

From Inception to Delivery – Our Journey

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PEWS

Paediatric Early Warning Tool



Focus of Presentation :

1month to >12 years

Background:

- NHS Plan to Publish Children's National Service Framework – Standards for Hospital Services 2000

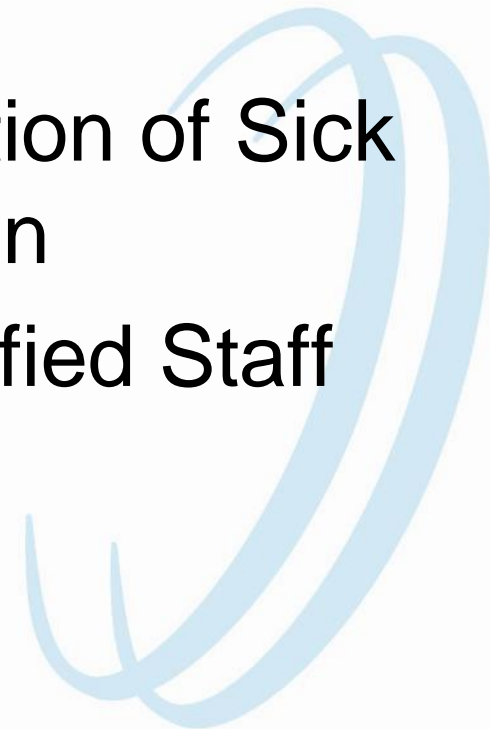
Background

- Learning from Bristol July 2001- The Kennedy Report
- Mrs Janine Murtagh Case 2002
- The Victoria Climbié inquiry January 2003
- Best Practice – National Institute for Clinical Excellence (NICE)
- Confidential Enquiry into Maternal and Child Health (CEMACH) – now known as NIMACH (NI Maternal and Child Health)



Drivers for Change

- RPA = Amalgamation of 3 Legacy Trusts
- Standardisation of Practice
- Harmonisation of Staff
- Early Recognition and Identification of Sick Deteriorating Child/Young Person
- Equipping New and Newly Qualified Staff
- Findings from Enquiries



Action Plan - HOW have we developed the PEWS?

Collaboration

Discussion



Agreement

Time

Compromise



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Methods

- Working Groups- Representation Cross Site
- Research
- Copies – compare/contrast
- Identification of Parameters
- Pilot/Feed Back
- Policy and Procedure
- Implementation



Instructions for use.

- Read measured variables against tables (1) and consider the whole clinical picture (2)
- Combine the two and read response off action area (3)

Modified from Paws Score 2004: H Livingstone, J Luntley, SM Whiteley



Respiratory Rate

AGE	1 month - 1 year	8	10	12	14	16	18	20	22	24	26	28	30	32	34	36	38	40	42	44	45-55	56-65	>66			
	1 year - 5 year	8	10	12	14	16	18	20	22	24	26	28	30	32	34	36	38	40	42	44	46	48	50	52	54	56
	5 year - 12 year	8	10	12	14	16	18	20	22	24	26	28	30	32	34	36	38	40	42	44	46	48	50	52	54	56
	> 12 year	8	10	12	14	16	18	20	22	24	26	28	30	32	34	36	38	40	42	44	46	48	50	52	54	56

If signs of respiratory distress (unable to complete sentences, use of accessory muscles, subcostal recessions)
CONSIDER SCORE YELLOW

Heart Rate

AGE	1 month - 1 year	60	65	80	85	88	70	75	80	85	90	95	100	110	120	130	140	145	150	160	165	170	175	180	185	>190	
	1 year - 5 year	60	65	80	88	60	65	70	75	80	85	90	95	100	110	120	130	140	145	150	160	165	170	175	180	185	>190
	5 year - 12 year	60	65	80	85	60	65	70	75	80	85	90	95	100	110	120	130	140	145	150	160	165	170	175	>180		
	> 12 year	60	65	80	85	60	65	70	75	80	85	90	95	100	110	120	130	145	145	150	160	165	170	175	>180		

Alert	Responsive to vocal stimuli	Responsive to painful stimuli	Unresponsive
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Capillary Refill Time (seconds)

0	1	<2	2-3	4	5	6
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Neurological Status/AVPU

Temperature (°C)

< 35.8	35.6 to 36.00	36.1 to 38.5	38.6 to 39.5	> 39.5
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Skin Appearance

W	C	P	M
Warm / Pink	Cold / Mottled	Petechiae or Purpura	Mottled and Grey

How to use the scoring system

Complete observations and calculate the total scores

Score 0	
Score 1	
Score 2	
Score 3	

This protocol should always be used in conjunction with clinical judgement.

Chosen Parameters

Respiratory Rate

Heart Rate

Neurological Status – AVPU

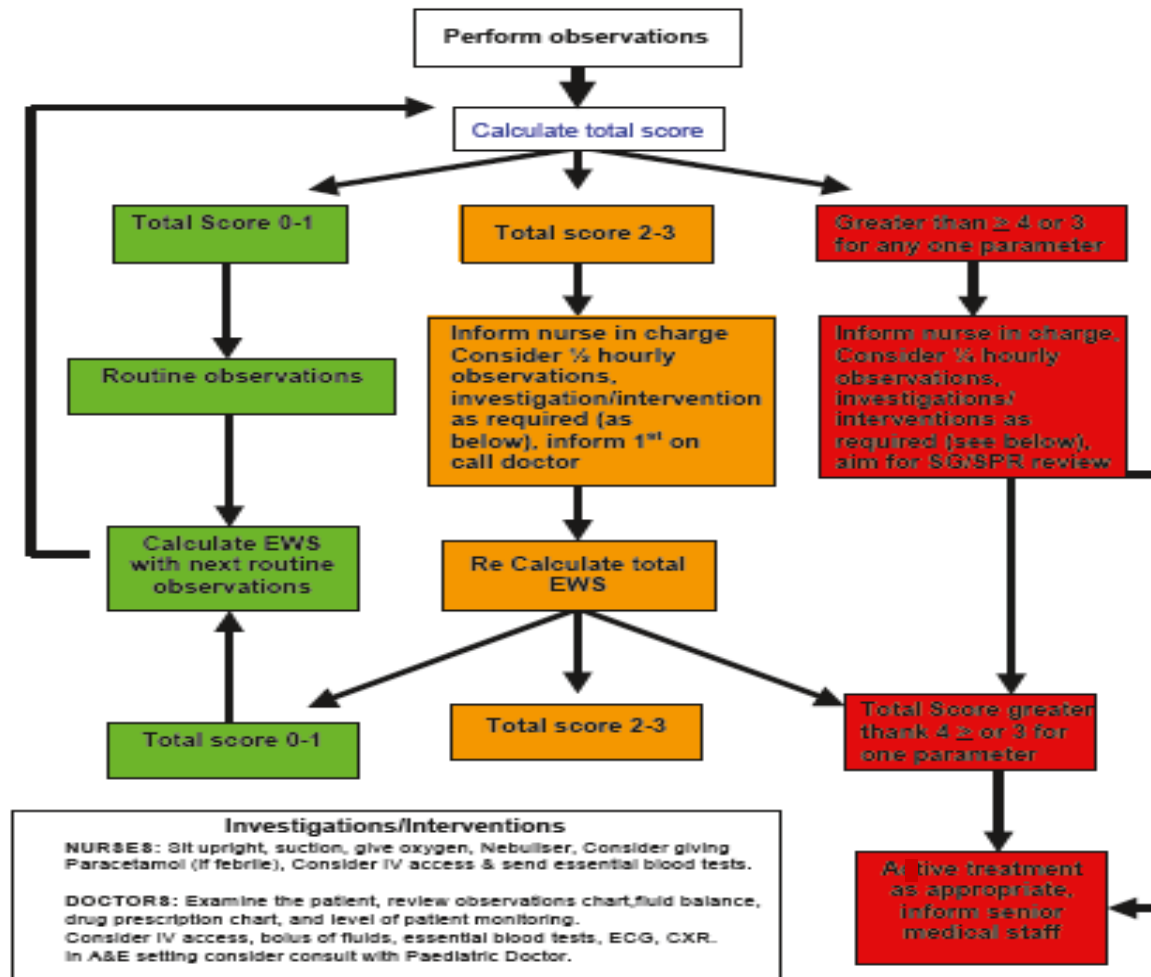
Capillary Refill Time (CRT)

Temperature

Skin Appearance



PAEDIATRIC EARLY WARNING SCORE



DOCUMENT SCORES AND ACTION TAKEN



Flow Chart

Tool to guide and support staff in decision making:

- Green / Amber/ Red Pathway
- Numerical Scoring
- Observation/ Intervention = ACTION TAKEN



Outcomes

- Positive Process
- Tool that Clinicians Value
- Dr's trust Staff
- Primary Care – Potential to be Adapted for GP/ OOH Services
- Holding to Account



Challenges

- Change
- Ownership
- Design
- Doctors Needs Differ from Nurses Needs
- Awareness Sessions
- Implementation



Stakeholders

- The Child and Young Person
- Parents
- The Nurse
- The Doctor
- The Organisation
- The Public

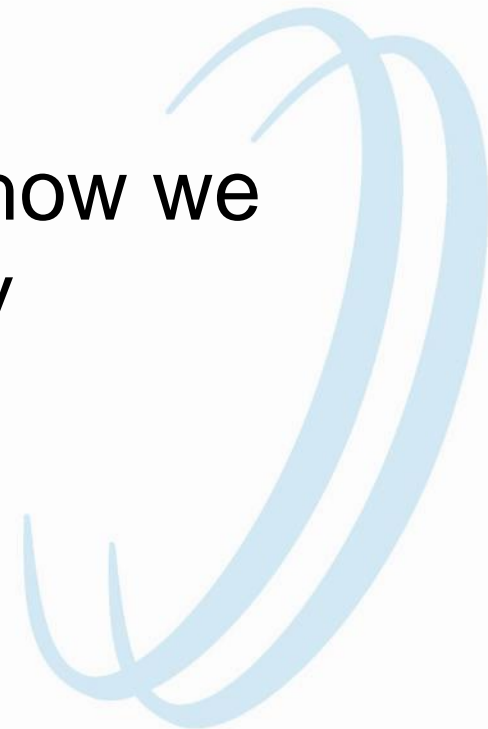


WHO are the Beneficiaries?



Southern Health
and Social Care Trust

- Provision of a Safe and Effective Health Service
- Impact of Clinical Governance
- Effect of Audit – Benchmarking how we perform- Regulatory and Quality Improvement Authority(RQIA)



Future Plans

- Audit
- Mandatory at Induction
- Continuous Review – Supervision / documentation
- KSF



Sharing the Learning

- On Going Process – Governance
- Constantly Reflecting on Practice and Learning from Incidents
- Discussed with Colleagues in Out of Hours



Quotes

- **Dr** “ *I like the way that the nurses use it to discuss the patient’s condition change and the management plan - it reinforces the improvement or deterioration of the patient”*
- **Nurse** “ *It is good, I like it. When a bronchiolitic child is improving and the need for nebulisers lessens, the observation score supports your decision in reducing the frequency of the nebulisers; so you know the child is improving”*
- **Medical Student** “*Very beneficial and easy to understand and interpret”*
- **Consultant** “ *Overall positive re same, helpful looking at the trends, not as focused on the Pews score. Offers a snapshot of the child's condition”*
- **Health Care Worker** “ *They’re fine, likes them but dislikes flicking backwards and forwards”*

