Evaluation on the compliance of general team doctors and nurses to the PEWS action plan

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Introduction
PEWS (Paediatric Early Warning Score) is a tool based on physiological parameters to identify paediatric patients who are at risk of deterioration. The early warning system serves as a standardized scoring to facilitate communication on early deteriorating signs and raises staff awareness in every level which in turn, promotes patient safety (Higgins et al, 2008).

Objectives
This study aimed to evaluate the compliance of doctors and nurses on the PEWS action plan in our general paediatric wards.

Methodology
The survey was held in three units: K7 ward (general & infection control), K8N ward (oncology) and DK ward 3/4 (rehabilitation) in the month April 2014. On each Sunday and Wednesday we collected data from 9:00 am for 24 hours. A total of 8 days data were collected. All existing and newly admitted in-patients were included, except all HDU cases, home leave cases and those older than 18 years old. We examined the response compliance of nurses and doctors according to the PEWS action plan.

Result
The total prescribed PEWS in the three aforementioned units during the reviewed period were 2279 and total 2211 PEWS were done (1166 from K7, 541 from K8N and 504 from DK 3/4 ward). The total incomplete and missing PEWS episodes were 68
(2.98%). The action plan for PEWS = 3 was to inform senior nurse and there were total 7 episodes (4.7%) where senior nurses were not informed. For PEWS ≥ 4, total 14 episodes (24.1%) where senior nurse was informed but doctor was not called. The common reason for not calling doctor was because the patients’ conditions were stable and already known to doctors. The total episodes of calling doctor were 46 (2.1%) for cases with PEWS = 3 or ≥ 4. There were 5 (11.4%) episodes out of 44 that doctors did not respond to call for cases with PEWS ≥ 4. Reasons were not well documented and patients’ conditions were stable. The overall nursing compliance in PEWS charting was good at over 96%. The response actions of doctors and nurses could be further strengthened. Moreover, a clinically well-defined plan outlining criteria to notify medical team is needed for those doctor-alerted cases with stable condition. This will minimize repeated calling of doctor according to response guidelines in the action plan. We are planning to conduct a survey for follow-up.