|  |  |
| --- | --- |
| **Activation of MEWS escalation pathway** | |
| **Escalation** | |
| MEWS total: or any vital sign in pink zone | |
| Review requested from (write name): | |
| Have you notified the midwife / nurse in charge? Yes | No |
| Issues to be addressed | |
| **1.** | |
| **2.** | |
| **3.** | |
| **4.** | |
| Your name and designation (write): | |
| Date: / / Time: : (24 hour) | |
| **Response** | |
| Reviewed by (name and designation): Pager / Contact number: | |
| Date: / / Time: : (24 hour) | |
| Have you discussed the woman with the clinician responsible? Yes | No |
| If yes, name of clinician: |  |
| Have you discussed the situation with the woman and / or whānau? Yes | No |
| **Plan:** | |
| **1.** | |
| **2.** | |
| **3.** | |
| **4.** | |
| Ongoing observation frequency: | |
| Further review needed? Yes | No |
| If yes, next review by Time: : (24 hour) |  |
| Escalate sooner if… | |
| See full note in clinical record | |
| **Consider calling RRT/777 if serious ongoing concern** | |

MEWS sticker 08/19