
- U 11.4 Cr 149
- troponin 38

Plan

- Fluid challenge monitor for fluid overload
- 2. Hourly urinometer, BM, ABG after fluid
 - 3. If BP not improving will d/w
 Med Reg

Score plan for appropriateness from 1 (very poor) to 5 (excellent)

- 1. Very Poor
- 2. Poor
- 3. Fair
- 4. Good
- 5. Excellent



Score plan for appropriateness from 1 (very poor) to 5 (excellent)

- 1. Very Poor
- 2. Poor
- 3. Fair
- 4. Good
- 5. Excellent

21st August 2011 D8 (D6 post op)

SpR Note? Time?1400

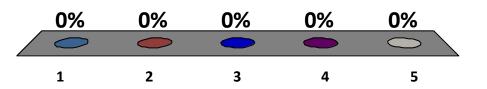
- BP 66/38 after 1000ml IV fluids
- RR>30
- Needs 80% O2 to maintain "acceptable SpO2"
- Lactate decreased to 4.0

21st August 2011 D8 (D6 post op)

- More fluids
- If CRP increased start "renal dose" TAZOCIN
- Monitor LFTs likely increased secondary to anaesthetics & dehydration
- Hold nephrotoxics and antihypertensives
- Maintain SpO2 >94%
- Monitor BM Daily U&E

Which of the following to you think is the most appropriate next step?

- Transfuse more intravenous fluid
- Give 100% oxygen through "non-rebreathing" mask
- Start non-invasive ventilation
- 4. Request assessment for ICU or HDU admission
- Start intravenous antibiotics



Which of the following to you think is the most appropriate next step?

- 1. Transfuse more intravenous fluid
- 2. Give 100% oxygen through "non-rebreathing" mask
- 3. Start non-invasive ventilation
- 4. Request assessment for ICU or HDU admission
- 5. Start intravenous antibiotics

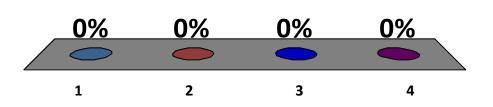
21st August 2011 D8 (D6 post op) **PEWS Score = 9**

1545 hrs

- RR34 SpO2 96% on 80% O2
- HR 75 BP 70/40
- Fluid balance
 - 20/8 In/Out 650/??
 - 21/8 In/Out 2970/187

Which of the following to you think is the most appropriate next step?

- 1. Transfuse more intravenous fluid
- 2. Ask nephrology to see ? HD
- 3. Start non-invasive ventilation
- 4. Request assessment for ICU or HDU admission



Which of the following to you think is the most appropriate next step?

- 1. Transfuse more intravenous fluid
- 2. Ask for nephrology to see?
- Start non-invasive ventilation
- 4. Request assessment for ICU or HDU admission

Clinical Summary

- 2 hours later patient in HDU
- MOF 2° to acute pancreatitis
- AKI HD

Clinical Summary

- 2 hours later patient in HDU
- MOF 2° to acute pancreatitis
- AKI HD
- 23/8/11 short cardiac arrest arrest successful resuscitation
- 07/09/11 DNAR
- 08/9/11 died

MEWS scores 17/8 – HDU transfer 21/8

First 64 hours



MEWS scores 17/8 – HDU transfer 21/8

First 64 hours





MEWS scores 17/8 – HDU transfer 21/8

First 64 hours



Observations

- Signal from EWS strong
- Ward treatment at best reactive
- No cause for instability pursued
- Late referral to critical care

Case 2

Case 2 –

- FH female
- 74 yrs
- Retired bank clerk
- H/o urinary tract infections
- treated by GP for UTI x
 2 following abdominal
 pain and dysuria

- 2 weeks later sent by GP to ED with abdominal pain and "history of UTI"
- Has mild abdominal tenderness
- Non-smoker
- Asthmatic

Day 1-2 in hospital **PEWS Score 0-2**

- BP 156/94
- HR 92
- T 38.3 max

- Hb 10.7
- WCC 14.5

- All else normal
- PEWS score 0-2

- Presented on ward round
- Diagnosis recurrent
 UTI
- Standard management and scheduled for imaging of renal tracts etc

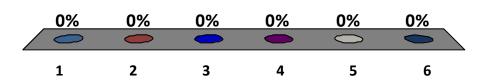
Day 3 in hospital -1030hrs PEWS Score 2

- BP 104/68
- HR 98
- T 38.6 max
- Still complaining of abdominal pain
- Moderate tenderness nil else

PEWS score still 2

What should happen next?

- 1. No new actions necessary
- 2. Ask for imaging of renal tracts as an emergency
- Contact microbiology to see if anything cultured from urine and review antibiotics
- 4. Give IV paracetamol for pyrexia
- Ask senior doctor to review case
- 6. Other



What should happen next?

- 1. No new actions necessary
- 2. Ask for imaging of renal tracts as an emergency
- 3. Contact microbiology to see if anything cultured from urine and review antibiotics
- 4. Give IV paracetamol for pyrexia
- 5. Ask senior doctor to review case
- 6. Other

Patient's observations all remain the same for 4 hours
PEWS =2
Patient looks more unhappy and uncomfortable

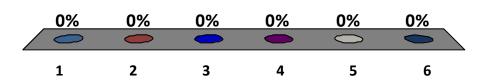
Day 3 in hospital -1430hrs PEWS Score 2

- BP 104/68
- HR 98
- T 38.6 max
- Still complaining of abdominal pain
- Moderate tenderness nil else

PEWS score still 2

What should happen next?

- 1. No new actions necessary
- 2. Ask for imaging of renal tracts as an emergency
- Contact microbiology to see if anything cultured from urine and review antibiotics
- 4. Give IV paracetamol for pyrexia
- Ask senior doctor to review case
- 6. Other



What should happen next?

- 1. No new actions necessary
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- 3. Contact microbiology to see if anything cultured from urine and review antibiotics
- 4. Give IV paracetamol for pyrexia
- 5. Ask senior doctor to review case
- 6. Other

Day 3 – 2130 hrs

- Patient very distressed pain
- RR > 30/min
- BP 84/40: HR 122
- Temp 38.7
- Urinary output 25,18,10 mls/hr

Day 3 - 23.45 hrs

- Temp 39.0
- Abdomen ?distended
- Increased tenderness
- No bowel sounds

- Hb 10.1
- WCC 28.2

MEWS scores – Case 2



MEWS scores – Case 2



<<<<< 58 hrs >>>>>>

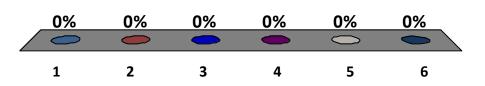
MEWS scores – Case 2

<<<<< 58 hrs >>>>>>

<<< 4 hrs >>>>

What is the most urgent action required to help this patient?

- Have observations every 15
 minutes and a nurse to
 "special" the patient
- Aggressive transfusion of IV fluids
- Treatment to reduce pyrexia
- Urgent CT scan of abdomen
- 5. Emergency laparotomy
- Admission to ICU



What is the most urgent action required to help this patient?

- 1. Have observations every 15 minutes and a nurse to "special" the patient
- 2. Aggressive transfusion of IV fluids
- 3. Treatment to reduce pyrexia
- 4. Urgent CT scan of abdomen
- 5. Emergency laparotomy
- 6. Admission to ICU

Case 3

OBSTETRIC PEWS CHART

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(FOR MATERNITY USE ONLY)

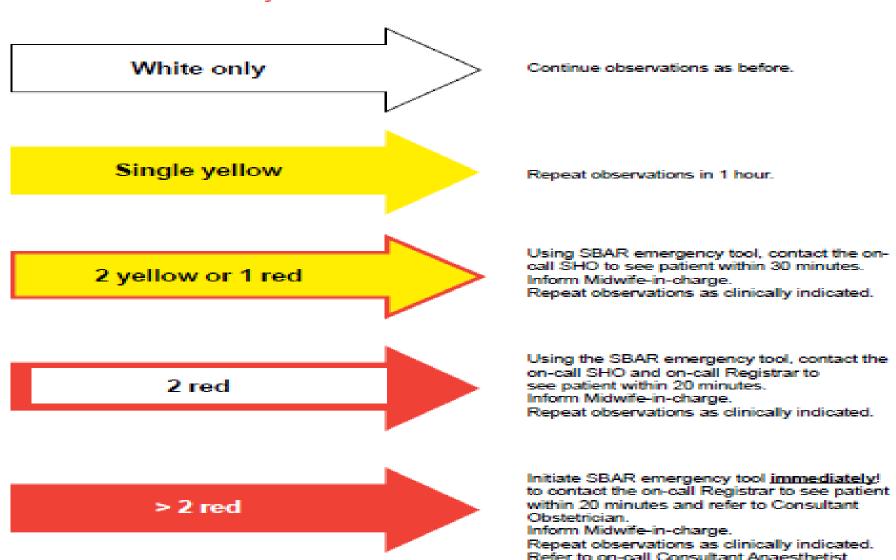
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SPECIALTY ACTION PROTOCOL (SAP) FOR PHYSIOLOGICAL EARLY WARNING SYSTEM (PEWS)

The Scoring System and Action Protocol are designed to help identify patient deterioration and ensure appropriate early intervention.

Staff should use their clinical judgement, and seek advice if they have concerns about any patient, regardless of the score. If staff deviate from this SAP, please ensure reasons are fully documented in case notes.



Case History

- 31 Year old lady
- Para 2
- 2 previous caesarean Sections
- Had an emergency caesarean section at 30 weeks gestation in preterm labour.
- Infant born at 1215 hours.

- PEWS = XXX (recorded on admission to recovery)
- 12.40 hours temperature 35.0 C.
- Bear Hugger applied to warm patient.

- 12.45 hours- temperature 36C
- 13.05, 13.10 and 13.15 hours, single yellow due to temp of 35.2 gradually rising to 35.8.
- Bear hugger kept in place and patient observed.
- Resolved at 13.20hours, temp 36.0 and remained within normal limits from this point.

Pain & PEWS

- 12.45 -1305: Pain score 2 3
- Therefore <u>single yellow</u> between 12.45 and 13.05 hours.
- Midwife requested anaesthetist who attended and prescribed intravenous analgesia.
- 1310 Pain score 0-1.
- 13.05 hours the combination of temp 35.2 and pain score of 2 indicate (double yellow).
- The Speciality Action Protocol indicates a doctor to see within 30 minutes and inform MIC.

OBSTETRIC EARLY WARNING CHART (FOR MATERNITY USE ONLY)



CONS
WARD

WARD....

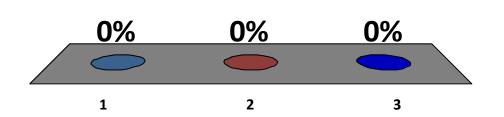
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Doctor to see within 30 minutes and inform MIC.

- 1. Absolutely necessary
- Necessary because
 it is the protocol but
 "doctor to see"
 should be
 downplayed
- 3. No need to follow protocol at all



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Outcome

 PEWS continued to be recorded as per unit protocol and remained 0-1 from 13.10 hours onwards.

 At 15.00hours the lady was transferred to the postnatal ward - warm and comfortable.

Group Work Session

What are the key themes arising from the day

 Identify the top three priorities to move forward with PEWS

ACTION!!!!!

 Highlight three Key learning points from the day which can be taken back to your organisation.