

POLICY TITLE **Modified Early Warning System (MEWS)**

APPROVED BY **Medical Executive Committee**

ORIGINATED BY **Sepsis Care Workgroup**

REVIEW/REVISED **08/2017**

SCOPE: This Policy applies to TCH’s hospital and hospital based locations, including all inpatient locations and on and off campus outpatient departments for Main campus and Liberty Medical Center.

POLICY STATEMENT/PURPOSE:

On the **Medical/Surgical and Stepdown** units, a MEWS score will be calculated and evaluated at least every 12 hours or more often to help identify patients at the earliest signs of deterioration so that interventions can be implemented.

The **Emergency Department** will calculate a MEWS score at triage or on admission to the ED and within approximately 1 hour before transfer to another unit.

The **Intensive Care Units** will calculate a MEWS score within approximately 1 hour prior to transfer to another unit.

RESPONSIBILITY:

Nursing – Registered Nurses and PCAs
Pharmacy
Physicians

PROCEDURE:

1. Obtain vital signs and accept them into the electronic medical record (EMR). Vital signs include blood pressure, heart rate, respiratory rate, temperature.
2. Within an hour of obtaining vital signs, assess level of consciousness (LOC) and record this into the EMR.
3. A score will automatically be calculated for each parameter based on the outline below.

Score	3	2	1	0	1	2	3
Heart Rate		≤ 39	40 - 50	51 - 100	101 - 110	111 – 129	≥ 130
Resp. Rate		≤ 8	9 - 11	12 - 20	21 - 25	26 - 30	≥ 31
Syst. BP	≤ 74	75 - 79	80 - 89	90 -190		≥ 191	
Temperature		≤ 96.7	96.8 – 97.9	98.0 – 100.7	100.8-101.3	≥101.4	
LOC	Unresponsive	Responds to pain	Difficult to arouse	Alert	New agitation/confusion		

4. The EMR will calculate the total score. Depending on the score or change in score, a Best Practice Alert (BPA) will fire and the following actions are outlined in the table below. The STAT team will NOT respond to the ICUs or Emergency Department.

MEWS Score	Suggested In-Patient Action
0 – 2	No BPA will fire
3	Assess the patient; consider early signs of severe sepsis or other acute issues. Repeat vital signs in 2 hours; inform charge nurse.
4	Assess the patient and consider early signs of severe sepsis or septic shock or other acute issues. Consider informing physician and charge nurse

5	Assess the patient; consider informing physician and charge nurse and calling the STAT team; consider initiation of sepsis order set if suspected infectious process.
≥ 6	Assess the patient; call the physician and STAT team STAT; initiate sepsis order set if suspected infectious process.

Once a baseline has been set initially, a BPA may also fire for a change in MEWS score. See table below.

Change in MEWS	Suggested In-Patient Action
0 - 1	No BPA will fire
2	BPA will fire; consider early signs of severe sepsis or other acute issues. Repeat vital signs in 2 hours; inform charge nurse.
3	BPA will fire; assess the patient and consider early signs of severe sepsis or septic shock or other acute issues. Consider informing physician and charge nurse
4	BPA will fire; assess the patient; consider informing physician and charge nurse and calling the STAT team; consider initiation of sepsis order set if there is a suspected infective process.
≥ 5	BPA will fire; assess the patient; call STAT team and physician STAT; consider initiating sepsis order set if suspect infectious process

Medical/Surgical and Stepdown Units

5. If indicated, a BPA will fire for the physician, RN and PCA.

Emergency Department

6. The BPA will have a 4 hour lock out if the Emergency Department RN acknowledges that they have initiated treatment.

Intensive Care Units

7. The BPA will have a 12 hour lock out if the ICU RN acknowledges that they have initiated treatment or the patient is clinically unchanged.

8. Patients transferring from the **Emergency Department** or **ICUs** to non-ICU units will have vital signs and level of consciousness documented within approximately 1 hour prior to transfer. Take the following actions based on the score.

MEWS score	ED/ICU Action prior to transfer
0 - 3	No action required.
≥ 4	Re-evaluate transfer or transfer location with physician and charge nurse; consider higher level of care transfer unit.