

NATIONAL CLINICAL EFFECTIVENESS COMMITTEE

Emergency Medicine Early Warning System Chart

Patient addressograph

Early ID Bracelet applied by:	War	arning System Chart					If pregnant or up to 42 days post-partum, replace Page 2 with IMEWS Chart and customised Sepsis Falls Risk Bracelet Y \(\Q_{\text{N}}\) \(\Omega_{\text{N}}\)				
Allergies:	Please spec	cify reactions a	nd/or sensitiv	ity		→ Falls F	Risk Bracelet	YU	N 🖵		
	Pair	n Managem	ent		Date	Time	Signed			sia required	
Not India	cated								(See pie	scription charty	
Pain Score on ED arrival = /10						Υ□	Ν□	Declined \Box			
1st reassessment = /10						Y	NQ	Declined 🖵			
2nd reas	sessmen	t	=	/10				Y	N□	Declined 🖵	
Triage Ti	me: HH.	MM Cate	gory:		Compl	aint:					
Date /Tin	Date /Time Post T			riage Nur	sing Notes	3			Signed / PIN		
Sympton and / or of Infection = CONSII	Signs ion DER	r and the process and a control real opening, engineering and an earliest						/			
			Othe	er documer	nts in use	e for this	patient:				
Pre-Hosp Nursing D Pt Monito ED Medicatio	ocumenta ring Plan al Notes	ation	Transfu Fluid B Sepsis Resus/	ision Chart	Chart	BIPAP/0 Hospita Delirium Care Pa	CPAP Chart I Chart				
• This obse	ervation c						Departme		ical Esc	alation Protocol.	

ISBAR Communication for Monitoring Plan: dentify

Situation

Background

Assessment

Recommendations

Patient addressograph

This page can be adapted for local use

Date/Time:	Post-Triage Nursing Notes (continued)	Signature & PIN

INEWS KEY (for admitted adult patients)

SCORE	3	2	1	0	1	2	3
Respiratory Rate (bpm)	≤8		9-11	12-20		21-24	≥25
SpO ₂ (%)	≤91	92-93	94-95	≥96			
Inspired O ₂ (F _i O ₂)				Air			Any O ₂
Systolic BP (mmHg)	≤90	91-100	101-110	111-249	≥ 250		
Heart Rate (BPM)		≤ 40	41-50	51-90	91-110	111-130	≥131
ACVPU/CNS Response				Alert (A)			Confusion (C), Voice (V), Pain (P), Unresponsive (U)
Temp (°C)	≤ 35.0		35.1-36.0	36.1-38.0	38.1-39.0	≥39.1	

Note: Where systolic blood pressure is ≥ 200mmHg, request immediate medical review.

Monitor SpO₂ for patients with COPD on a patient specific basis according to evidence based guidelines

Orange equates to Blue on Irish National Early Warning Score

Clinical Escalation in all Emergency Departments

- The Emergency Department team will provide immediate resuscitative care where appropriate for all patients within the Emergency Department.
- All clinical escalation events must be documented.

INEWS leaving ED	Score (0-3)			
RESPIRATORY RATE				
SpO ₂				
F_iO_2				
SYSTOLIC BP				
HEART RATE				
ACVPU				
TEMPERATURE				
TOTAL				
Date/Time				
Initials & PIN				

Refer to IMEWS chart for pregnant women

IMEWS score leaving ED	Note No. Yellow or Red
RESPIRATORY RATE	
SpO ₂	
SYSTOLIC BP	
DIASTOLIC BP	
HEART RATE	
ACVPU	
TEMPERATURE	
TOTAL	Y= R=
Date/Time	
Initials & PIN	

· Clinical judgement should always determine patient care.

• Escalate care at any stage if you are concerned about a patient.

