

Implementing PEWS in Pediatric Post-Operative Patients

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Introduction

- The current policy for post-operative vital signs (VS) assessment is time consuming, inefficient, causes undue patient distress, and is not evidence-based.
- VS are poor indicators of patient deterioration in children.
- Evidence gap regarding the need for and frequency of VS assessments.

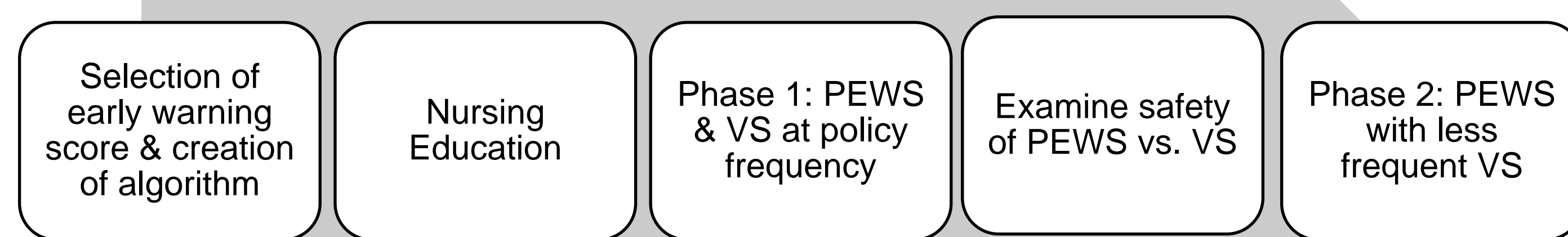
Purpose

- Purpose: Implement evidence-based PEWS tool to detect clinical deterioration in pediatric post-op patients, simultaneously improving nursing satisfaction by improving assessment efficiency
- Objective #1: Implement PEWS to accurately assess postoperative patients' clinical status 80% of the time.
- Objective #2: Implement PEWS resulting in at least 80% increased nursing satisfaction.
- Objective #3: Decrease the number of unplanned post-operative PICU admissions with the use of PEWS.

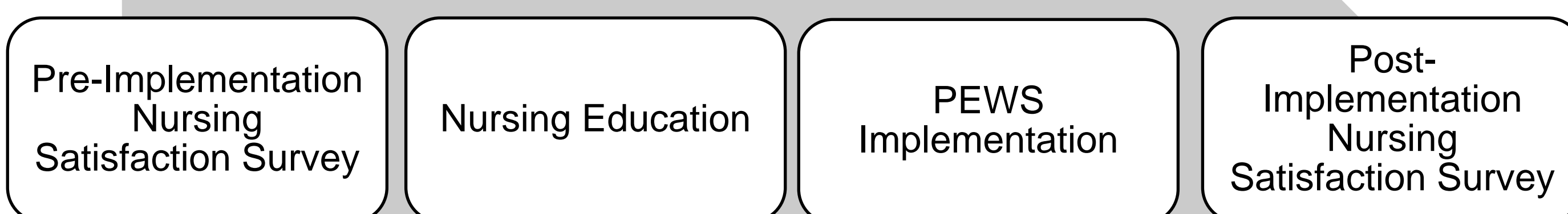
Methods

- Project was deemed not human subjects research
- Setting: Pediatric Med-Surg Unit with 11 admitting services
- Population: Pediatric post-operative patients managed by the Pediatric Surgery Team

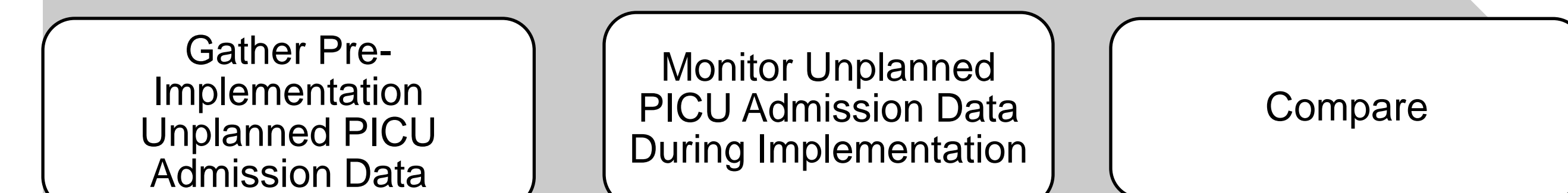
Objective #1:



Objective #2:

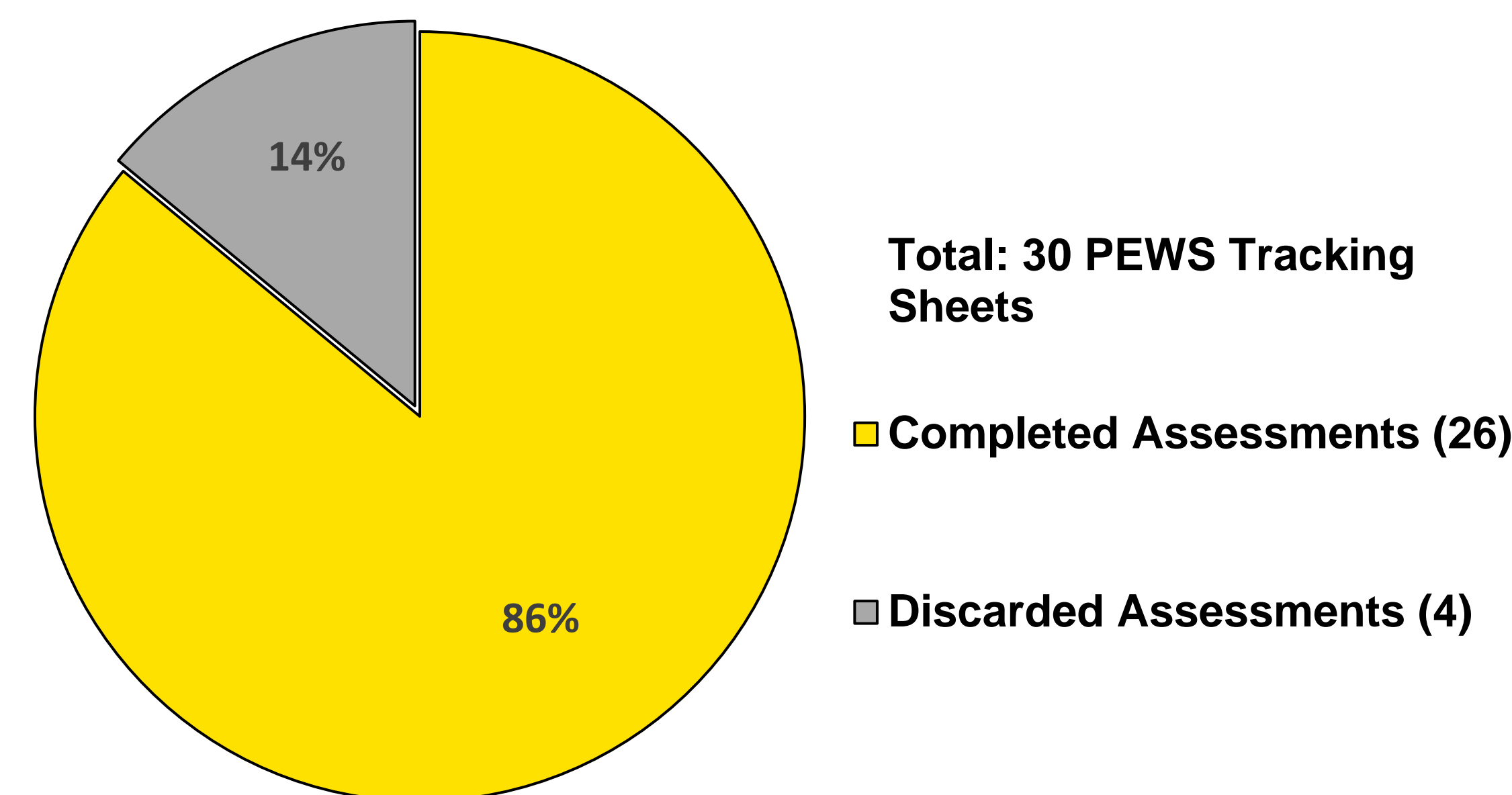


Objective #3:

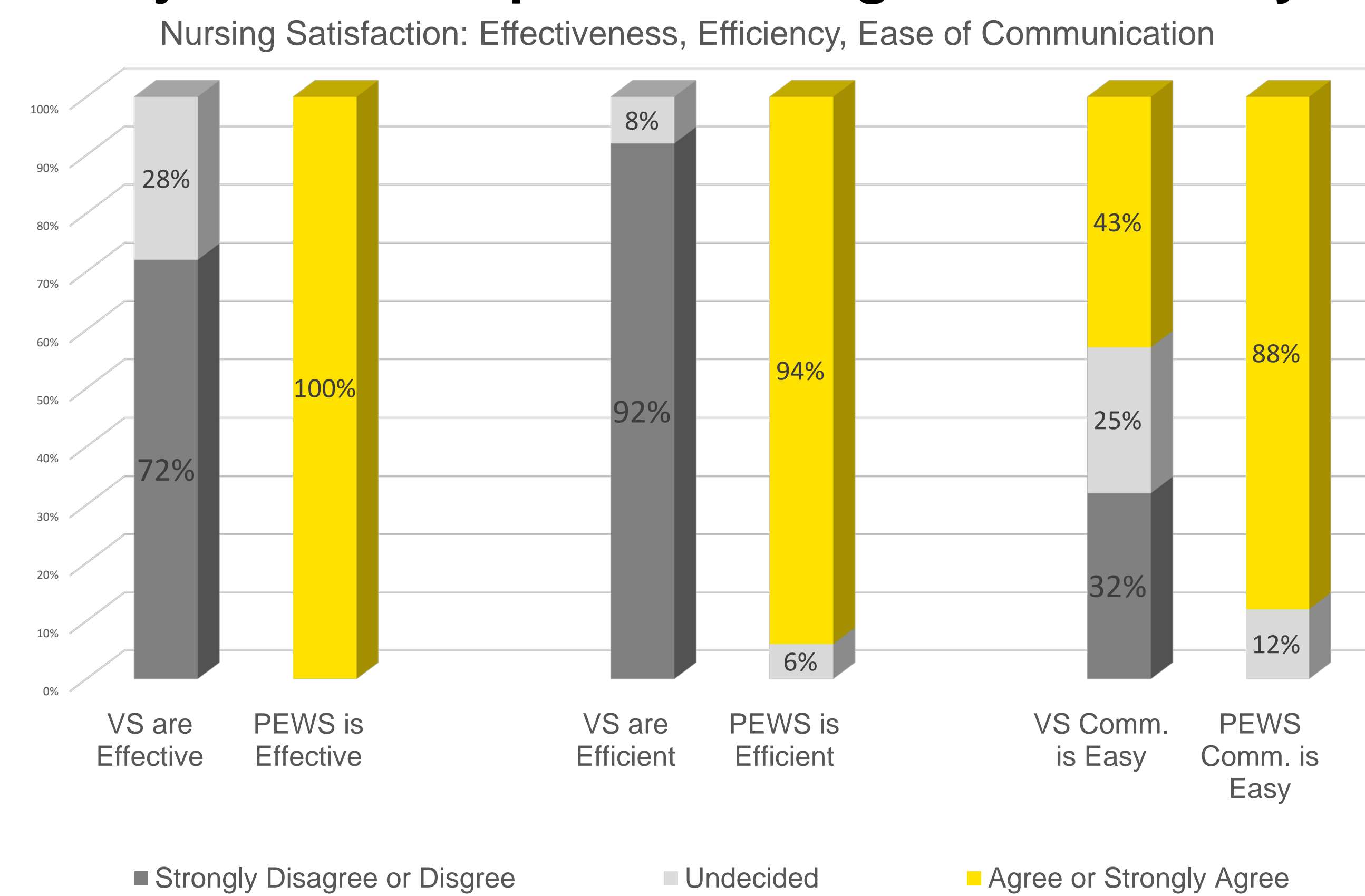


Outcomes

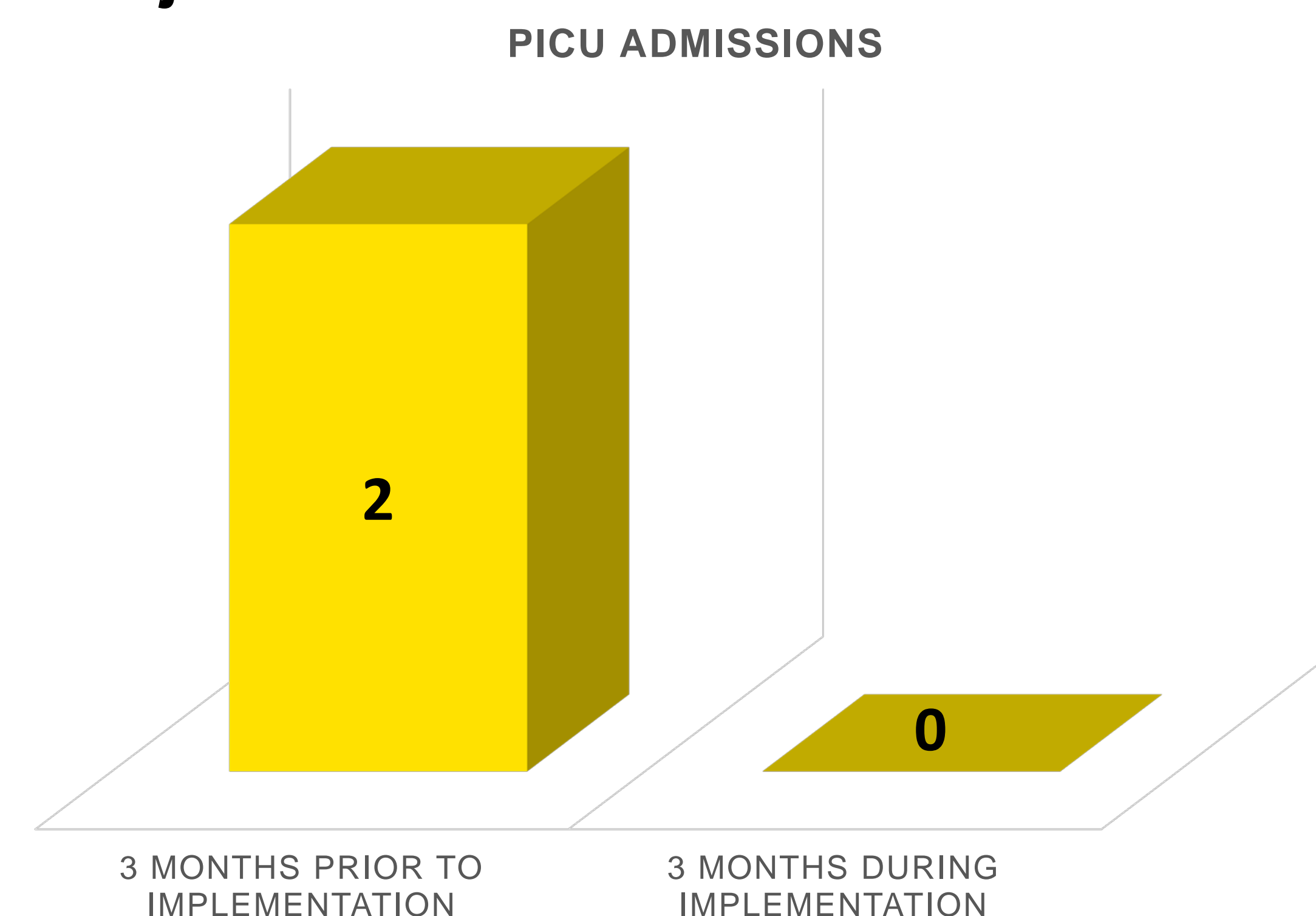
Objective #1: Accurate PEWS Assessments 80% of the Time



Objective #2: Improve Nursing Satisfaction by 80%



Objective #3: Decrease PICU Admissions



Evaluation

Objective #1:

- 86% of PEWS assessments completed
- Phase 1: No safety or patient deterioration events: PEWS safety neither proven nor disproven.
- Phase 2: No safety events. Increased PEWS scores correlated with abnormal VS.

Objective #2:

- Nursing satisfaction increased in the areas of:
 - Effectiveness (100%)
 - Efficiency (98%)
 - Ease of Communication (90%)

Objective #3:

- Unplanned post-operative PICU admissions decreased from two (prior) → zero (during).

Conclusions

Accomplishments:

- PEWS tool implemented for post-operative patients with maintained patient safety.
- L9 nursing satisfaction improved with improved workflow efficacy, efficiency and ease of communication.

Plans for the Future:

- Potential policy change for post-operative patient monitoring
- Add PEWS to routine assessments for all non-ICU patients

References

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Acknowledgements

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