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abstract

Utility of Pediatric Early Warning Scores (PEWS) in building nursing competence in a Greenfield Hospital: Results from a single centre in India

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abstract

Utility of Pediatric Early Warning Scores (PEWS) in building nursing competence in a Greenfield Hospital: Results from a single centre in India

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Introduction: Pediatric Early Warning Scores (PEWS) are nursing clinical assessment tools which enable the objective early recognition and management of sick children. The PEWS tool can decrease unplanned Intensive Care Transfer (PICU) and CODE BLUE with Rapid Response Team activation (RRT), which results in decreased morbidity and mortality. While starting the pediatric oncology and Bone marrow transplant program (PHO unit) at our hospital we were concerned about having adequate processes, untrained nursing staff in the PHO unit and having patients who would need complex care. Hence, we decided to implement PEWS for all patients. As part of Standard operating procedures, PEWS score and actions to be taken were defined and nurses trained. This audit was carried out to see the effectiveness of the training.

Methodology: A retrospective audit was conducted from 1st March 2024 – 30th November 2024 to assess implementation and integration of PEWS tools, wherein training of the staff was 1st

done on the scoring matrix on 3 occasions. Data from PHO patients was collected to see if the scoring had been done appropriately and action taken. This was measured by the number of Code Blue calls registered from the pediatric Oncology department in the given period and mortality.

Results: There has been 100% compliance and appropriate PEWS scoring. Of the 43 admissions (or 342 In-patient Days, an RRT call was raised for 2 patients only. One patient was observed and managed in the ward whereas the 2nd patient required PICU transfer and subsequent intubation, ventilation and management for gram negative sepsis. No Code Blue was initiated in the ward. There was no mortality.

Conclusion: Implementation of a PEWS scoring tool in a pediatric ward is feasible and should be an integral part of complex care patient management. Training of staff in this has helped in confidence building as well as decrease adverse events in the wards.