CHILD HEALTH BC LEAD BENEFACTOR Save foods	BC PEWS ED QI Audit tool											
	Site:	Auditor:			Date:			Quarter:				
NSTRUCTIONS												
Please random	ly select 20 patient charts (or all ch	arts if less	than 20) j	or every a	udit period	l (6 weeks,	3,6 & 9, 1	2 months)). Do not a	udit ALL f	orms	
from one chart	t.You should have a maximum of 20	forms fro	m 20 char	ts for ever	y site.							
Number of sets	of VS assessments done: Please recor	d the num	ber of sets	of Vital Sig	n assessme	nts comple	ted (even if	BP is missii	ng).			
PEW score docu	mentation: Please note how many tin	nes PEW Sc	ore was do	cumented	when VS as	sessed (this	should be	equal to VS	number or	· less)		
PEW Score accu	racy: Please re-calculate all PEW Sco	res docum	ented whei	ı VS assesse	ed and repo	ort the num	ber of times	FEW Score	e was accu	rate .		
Situational Awa	areness: Please record the number of	times that	a situation	al awarene:	ss factor wo	as documer	ited on evei	y vital sign	record			
	ase indicate whether there was a PEWS	of 4 or mo	ore on the v	rital sign re	cordand wh	ether there	was an es	calation an	d documen	tation on th	ne vital	
sign record	1		1	T		T	T			1		
Background information	Form	1	2	3	4	5	6	7	8	9	10	
	Admission Date (day/mo/yr)											
	CTAS Score											
	PEWS Vital Sign record used											
	Pediatric ENAR used											
	Pediatric treatment form used (Short form)											
PEWS	Number of times VS assessed (regardless of where documented)											
	Number of times PEW Score done											
	Number of accurate PEW Scores											
	PEWS completed at Triage	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y	
eness factors	Family/Caregiver Concern											
	Unusual Therapy											
						1	 					

CHILD: HEALTH BC	BC PEWS ED QI Audit tool										
save foods	Site:	Auditor:			Date: _			Quarter:			
NSTRUCTIONS F											
Background information	Flowsheet	11	12	13	14	15	16	17	18	19	20
	Admission Date (day/mo/yr)										
	CTAS Score										
	PEWS Vital Sign record used										
	Pediatric ENAR used										
	Pediatric treatment form used (Short form)										
PEWS	Number of times VS assessed (regardless of where documented)										
	Number of times PEW Score done										
	Number of accurate PEW Scores										
	PEWS completed at Triage	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Situational Awareness factors	Family/Caregiver Concern										
	Unusual Therapy										
	Watcher Patient										
	Communication Breakdown										
	PEWS 2+										
Escalation & documentation	Was there a PEW Score of 4 or more on this vital sign record?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	If YES, was there escalation activation or documentation?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Comments:											