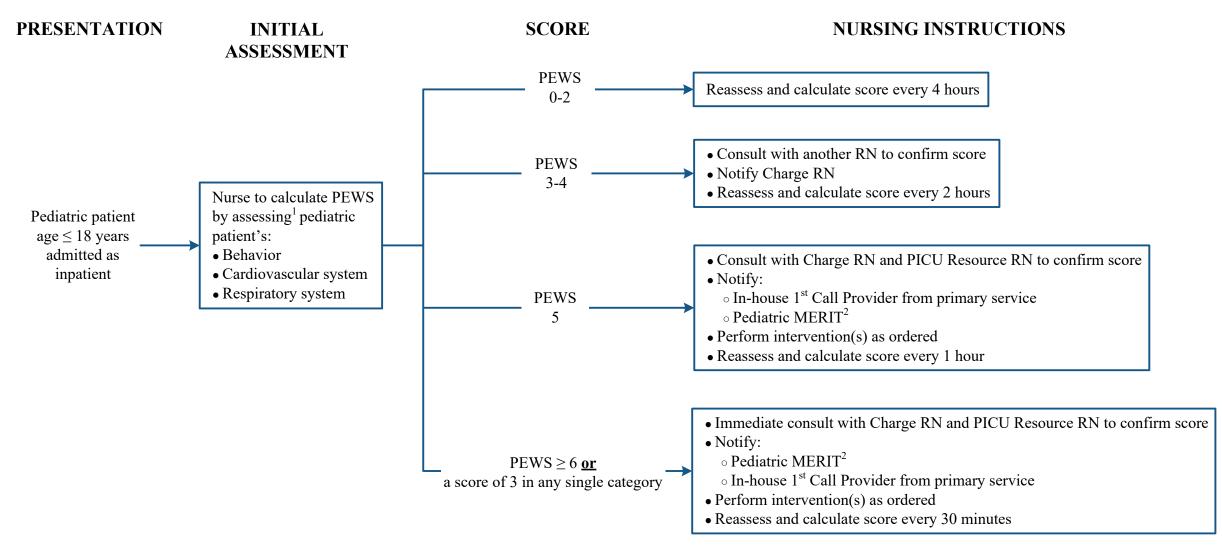
THE UNIVERSITY OF TEXAS MDAnderson Cancer Center Detecting Pediatric Patient Deterioration Using PEWS Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure

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PEWS = Pediatric Early Warning Score PICU = Pediatric Intensive Care Unit

¹See Appendix A for Modified PEWS tool. Score should be documented in the patient's medical record. ²For patients on G9, call 832-748-6478. For all other patients, call 713-792-7090.

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APPENDIX A: Modified PEWS Tool

	Score ¹			
	0	1	2	3
Behavior	PlayingAppropriate	• Irritable, but consolable	• Irritated, but not consolable	LethargicConfusedReduced response to pain
Cardiovascular System: Rate	• Within normal parameters for age	• Tachycardia < 20 above normal for age	• Tachycardia 20-29 above normal for age	 Tachycardia ≥ 30 above <u>or</u> bradycardia ≥ 10 below normal for age
Color	• Pink	• Pale <u>or</u> dusky	• Mottled	• Gray
Perfusion	• Capillary refill 1-2 seconds	• Capillary refill 3 seconds	• Capillary refill 4 seconds	• Capillary refill \geq 5 seconds
Respiratory System:				
Rate	• Within normal parameters for age	• Tachypnea 10-19 above normal parameters for age	• Tachypnea ≥ 20 above normal parameters for age with retractions	• Bradypnea ≥ 5 below normal parameters for age with retractions
Effort	• No retractions	• Mild retractions/accessory muscle use	• Moderate retractions/accessory muscle use (including tracheal tugging)	• Severe retractions/accessory muscle use (including tracheal tugging) and grunting
Oxygen	• N/A	 Oxygen required to maintain normal² oxygen saturation Fraction of inspired oxygen (FiO₂) 24-39% 2 L/minute of oxygen Any assisted ventilation³ or initiation of oxygen 	 Oxygen required to maintain normal² oxygen saturation ◦ FiO₂ 40-49% ◦ Oxygen ≥ 3 L/minute 	 Oxygen required to maintain normal² oxygen saturation o FiO₂ ≥ 50%

¹Add 2 extra points if patient requires frequent interventions (e.g., suctioning, positioning, change in oxygen needs, multiple IV attempts required, or every 15-minute or continuous nebulized treatments) or has persistent post-op vomiting

² As defined in patient's orders

³ Includes home bilevel positive airway pressure (BiPAP)/continuous positive airway pressure (CPAP) or home ventilator at baseline settings

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DEVELOPMENT CREDITS

This practice consensus statement is based on majority opinion of the Pediatric experts at the University of Texas MD Anderson Cancer Center for the patient population. These experts included:

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