

Pediatric Early Warning Score (PEWS)

Item	Options	Points
Behavior	Playing: Appropriate for age	0
	Sleeping	1
	Irritable	2
	Lethargic: Confused, or reduced response to pain	3
Cardiovascular	Pink: Capillary refill 1-2 seconds	0
	Pale: Capillary refill 3 seconds	1
	Grey: Capillary refill 4 seconds, or heart rate 20 above normal	2
	Grey and mottled: Capillary refill 5 seconds or more, heart rate 30 above normal, or bradycardia	3
Respiratory	Normal: Rate in range, no retractions	0
	Mild: Rate more than 10 above normal, accessory muscles, or 30% FiO2 or 3 L/min oxygen	1
	Moderate: Rate more than 20 above normal, retractions, or 40% FiO2 or 6 L/min oxygen	2
	Severe: Rate 5 below normal with retractions or grunting, or 50% FiO2 or 8 L/min oxygen	3
Quarter-hourly nebulizers	No	0
	Yes: Nebulizers every 15 minutes	2
Persistent post-operative vomiting	No	0
	Yes: Persistent vomiting after surgery	2

Interpretation

0-2	Low score. Continue routine observations per protocol. Escalate anyway if you or the family are worried or one sign is very abnormal.
3	Increased concern. Inform the nurse in charge, review the child and increase the frequency of observations. A 3 in any single category usually needs escalation on its own.
4	Escalate. Notify the provider promptly per your escalation policy and reassess often. Many hospitals expect a bedside review within about 30 minutes.
5-13	High risk (5 or more). Call for urgent review by the provider or rapid response team per policy and monitor closely. Prepare for possible transfer to a higher level of care.

Total score: _____ Date: _____ Assessed by: _____

Alan Monaghan, Royal Alexandra Children's Hospital, Brighton, UK, 2005. Sources: Monaghan's PEWS table (supplement, Pediatric Quality & Safety 2020); Fuijkschot et al. Modified PEWS, PLOS ONE 2013; Brighton PEWS as predictor of PICU admission, Arch Argent Pediatr 2020; MD Anderson: Pediatric Early Warning Score algorithm (US modified PEWS).

Free calculator and full guide: nursingscales.com/pews-score/ - Educational material; does not replace clinical judgment or facility protocols.