	Adult Patient Observation Charts (Incorporating the Modified Early Warning Score (MEWS)) Procedure	Procedure Number <i>CHC-PN-0129</i>	Version Nos: 2
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1. Purpose

This Procedure outlines the process to be followed to ensure that:

- The recognition and management of the deteriorating or at risk of deteriorating patient;
- Early intervention of the deteriorating patient;
- Reduced admissions to Critical Care Unit;
- Reduced Mortality;

Occurs throughout the Adult Inpatient Services (excluding Mental Health) of the West Coast District Health Board (WCDHB)

2. Application

This Procedure is to be followed by all nursing and medical staff throughout the Adult Inpatient settings throughout the WCDHB.

3. Definitions

There are no definitions associated with this Procedure.

4. Responsibilities

For the purpose of this Procedure the:

Nursing Staff are required to:

- Obtain an accurate MEWS total
- Follow Management Pathway
- Maintain accurate documentation including **plan** and **outcome**

Medical Staff are required to:

- Follow Management Pathway
- Maintain accurate documentation including **plan** and **outcome**

5. Resources Required

This Procedure requires:

- WCDHB Adult Patient Observation Chart
- ISBAR Communication Tool

6. Process

1.00 Introduction

- 1.01 Take the patient's five vital signs. Respiratory Rate, Heart Rate, Blood Pressure, Temperature and Mental Response (AVPU)
- 1.02 Record all five vital signs on the WCDHB Adult Patient Observation Chart.
- 1.03 Using the MEWS score, score and record individual vital signs
- 1.04 Total the scores to give an overall MEWS score.



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1.05 Use this total to direct clinical action using the Management Pathway Guidelines

2.00 Management Pathway Guidelines

2.01 Utilising the total MEWS score (as determined in the previous Section), follow the relevant Pathway Guidelines as follows:

a) Mews Score of 1-2

- Continue routine/ordered monitoring increase frequency if indicated
- Optimise treatment as required
- Inform nurse in charge/Duty Nurse Manager (pager 52)
- Consider RMO review

b) Mews Score of 3-5 or one score of 3

- Optimise treatment
- Increase frequency of observations to 30 minutes
- Inform nurse in charge/Duty Nurse Manager (pager 52)
- Contact RMO for review within 30 minutes, mandatory Consultant review if no improvement
- **Plan to be formulated and documented**
- If patient not seen contact nurse in charge/Duty Nurse Manager

c) MEWS Score \geq 6

- Optimise treatment
- Observations minimum of 30 minutes
- Inform nurse in charge/Duty Nurse Manager
- Contact RMO for urgent review
- Inform Consultant

3.00 Changes to Vital Sign Parameters

3.01 Changes will be necessary for some patients who require special consideration. Should the amended parameters no longer be relevant then this needs to be clearly documented and readjusted on the MEWS scoring system.

3.02 Changes can only be made by Medical Officers.


3.03 Changes must be signed and dated

4.00 Changes to Vital Sign Parameters

4.01 All calls to the medical staff are to be documented in the patient's clinical notes

4.02 All changes made to the parameters must be documented in the clinical pathway and clinical notes and signed by the relevant doctor.

4.03 Changes to Parameters and Plans are to be clearly documented

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7. Precautions And Considerations

- ➔ The early warning scoring system is a tool to help identify adult patients at risk of deterioration and should **NOT** replace skilled clinical assessment and decision making.
- ➔ Patients identified as a clinical emergency should bypass the management algorithm and be treated in the same way as the high score group (Immediate 777 call).
- ➔ MEWS scoring system does not apply to patients who have/are identified as Not for Resuscitation
- ➔ A low score should not stop you from accessing patient review if you feel the patients condition warrants this

8. References

- CDHB Ashburton and Rural Health Services Guidelines
- Bay of Plenty District Health Board

9. Related Documents

- WCDHB Clinical Documentation Procedure
- WCDHB Advanced Directives Procedure

Revision History	Version:	2
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