Background / Significance: Researchers have reported the importance of including families and caregivers to identify early warning signs of impending deterioration in physical or mental condition of patients. Parents especially have reported early warning signs that may include vague signs of “not looking or acting right”. These ambiguous signs are meaningful to help parents appropriately seek out healthcare for their children, but are much more difficult for health care providers who want to document concrete signs and symptoms for a diagnosis and treatment plan. However, researchers and clinicians have recognized the importance of the information/perception that parents and caregivers bring to the health care experience.

Purpose of the study/project: Implement and evaluate an evidence-based protocol for initiating a PEWS system to prevent unnecessary deterioration of a child’s physical or mental health.

Conceptual framework, if applicable: The PDSA framework was used as a conceptual framework to implement the project.

Sample Description/Population: Pediatric patients and their caregivers hospitalized on the Pediatric unit and ages 2 days through 18 years of age. Patients who were there for respite care, day care (with an illness), or for a tonsillectomy procedure were excluded.

Setting: Pediatric unit in a community hospital

Method/Design & Procedure: The Pediatric Practice Council comprised of pediatric nurses and the Clinical Nurse Specialist (CSN) started the PDSA process for PEWS. The PEWS was rolled out by the CNS and a member of the in-house pediatric physician staff, with slides and presentation for physicians, and learning link module for nurses and other staff members. The Pediatric Collaborative group that is comprised of nurses, physicians, and respiratory therapists will continue to monitor progress and outcomes of the project.

Results/Outcomes: Data has been collected for the 6 month time frame 6/20/13-12/20/13. Approximately 250 patients met the criteria for PEWS screening. When the first report was obtained from IT the team noted that only pediatric patients with respiratory illnesses were being screened. Right after that report was obtained, about 2 months into the implementation, the CNS met with the staff to reinforce that all pediatric patients were to be screened and not just those with respiratory conditions.

Conclusions/Implications: The monitoring and evaluation will continue for at least another 6 months. Some of the challenges with the implementation have been with the false perception by staff that only respiratory patients were to be screened and timely reports generated by IT. To continue to make progress to implement the PEWS system, nurses on the unit are needed to champion the project. Continued physician support is also needed. Discussions have begun between the CNS’s of the Pediatric unit and Emergency Care Center (ECC) to explore possibilities of implementing PEWS in the ECC. PEWS may also be an effective tool to use with care of pediatric patients in other areas where children are routinely cared for.