|  |
| --- |
| **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