

Family Name:

PAEDIATRIC VITAL SIGNS CHART

Family Name:	
Given Name:	Gender:

Date of Birth:

NHI#:

ESCALATE CARE FOR ANY PATIENT YOU OR THEIR WHĀNAU ARE WORRIED ABOUT, REGARDLESS OF VITAL SIGNS OR PEWS

ory escalation pathway					
WS	Action				
1-3					
4-5					
6-7					
0,					

Any treatment limitations must be documented in the patient's clinical record. A full set of vital signs must be taken, with corresponding PEWS calculated each time, at a frequency stated in hospital policy. If there is no timely response to your request for review, escalate to the next zone.

Modification to PEWS triggers

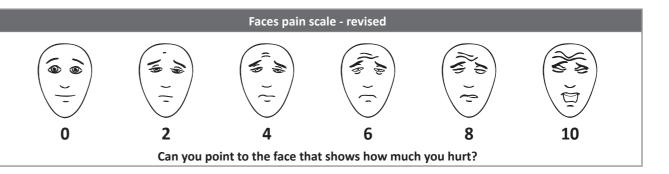
The PEWS can be changed to prevent inappropriate escalation. All modifications must be made in line with hospital policy and regularly reviewed by the primary team. Query any modification that is not signed and dated.

gn ation)	Accepted values and modified PEWS	Date and time	Duration (hours)	Name and contact details
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Local tools

National tools

	Revised FLAC	C observationa	l pain tool	Family Name:				
		Scoring	g	Given Name:	n Name: Gender:			ler:
Categories	0	1	2		AFFIX PATIENT LABEL HERE.			
	No expression or smile or frown, withdrawn,	Frequent to constant frown, clenched jaw, quivering chin; distressed looking face; expression of fright or panic	Date of Birth:	۵۰۶۹۰۶۳۹	nt of res	NHI#:	guide	
Face		disinterested; appears sad or	Individualised behaviour	,	Mild			
	Normal Uneasy,	described by family: Kicking, or legs drawn	Airway	 Stridor exertion crying 	on 1 or	 Some stridor at rest Wheeze marked 	Severe Stridor at rest New onset of stridor Wheeze severe	
Legs	position or relaxed; usual muscle tone and motion to arms and legs	restless, tense; occasional tremors	up; marked increase in spasticity; constant tremors or jerking Individualised behaviour		Normal	Wheeze present Normal Talks in sentences		 Wheele severe Silent chest Increased irritability and/or lethargy
	Lying quietly,	Squirming,	described by family: Arches, rigid, or jerking; severe agitation; head	Behaviour and feeding			 irritability Difficulty talking or crying Difficulty feeding or eating 	 Looks exhausted Unable to talk or cry Unable to feed
Activity	normal shifting back position, moves easily; regular rhythmic movements; breaths mildly agitated (respiration) (head back and forth, aggression); shallow, splinting breaths	banging; shivering (not rigors); breath holding, gasping, or sharp intake of breaths; severe splinting	Accessory muscle use	Mild int and sup recession	orasternal	 Moderate intercostal and suprasternal recession Tracheal tug 	or eat Marked intercostal and suprasternal recession	
		aggression); shallow, splinting breaths	Individualised behaviour described by family:		•		 Nasal flaring Head bobbing May have brief 	Gasping, grunting
	No cry (awake or asleep)	(respirations); occasional sighs Moans or whimpers, occasional complaint;	Crying steadily, screams or sobs, frequent complaints; repeated outbursts; constant grunting	Other			apnoea	 Extreme pallor, cyanosis Increasingly frequent or prolonged
Cry	0 V	occasional verbal outburst or grunt	Individualised behaviour described by family:		re at the level of severest sign. e that not all features are relevant to all conditions.			apnoea
	Content,	Reassured by	Difficult to console or					
	relaxed	occasional	comfort; pushing away	Respiratory support mode				
Consolability	touching, hugging, or 'talking to'; can be distracted	caregiver; resisting care or comfort measures Individualised behaviour described by family:	NP = Nasal pro	ongs	M = Fac	ce mask H	F = High flow	
			R = Non-rebr mask		C = CP		= BPaP	
Rate the child in each of the five measurement categories, add together, and document total pain score $(0 - 10)$.		TH = Tracheostomy humidificationH02 = Humid oxyge						
Children who are awake:	Reposition child o		rve legs and body uncovered. sess body for tenseness and f needed.					
Children who are asleep:		sible, reposition the o	er. Observe legs and body child. Touch the body and					
are validated in parents/caregive there are addition	children with cogn vers the descriptors ional behaviours that	itive impairment. The within each category	Iditional descriptors (in italics) e nurse can review with y. Ask the parents/caregivers if rs of their child experiencing te category.					





Scan for PVSC educational materials