Student Name: _____ Unit: _____ Pt. initials: _____ Date: _____

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake													NPO
Intake – PO Meds													N/A
Enteral Tube Feeding													N/A
Enteral Flush													N/A
Free Water													N/A

IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid	125	125	125	125	125	125							750mL
IV Meds/Flush	0	0	0	0	0	0							6

OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine													N/A
# of immeasurable		X1											X1
Stool													N/A
Urine/Stool mix													N/A
Emesis													N/A
Other													

Children's Hospital Early Warning Score (CHEWS)	
(See CHEWS Scoring and Escalation Algorithm to score each category)	
Behavior/Neuro	Circle the appropriate score for this category: (0) 1 2 3
Cardiovascular	Circle the appropriate score for this category: (0) 1 2 3
Respiratory	Circle the appropriate score for this category: (0) 1 2 3
Staff Concern	1 pt - Concerned
Family Concern	1 pt – Concerned or absent

CHEWS Total Score	
CHEWS Total Score	Total Score (points) ___6___
	Score 0-2 (Green) – Continue routine assessments
	Score 3-4 (Yellow) – Notify charge nurse or LIP, Discuss treatment plan with team, Consider higher level of care, Increase frequency of vital signs/CHEWS/assessments, Document interventions and notifications
	Score 5-11 (Red) – Activate Rapid Response Team or appropriate personnel per unit standard for bedside evaluation, Notify attending physician, Discuss treatment plan with team, Increase frequency of vital signs/CHEWS/assessments, Document interventions and notifications

Covenant School of Nursing
Instructional Module 5
Pediatric Assessment Tool