If patient is expected to deteriorate or there is cause for concern consider immediate direction to high risk category.

Primary nurse responder Band 5 / 6 / 7
Primary medical responder FY1 / 2
Secondary responder ST1 / 2 and above
Critical Care ST3 and above

If EWS remains static continue to escalate into the next risk category.
If EWS decreases return to indicate risk.

Contact numbers: Parent team; bleeps as per rota
Critical Care contact; bleep 4716
For information; Outreach bleep 8742,
ACT bleep 1767

High risk of deterioration
EWS ≥ 6
Minimum hrly ob’s

Inform primary nurse responder, Parent team (Registrar or above), attend within 30 minutes, undertake treatment and inform Critical Care who should attend within 30 minutes.

EWS = 3
Low Risk

EWS = 4 - 5
Medium Risk

Inform primary nurse responder & secondary responder to review treatment and undertake ABG Re-score within 1 hour.

EWS = 6 Inform parent & Critical Care team, continue min hrly ob’s

EWS ≥ 6
Low risk of deterioration
EWS = 3
Minimum hrly ob’s

Inform primary nurse responder Assessment & Intervention to be performed and Re-score within 1 hour.

EWS = 1 - 2
Low Risk

EWS = 4 - 5
Medium Risk

EWS = 6
High Risk

Inform primary nurse responder & secondary responder, they should attend, undertake treatment and Re-score within 1 hour.

EWS = 4 - 5
Inform primary nurse responder & secondary responder to review treatment and undertake ABG Re-score within 1 hour.

EWS = 3
Low Risk

EWS ≥ 6
High Risk

EWS = 3 Continue minimum hourly observations, reassessment of treatment by primary nurse & medical responder.

EWS = 3 Inform primary nurse & primary medical responder, they should attend, assess initial intervention and adjust treatment as appropriate. Consider escalating to senior member of ward team, Re-score within 1 hour.

EWS = 1 - 2
Low Risk

EWS = 4 - 5
Medium Risk

EWS = 6
High Risk

All Adult in-patients
Frequency of monitoring as prescribed
EWS Calculated with every set of observations

Recognition Response Intervention

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