From the Chief Medical Officer
Dr Michael McBride

Department of
Health, Social Services and Public Safety
www.dhsspsni.gov.uk

AN ROINN
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HSS(MD)17/2010

For Action:
Chief Executives, HSC Trusts

For Information:
Medical Directors, HSC Trusts
Directors of Nursing, HSC Trusts
Director of Nursing Public Health Agency
Chief Executive, HSC Board
Chief Executive, Public Health Agency
Director of Public Health/Medical Director, Public Health Agency
GAIN, Chairman
RQIA

Your Ref:
Our Ref: HSS(MD)17/2010
Date: 12 April 2010

Dear Colleague

PHYSIOLOGICAL EARLY WARNING SYSTEMS

You will be aware that CREST (Clinical Resources Efficiency Support Team) issued regional guidelines on Physiological Early Warning Systems (PEWS) in 2007. We are aware that Trusts may be using early warning systems which they do not call PEWS but which fulfil the same function.

Several Serious Adverse Incident reports and a recent GAIN (Guidelines and Audit Implementation Network) audit of the use of physiological early warning systems have highlighted some important learning that could apply to all Trusts.

- Consistent recording of physiological measurements (ie respiratory rate, pulse, blood pressure, temperature, alertness etc) being recorded as part of each set of observations.

- Escalation action to be performed and recorded when indicated by score.

- All observations for each patient to be recorded on an early warning system chart thus avoiding duplication.

All Trusts through existing clinical governance arrangements will be assuring themselves of the effectiveness of such systems. We would specifically ask all Trusts

to review their use of physiological early warning systems including:

1. Ensuring Trust has a policy on use of a physiological early warning system for all adult patients in acute settings.

2. Specific protocols (for example, patients following emergency admission, or post operative patients) indicating measurements to be included in each set of observations, trigger scores for escalation, appropriate escalation actions and minimum intervals between observations.

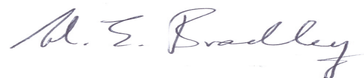
3. Staff training in recording, scoring and appropriate escalation actions.

4. Use of physiological early warning systems is audited. (The CREST guideline includes an audit tool which Trusts may find helpful).

Trusts should write to jim.livingstone@dhsspsni.gov.uk by 30 September 2010 to confirm this review has taken place and, if needed, an action plan has been developed following the review.

Yours sincerely

Dr Michael McBride
Chief Medical Officer



Mr Martin Bradley
Chief Nursing Officer

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