

Patient Observation Chart <i>Early Warning Score</i>		
Date DD/MM/YYYY	Day No:	Ward:

Name:		BHT:	
Weight: <i>Kg</i>	Height: <i>cm</i>	Gender: M/F	

Other special instructions:

Target SpO₂%:

Time (using 24h clock)																					Time (using 24h clock)		
A+B Respiration/min	>=30																					>=30	
	21-29																						21-29
	12-20																						12-20
	9-11																						9-11
	<= 8																						<= 8
A+B Saturation %	>=96																						>=96
	94-95																						94-95
	91-93																						91-93
	<=90																						<=90
	With O ₂ (L/min)																						with O ₂ (L/min)
C Pulse rate /min	>130																						>130
	111-130																						111-130
	91-110																						91-110
	51-90																						51-90
	41-50																						41-50
	<=40																						<=40
C Systolic blood pressure mmHg	>=220																						>=220
	210																						210
	200																						200
	190																						190
	180																						180
	170																						170
	160																						160
	150																						150
	140																						140
	130																						130
	120																						120
	110																						110
	100																						100
	90																						90
	80																						80
<=70																						<=70	
C Consciousness (Only recent onset confusion gets a score)	A																						A
	Confusion / Agitation																						Confusion / Agitation
	V																						V
	P																						P
	U																						U
E Temp °C	>40																						>40
	38-40																						38-40
	37-37.9																						37-37.9
	35-36.9																						35-36.9
	<35																						<35
TOTAL MEWS SCORE											TOTAL SCORE												
Blood loss (ml)											Blood loss (ml)												
UOP (ml)											UOP (ml)												
Pain score (refer pain score chart)											Pain score												
Escalation done (place ✓)											Escalation done												
Any other remarks											Any other remarks												
Name in initials											Name in initials												

WHEN TO USE

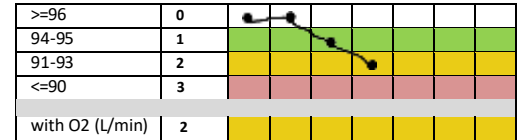
- Attach & Maintain** the chart in following patients
 - Post operative patients
 - Post procedural patients
 - Deteriorating patients in a ward setting
- Accurately Document:** Name of the patient, Calendar Date, Day of the concerned event, Time of the observations and escalations done.

HOW TO USE

- Observations:**
 - Document as a point/dot (●) for each parameter.
 - Place it at the center of the relevant box.
 - Connect the adjacent points to create a graph.

eg: For oxygen saturation of the patient, if observation 1 is 98%, 2 is 97%, 3 is 95% and 4 is 93%, it should be as in figure 1.

figure 1



- Total MEWS score**
 - Calculate by adding each score gained by all parameters at a given time.

- Minimum observation frequency for postoperative patients** follow figure 2.

figure 2

First hour	Every 15 minutes
Next 2 hours	Every 30 minutes
Next 24 hours	Every 4 hours
Further monitoring	As decided by the surgical team depending on the patient's condition

- Observation frequency when transferring a patient from ICU to ward**
 - Initiate in the ICU. At least two sets of observations should be done before discharge.
 - At least two sets of observations and MEWS scores should be recorded prior to the transfer.

- Observation Frequency for deteriorating patients in the ward** - Follow figure 3.

WHAT TO DO

- Thresholds, Triggers and Response**

(Escalation/s to be done) – Follow figure 3.

figure 3

MEWS score	Frequency of monitoring	Clinical response
Total 0	Minimum 8 hourly	Continue routine monitoring
Total 1 – 4 Low risk	Minimum 4-6 hourly	Review by ward senior nurse in charge Decide whether increased frequency of monitoring and / escalation of therapy is needed. Inform ward Medical Officer who should attend within 1 hour.
3 in single parameter Low-medium risk	Minimum 1 hourly	Inform the Medical Officer immediately. Urgent review by ward Medical Officer.
Total 5 or more Medium risk	Minimum 1 hourly	Inform Senior Medical Officer/Consultant immediately. Urgent response (within 30 minutes) from a senior Medical Officer/ Consultant. Arrange acute bed/high dependency bed for close monitoring.
Total 7 or more High risk	Continuous monitoring	Emergency response: call MET/ ICU team , senior Medical Officer, inform Consultant. Consider transfer to level 2 or 3 facility (HDU/ICU)

WHO TO DO

- Responsibility of filling the checklist:**

- The staff Nursing Officer in the ward to fill in the checklist.
- To be supervised by Medical Officers and Consultants.

IRRESPECTIVE OF THE MEWS SCORE, IF SIGNS OF IMMEDIATE LIFE-THREATENING CONDITIONS ARE PRESENT, CALL MET TEAM IMMEDIATELY.

Follow figure 4.

figure 4

Airway	Threatened
Breathing	All respiratory arrests Respiratory rate: ≤ 6 breaths per minute Respiratory rate: ≥ 36 breaths per minute Oxygen saturation < 90%
Circulation	All cardiac arrests Pulse rate < 40 beats or >140 per minute Systolic blood pressure <90 or > 180 mmHg
Neurological	Sudden fall in level of consciousness Fall in Glasgow coma scale (GCS) of >2 Repeated or prolonged Seizures
Other	If a senior staff member (Medical Officer or Nursing Officer) is seriously worried about any condition regarding any patient that does not fit the above criteria. Eg. active bleeding, chest pain