

Early Warning Score (EWS) Feedback Sheet

Trainer………………………………….Venue……………………………..Date………….

Please rate the following prior to the training session.

**Strongly Disagree Neither Agree Agree Strongly**

**Disagree or Disagree Agree**

**I have a good understanding of EWS**

**I am confident in completing and totalling the score of the EWS charts**

**I always use the EWS to record patient observations**

**I feel condition to escalate the patient’s condition appropriately**

Please rate the following after the training session.

**Strongly Disagree Neither Agree Agree Strongly**

**Disagree or Disagree Agree**

**I have a good understanding of EWS**

**I am confident in completing and totalling the score of the EWS charts**

**I always use the EWS to record patient observations**

**I feel condition to escalate the patient’s condition appropriately**

**Evaluation of training**

Please state any elements of the session you found particularly helpful or unhelpful.

Please state any learning objectives that you feel should be added or removed from the session.

**Audit Tool for Procedure for Using the Early Warning Score for the Early Detection and Management of the Deteriorating Patient (CLIN-0076-v.2)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Team/Ward/ Unit:** |  | **Locality:** |  |
| **Team manager:** |  | **PARIS ID:** |  |
| **Auditor name:** |  | **Date of audit:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Question** | **Y** | **N** | **NA** | **Comments/immediate actions taken** |
| **Section 1: Documentation** | | | | | |
| 1 | Is the quick reference guide visible within the clinical area? |  |  |  |  |
| 2 | Has the correct EWS chart for the service (Children / Adult) been used? |  |  |  |  |
| 3 | Are all the patient details (Name, NHS Number, PARIS ID, DoB Admission Date, Ward) complete? |  |  |  |  |
| 4 | Is the EWS chart legible and easy to read? |  |  |  |  |
| 5 | If patient has DNACPR and is not deemed end of life or palliative, has EWS monitoring been conducted? |  |  |  |  |
| **Section 2: Recording the EWS** | | | | | |
| Have the following been completed for a baseline observation on admission: | | | | | |
| 6 | Has the EWS been completed during admission to an inpatient unit to establish a baseline? |  |  |  |  |
| 7a | Respiration rate (entered in numbers)? |  |  |  |  |
| 7b | Oxygen Sats (entered as %)? |  |  |  |  |
| 7c | Patient on Oxygen (tick) |  |  |  |  |
| 7d | Temperature (joined by dots)? |  |  |  |  |
| 7e | Blood Pressure (entered with X and vertical broken line)? |  |  |  |  |
| 7f | Heart Rate (joined by dots)? |  |  |  |  |
| 7g | Heart rate (r or i) |  |  |  |  |
| 7h | Level of consciousness (ticked)? |  |  |  |  |
| 7i | Additional consideration of pain (if concerned) |  |  |  |  |
| 7j | Additional consideration of BM (if concerned) |  |  |  |  |
| **No.** | **Question** | **Y** | **N** | **NA** | **Comments/immediate actions taken** |
| 7k | Additional consideration of passed urine (if concerned) |  |  |  |  |
| 7l | Total EWS Score? |  |  |  |  |
| 7m | Signed? |  |  |  |  |
| 7n | Dated? |  |  |  |  |
| 7o | Entry times in 24 hour format? |  |  |  |  |
| Have the following been completed for every recording: | | | | | |
| 8a | Respiration rate (entered in numbers)? |  |  |  |  |
| 8b | Oxygen Sats (entered as %)? |  |  |  |  |
| 8c | Patient on Oxygen (tick) |  |  |  |  |
| 8d | Temperature (joined by dots)? |  |  |  |  |
| 8e | Blood Pressure (entered with X and vertical broken line)? |  |  |  |  |
| 8f | Heart Rate (joined by dots)? |  |  |  |  |
| 8g | Heart rate (r or i) |  |  |  |  |
| 8h | Level of consciousness (ticked)? |  |  |  |  |
| 8i | Additional consideration of pain (if concerned) |  |  |  |  |
| 8j | Additional consideration of BM (if concerned) |  |  |  |  |
| 8k | Additional consideration of passed urine (if concerned) |  |  |  |  |
| 8l | Total EWS Score? |  |  |  |  |
| 8m | Signed? |  |  |  |  |
| 8n | Dated? |  |  |  |  |
| 8o | Entry times in 24 hour format? |  |  |  |  |
| 9 | If all 6 physiological observations were not recorded, was a EWS calculated? |  |  |  |  |
| 10 | Have all EWS parameters been calculated correctly for each individual score that was recorded? |  |  |  |  |
| 11 | Have all EWS total scores been calculated correctly? |  |  |  |  |
| 12 | Have adjustments to triggers that are recorded in special notes section on the front page been followed? |  |  |  |  |
| If EWS refused was this documented in the following: | | | | | |
| 13a | EWS chart? |  |  |  |  |
| 13b | Physical Health Casenote on PARIS? |  |  |  |  |
| 14 | If EWS refused, were further attempts made by staff to obtain a EWS? |  |  |  |  |
| **No.** | **Question** | **Y** | **N** | **NA** | **Comments/immediate actions taken** |
| 15 | If EWS refused, were respirations recorded as a minimum? |  |  |  |  |
| 16 | If a high blood pressure was recorded, was this reported to a member of the medical team? |  |  |  |  |
| 17 | Were EWS scores that triggered a response discussed at either MDT meetings or report outs? |  |  |  |  |
| **Section 3: Frequency of monitoring** | | | | | |
| 18 | Has the EWS been recorded daily until reviewed by the MDT? |  |  |  |  |
| 19 | Has EWS been recorded daily in MHSOP? |  |  |  |  |
| 20 | Has the MDT and/or Physical Healthcare Practitioner agreed the frequency of monitoring to form part of an individual intervention plan? |  |  |  |  |
| 21 | If patient is in an eating disorder service, has service specific monitoring policies and guidelines been followed? |  |  |  |  |
| 22 | Has individual triggers (front of chart) been determined as part of MDT review led by either a member of the medical team and/or Physical Healthcare Practitioner? |  |  |  |  |
| 23 | If patient has high baseline scores and score remains consistently high, was a review of the triggers conducted and documented on the special notes section of the chart and in the Physical Health Casenote on PARIS? |  |  |  |  |
| **Section 4: Interpretation and response** | | | | | |
| 24a | Was a low EWS score recorded between 1 - 3 and did the following occur? |  |  |  |  |
| 24b | Minimum 4 hourly observations were initiated? |  |  |  |  |
| 24c | Nurse in charge was informed? |  |  |  |  |
| 24d | If score remained high after 4 hours, medical staff were informed? |  |  |  |  |
| 25 | If signs of hypoxia (body deprived of oxygen), was oxygen applied? |  |  |  |  |
| 26a | Was a medium EWS score recorded between 4 - 5 or a deterioration of 2 or more, did the following occur? |  |  |  |  |
| 26b | Place urgent call to medical staff? |  |  |  |  |
| 26c | Observations at least hourly? |  |  |  |  |
| 26d | Apply oxygen if signs of hypoxia? |  |  |  |  |
| 26e | Constant supervision of the patient? |  |  |  |  |
| **No.** | **Question** | **Y** | **N** | **NA** | **Comments/immediate actions taken** |
| 27a | Was a high EWS score recorded of 6 or more or a EWS of 4 or more with no improvement, did the following occur? |  |  |  |  |
| 27b | Oxygen applied? |  |  |  |  |
| 27c | Medical staff contacted? |  |  |  |  |
| 27d | 9/999 called if patient is very unwell or unstable? |  |  |  |  |
| Red zone in any one Section | | | | | |
| 28a | Medical staff informed immediately? |  |  |  |  |
| 28b | Repeat call after 30 minutes? |  |  |  |  |
| 28c | 9/999 called? |  |  |  |  |
| **Section: 5 Rapid Tranquilisation** | | | | | |
| If the patient has been subject to rapid tranquilisation, were the following completed? | | | | | |
| 29 | If rapid tranquilisation was administered parenteral, has the EWS been monitored every 5-10 minutes for 1 hour post tranquilisation or until patient is ambulatory? |  |  |  |  |
| 30 | If rapid tranquilisation was administered oral, has the EWS been monitored every 30 minutes until patient is ambulatory? |  |  |  |  |
| **Section 6: SBARD** | | | | | |
| 31a | Was the SBARD tool used to communicate concerns about patient with another member of staff? |  |  |  |  |
| 31b | Was this documented in the Physical Health Casenote on PARIS? |  |  |  |  |
| **Section 7: EWS Training** | | | | | |
| 32 | How many ward staff have completed the EWS training? | Registered | | |  |
| Non-registered | | |  |

