Score	3	2	1	0	1	2	3
Temp	<35.0°c					>38°c	
CL conscious level		50 20	New Confusion	Alert	to <b>V</b> oice	to <b>P</b> ain	(or GCS<9) Unconscious
Resp per minute	<8		5	8-14	15-20	21-29	>30
HR per minute	<40		40-50	51-100	101-110	111-130	>130
B/P systolic	<70	71-80	81-100	101-180	>180	*	2
Urine (if urine volumes measured)	<35ml/hr for 2 hours or more . or	<35ml/hr		35-70 ml/hr or	,		
of if patient weight unknown	less than 0.5ml/kg/hr	less than 0.5ml/kg/hr		0.5- 3ml/kg/hr			

## **Early Warning Score Referral Guidelines** MEASURE THE EWS **EWS 3-5** EWS 6 or more EWS <3 SHO/SpR to review Consider nursing EWS 0 intervention to reduce EWS within 30 mins Continue with Remember! ABCDE routine EWS Recheck EWS after monitoring Patient not intervention & within one responding to EWS Score 1-2 hour. intervention within If still triggering, patient Consider increasing one hour review required by: frequency of Daytime: observations PRHO/SHO/SpR/Outreach SpR to review & involve Consultant Out of hours if appropriate Nurse Practitioner/PRHO Every patient who triggers the EWS (3 or more) MUST have their observations recorded as a minimum every hour until they are no longer triggering

Patients must be scored on every set of observations.

Any patient who triggers the score must be reviewed and action taken documented.

Any patients who score 3 in any single parameter must be referred to and reviewed by the appropriate member of the clinical team.

The early warning score does not replace clinical judgement.

If a patient scores less than three but you have concern, then treat as if triggered and action or refer as appropriate.

Patient Weight	Minimum hourly urine output (>0.5mls/kg/hr)	Maximum hourly urine output (<3mls/kg/hr)	
50kg	25mls	150mls	
60kg	30mls	180mls	
70kg	35mls	210mls	
80kg	40mls	240mls	
90kg	45mls	270mls	
100kg	50mls	300mls	
110kg	55mls	330mls	
120ka	60mls	360mls	