Pediatric Early Warning Score (PEWS) Implementation in the PACU

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Introduction: The Pediatric Early Warning Score (PEWS) is an established pediatric tool used to identify and trend pediatric patients at risk for clinical deterioration prior to adverse events occurring. This tool provides an objective score and corresponding action plan based on a patient's vital signs and current assessment.

Identification of problem: A need was identified to recognize perioperative patients at risk for clinical deterioration prior to transfer to acute care units.

EBP Question/Purpose: The purpose of this initiative was to validate the PEWS tool and action plan in the perioperative setting.

Methods/Evidence: Validation consisted of scoring 26 patients from 6 main services (Orthopedics, ENT, General Surgery, GI, Pulmonology, Hematology/Oncology) and all shifts (days, nights, and weekends). Eight bedside nurses completed the validation scoring over the course of 1 week. The bedside nurses were asked to score the patient in PACU, prior to Acute Care transfer and follow the corresponding action plan. Usefulness of the tool and correlation of patient acuity to scoring number were assessed by asking if the patient's PEWS score actively reflected the patient's current acuity/condition and if the scoring prompted unnecessary additional assessment and intervention.

Significance of Findings/Outcomes: During the validation, 2 patients had a score that increased awareness of the patients' current conditions in the PACU: one had delayed acute care transfer until more stable, the other transferred to the PICU instead of Acute Care. All nurses reported similarities in the patient's actual acuity and the PEWS score; none reported unnecessary additional assessments or intervention.

Implications for periansethsia nurses and future research: Use of this tool in pediatric perioperative patients assists the PACU bedside nurse in providing objectivity to the subjectivity of patient acuity and encourages multidisciplinary collaboration to provide appropriate resources to the higher acuity patient.