Student Name: _____ Unit: _____ Date: _____

GENERAL APPEARANCE

Appearance: □Healthy/Well Nourished
□ Neat/Clean □Emaciated □ Unkept
Developmental age:
□ Normal □ Delayed

NEUROLOGICAL

LOC: □ Alert □ Confused □ Restless
□ Sedated □ Unresponsive
Oriented to:
□ Person □ Place □ Time/Event
□ Appropriate for Age
Pupil Response: □ Equal □ Unequal
□ Reactive to Light □ Size _____
Fontanel: (Pt < 2 years) □ Soft □ Flat
□ Bulging □ Sunken □ Closed
Extremities:
□ Able to move all extremities
□ Symmetrically □ Asymmetrically
Grips: Right _____ Left _____
Pushes: Right _____ Left _____
S=Strong W=Weak N=None
EVD Drain: □ Yes □ No Level _____
Seizure Precautions: □ Yes □ No

RESPIRATORY

Respirations: □ Regular □ Irregular
□ Retractions (type) _____
□ Labored
Breath Sounds:
Clear □ Right □ Left
Crackles □ Right □ Left
Wheezes □ Right □ Left
Diminished □ Right □ Left
Absent □ Right □ Left
□ Room Air □ Oxygen
Oxygen Delivery:
□ Nasal Cannula: ____L/min
□ BiPap/CPAP: _____
□ Vent: ETT size_____@_____cm
□ Other: _____
Trach: □ Yes □ No
Size _____ Type _____
Obturator at Bedside □ Yes □ No
Cough: □ Yes □ No
□ Productive □ Nonproductive
Secretions: Color_____
Consistency_____
Suction: □ Yes □ No Type _____
Pulse Ox Site _____
Oxygen Saturation: _____

CARDIOVASCULAR

Pulse: □ Regular □ Irregular
□ Strong □ Weak □ Thready
□ Murmur □ Other _____
Edema: □ Yes □ No Location _____
□ 1+ □ 2+ □ 3+ □ 4+
Capillary Refill: □ < 2 sec □ > 2 sec
Pulses:
Upper R _____ L _____
Lower R _____ L _____
4+ Bounding 3+ Strong 2+ Weak
1+ Intermittent 0 None

ELIMINATION

Urine Appearance: _____
Stool Appearance: _____
□ Diarrhea □ Constipation
□ Bloody □ Colostomy

GASTROINTESTINAL

Abdomen: □ Soft □ Firm □ Flat
□ Distended □ Guarded
Bowel Sounds: □ Present X ____ quads
□ Active □ Hypo □ Hyper □ Absent
Nausea: □ Yes □ No
Vomiting: □ Yes □ No
Passing Flatus: □ Yes □ No
Tube: □ Yes □ No Type _____
Location _____ Inserted to _____cm
□ Suction Type: _____

NUTRITIONAL

Diet/Formula: _____
Amount/Schedule: _____
Chewing/Swallowing difficulties:
□ Yes □ No

MUSCULOSKELETAL

□ Pain □ Joint Stiffness □ Swelling
□ Contracted □ Weakness □ Cramping
□Spasms □ Tremors
Movement:
□ RA □ LA □ RL □ LL □ All
Brace/Appliances: □ None
Type: _____

MOBILITY

□ Ambulatory □ Crawl □ In Arms
□ Ambulatory with assist _____
Assistive Device: □ Crutch □ Walker
□ Brace □ Wheelchair □Bedridden

PSYCHOSOCIAL

Social Status: □ Calm/Relaxed □ Quiet
□ Friendly □ Cooperative □ Crying
□ Uncooperative □ Restless
□ Withdrawn □ Hostile/Anxious
Social/emotional bonding with family:
□ Present □ Absent

IV ACCESS

Site: _____ □ INT □ None
□ Central Line
Type/Location: _____
Appearance: □ No Redness/Swelling
□ Red □ Swollen
□ Patent □ Blood return
Dressing Intact: □ Yes □ No
Fluids: _____

SKIN

Color: □ Pink □ Flushed □ Jaundiced
□ Cyanotic □ Pale □ Natural for Pt
Condition: □ Warm □ Cool □ Dry
□ Diaphoretic
Turgor: □ < 5 seconds □ > 5 seconds
Skin: □ Intact □ Bruises □ Lacerations
□ Tears □ Rash □ Skin Breakdown
Location/Description: _____
Mucous Membranes: Color: _____
□ Moist □ Dry □ Ulceration

PAIN

Scale Used: □ Numeric □FLACC □ Faces
Location: _____
Type: _____
Pain Score:
0800_____ 1200_____ 1600 _____

WOUND/INCISION

□ None
Type: _____
Location: _____
Description: _____
Dressing: _____

TUBES/DRAINS

□ None
□ Drain/Tube
Site: _____
Type: _____
Dressing: _____
Suction: _____
Drainage amount:_____
Drainage color: _____

Student Name: _____ Unit: _____ Date: _____

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake													
Intake – PO Meds													
Enteral Tube Feeding													
Enteral Flush													
Free Water													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid													
IV Meds/Flush													
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine													
# of immeasurable													
Stool													
Urine/Stool mix													
Emesis													
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) _____ 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

Student Name: _____ Unit: _____ Date: _____

CHEWS Scoring and Escalation Algorithm

	0	1	2	3
Behavior/Neuro	- Playing/sleeping appropriately **OR** - Alert, at patient's baseline	- Sleepy, somnolent when not disturbed	- Irritable, difficult to console **OR** - Increase in patient's baseline seizure activity	- Lethargic, confused, floppy **OR** - Reduced response to pain **OR** - Prolonged or frequent seizures **OR** - Pupils asymmetrical or sluggish
Cardiovascular	- Skin tone appropriate for patient - Capillary refill ≤ 2 seconds	- Pale **OR** - Capillary refill 3-4 seconds **OR** - Mild tachycardia **OR** - Intermittent ectopy or irregular HR (not new)	- Grey **OR** - Capillary refill 4-5 seconds **OR** - Moderate tachycardia	- Grey and mottled **OR** - Capillary refill > 5 seconds **OR** - Severe tachycardia **OR** - New onset bradycardia **OR** - New onset/increase in ectopy, irregular HR or heart block
Respiratory	- Within normal parameters - No retractions	- Mild tachypnea/ increased WOB (flaring, retracting) **OR** - Up to 40% supplemental oxygen **OR** - Up to 1L NC > patient's baseline need **OR** - Mild desaturations < patient's baseline **OR** - Intermittent apnea self-resolving	- Moderate tachypnea/ increased WOB (i.e. flaring, retracting, grunting, use of accessory muscles) **OR** - 40-60% oxygen via mask **OR** - 1-2 L NC > patient's baseline need **OR** - Nebs Q 1-2 hour **OR** - Moderate desaturations < patient's baseline **OR** - Apnea requiring repositioning or stimulation	- Severe tachypnea **OR** - RR < normal for age **OR** - Severe increased WOB (i.e. head bobbing, paradoxical breathing) **OR** - > 60% oxygen via mask **OR** - > 2 L NC more than patient's baseline need **OR** - Nebs Q 30 minutes – 1 hour **OR** - Severe desaturations < patient's baseline **OR** - Apnea requiring interventions other than repositioning or stimulation
Staff Concern		- Concerned		
Family Concern		- Concerned or absent		

Green = Score 0-2	Yellow = Score 3-4	Red = Score 5-11
- Continue Routine Assessments	- 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	- 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

A PEDIATRIC CODE CAN BE ACTIVATED AT ANYTIME BY ANYONE
Use SBAR communication

Reference: McLellan, M.C., et al., Validation of the Children's Hospital Early Warning System for Critical Deterioration Recognition, Journal of Pediatric Nursing (2016), http://dx.doi.org/10.1016/j.pedn.2016.10.005