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<b>TITLE</b>	Modified Early Warning Score (MEWS), Escalation and ISBAR
<b>DESCRIPTION</b>	Identify and Escalate clinical deterioration using MEWS, escalation protocols and ISBAR communication tool.
<b>TARGET AUDIENCE</b>	All Medical and Nursing Staff
<b>FACILITY/SERVICE</b>	The Prince Charles Hospital

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The early recognition of clinical deterioration, followed by prompt and effective action, can minimise the occurrence of adverse events such as cardiac arrest, and may mean that a lower level of intervention is required to stabilise a patient.

The Medical Emergency Team (MET) provides an emergency response to stabilise a deteriorating patient until the patient can be cared for by the home team or is transferred to a higher level of care. The MET team does not provide a consultation service and does not take over the care of the patient on the ward.

### **MEWS**

The MEWS has been introduced to assist with the identification and documentation of clinical deterioration.

The patient's observations are taken and documented on the Observation Chart (MEWS). A score is attributed to each observation based on the degree of physiological abnormality. All of the observation scores are added together to provide a total MEWS. The MEWS identifies the escalation pathway for review of the patient.

To accurately score blood pressure, the patient's usual or target blood pressure must be identified in order to calculate the BP score. The systolic BP should be written on the Observation Chart (MEWS).

All modifications to the MEWS are to be documented by the Registrar or Consultant and reviewed daily.

### **Escalation Protocol**

Any score greater than zero warrants increased surveillance of the patient. This may warrant increased frequency of observations. Consider notifying the Team Leader.

If the total MEWS reaches an initial trigger point of four (4) the escalation protocol is to be initiated. The escalation protocol consists of two aspects - increasing frequency of observations and notification to the relevant medical officer. The MEWS also dictates the escort requirements for internal transfer. See [TPCHS10022 Transfers – Inpatient Services](#).

**A. Frequency of Observations**

When the MEWS is four (4) or above, the frequency of observations should be increased:

- ½ hourly for the first hour (or more frequently if the patient’s condition dictates)

If the MEWS falls to less than four (4), continue observations:

- Hourly for the next four (4) hours
- Every four (4) hours for the next 24 hours

If there is no improvement in the MEWS or the patient continues to deteriorate:

- Maintain on ½ hourly observations or more frequently if clinically indicated

The treating medical team will establish a clinical management plan which may include interventions, anticipated response, modifications to observation parameters and further notification.

**B. Communicate Score Appropriately**

**To ensure that escalation is appropriate for the patient in a particular unit, the nurse shall notify the Clinical Nurse Consultant / Team Leader when a patient meets a trigger score.**

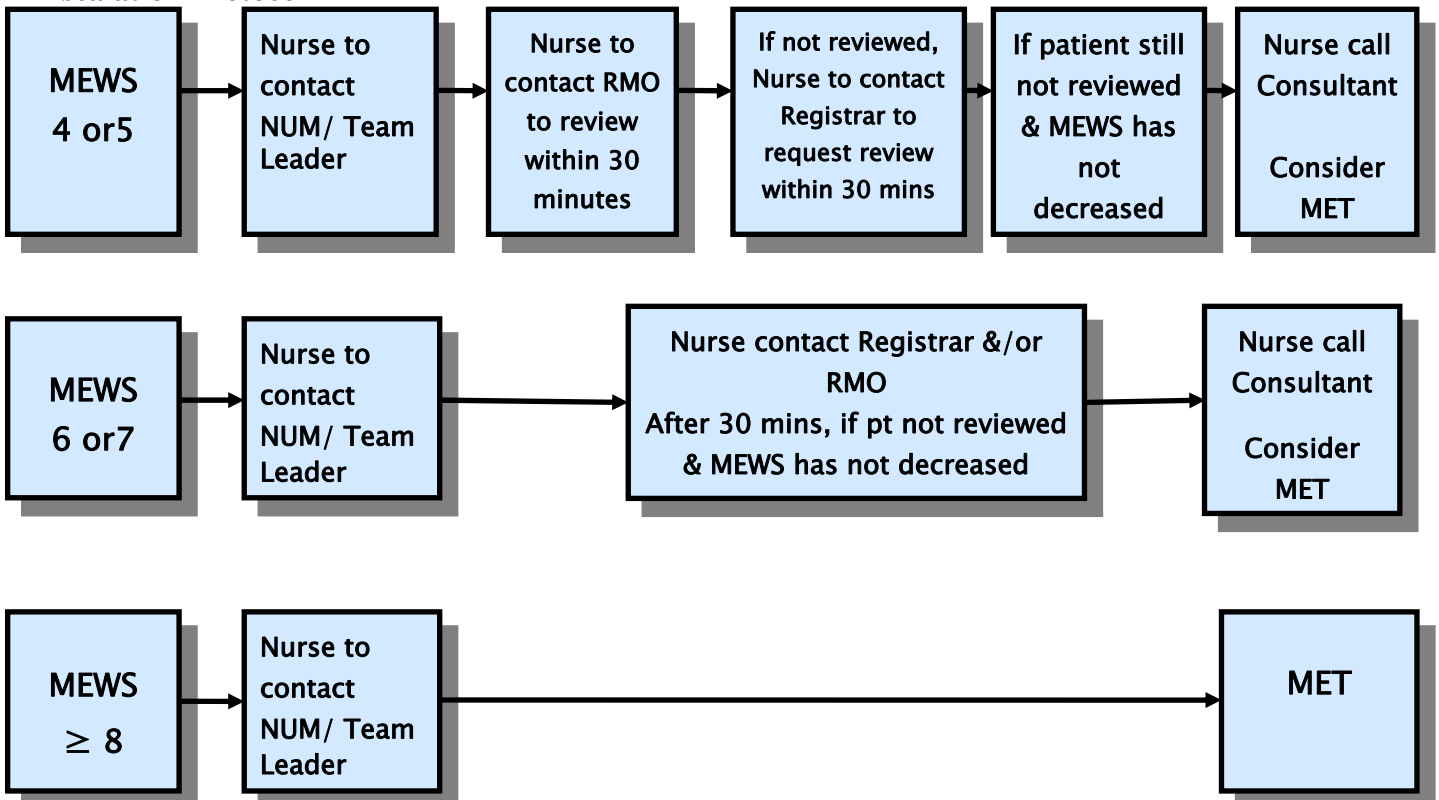
Escalation to the relevant medical officer is dependant on the MEWS as outlined in escalation protocol (below).

However:

- If the patient meets the Medical Emergency Team (MET) criteria a MET should be called as per the MET protocol.
- If the patient meets the Cardiac Arrest criteria a Cardiac Arrest (Code Blue) should be called.

For more details on the MET and Cardiac Arrest criteria please refer to procedure: [Medical Emergency and Cardiac Arrest Teams procedure \(TPCHS10006v1\)](#)

**Escalation Protocol**



In the Emergency Department refer to the Emergency Department escalation protocol.

### Documentation of Escalation

Nursing staff are to document when escalation has occurred on page two (2) of the Observation Chart (MEWS). All clinical staff involved in the patient's care are responsible for timely and accurate documentation of the patient's condition, treatment and response in the medical record.

### ISBAR communication tool

The ISBAR communication tool is used to rapidly communicate clinical issues in the situation of an abnormal MEWS. Use the following as a guide:

Communication Tool	
<b>I</b>	<b>IDENTIFY</b> Identify self: name, position, location Identify who you are talking to Identify patient: name, age, sex, location
<b>S</b>	<b>SITUATION</b> State Purpose: "The reason I am calling is ..." <b>If urgent, say so</b>
<b>B</b>	<b>BACKGROUND</b> Provide relevant information Relevant history Relevant examination <b>including vital signs &amp; MEWS</b> Relevant test results Current management
<b>A</b>	<b>ASSESSMENT</b> State what you think is going on "I think the problem is ..." or "I don't know what the problem is but I am concerned"
<b>R</b>	<b>REQUEST</b> State request "I would like you to ..."

### C. Type of Escort required for Out of Ward transfers

If a trigger score is reached, the following guide is used to determine who should accompany the patient if they are transferred out of the work area.

- MEWS 4 or 5 - Registered Nurse
- MEWS 6 or 7 - Registered Nurse and Medical Officer at Resident level or above
- MEWS  $\geq$  8 - Registered Nurse and Medical Officer at Registrar level or above

## REVIEW OF DOCUMENT

Version update changes

New Document

## MARKETING/COMMUNICATION

Marketing/Communication Responsibility

NM Policy & Procedure - Facility

Marketing/Communication Strategy

- Email Notification to Nursing Gr. 7-9, Medical Directors, Medical HOD & Medical Consultants for dissemination to all staff
- Publish on QHEPS
- Note at Program Management Meetings
- Inclusion in Orientation for all wards/units

## AUDIT STRATEGY

Level of Risk

High

Audit Strategy

Monitoring

Audit Tool Attached

No

Audit Date

!2 monthly with annual review

Audit Responsibility

Medical Director Patient Safety

Key Elements/Indicators/Outcomes

- Ward/unit audit MEWS score accuracy & completion weekly
- SQU auditing MET & Cardiac arrest events

## REVIEW STRATEGY

Minor Review Date 1

31 Dec 2011

Minor Review Date 2

31 Dec 2012

Major Review Date

31 Dec 2013

Review Responsibility

Medical Director of Patient Safety

## PUBLISHING INFORMATION

Version

Version 1

Version Date

16 Dec 2010

Effective Date

16 Dec 2010

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- MET/MEWS Working Party
- Helen Smart NM Policy & Procedure

Replacement For

New Document

Information Source

Australian Commission on Safety and Quality in Health Care - National consensus statement: Essential elements for recognizing & responding to clinical deterioration (22 April 2010)  
ACT Health - Compass Manual (2008)

## SEARCH INFORMATION

Key Words

MEWS, Medical Early Warning Score, MET, Medical Emergency Team, Escalation, ISBAR, Communication

EQuIP and other Standards

Clinical 1.1.1, 1.1.4, 1.1.6, 1.3.1, 1.4.1 1.5.2 Support 2.1.1, 2.1.2 Corporate 3.1.5

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## Approval

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