

Appendix 1



Saskatchewan
Health Authority



Patient Label

NAME: _____

HSN: _____

D.O.B.: _____

☐ RUH ☐ SCH ☐ SPH ☐ Other _____

ADULT EARLY WARNING SYSTEM (EWS)

VITAL SIGNS RECORD

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Date																			
Time																			
Initials																			
Blood Pressure (mmHg) *Document systolic/diastolic	Score ONLY based on systolic	181+	3																
		161-180	1																
		100-160	0																
		90-99	1																
		89 or less	3																
Temperature • – Oral Ax – Axilla R – Rectal E – Ear T – Temporal	38.3°C+		3																
	37.6-38.2°C		2																
	36.1-37.5°C		0																
	35.1-36.0°C		2																
	35°C or less		3																
Heart Rate	131+		3																
	101-130		1																
	61-100		0																
	41-60		1																
	40 or less		3																
Respiratory Rate	28+		3																
	21-27		1																
	12-20		0																
	9-11		1																
	8 or less		3																
Oxygen Saturation	96%+ (COPD 88-92)		0																
	91-95%		1																
	90% or less despite O ₂		3																
Oxygen Delivery	Room air		0																
	Supplemental O ₂ (L/min)		1																
	Not responding to supplemental oxygen		2																
Level of Consciousness (LOC)	Alert/Normal sleep		0																
	Drowsy; easy to rouse		1																
	New onset of confusion		1																
	Somnolent; difficult to rouse		3																
EWS Score																			
See Progress Notes (✓)																			
Pain Scale (0-10)																			
Sedation Score (S, 1, 2, 3, 4)																			
Sensory Levels	Right																		
	Left																		
Motor Function (0, 1, 2)																			
Weight (kg)																			
Stool																			

ADULT EARLY WARNING SYSTEM (EWS) VITAL SIGNS RECORD

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Patient Label

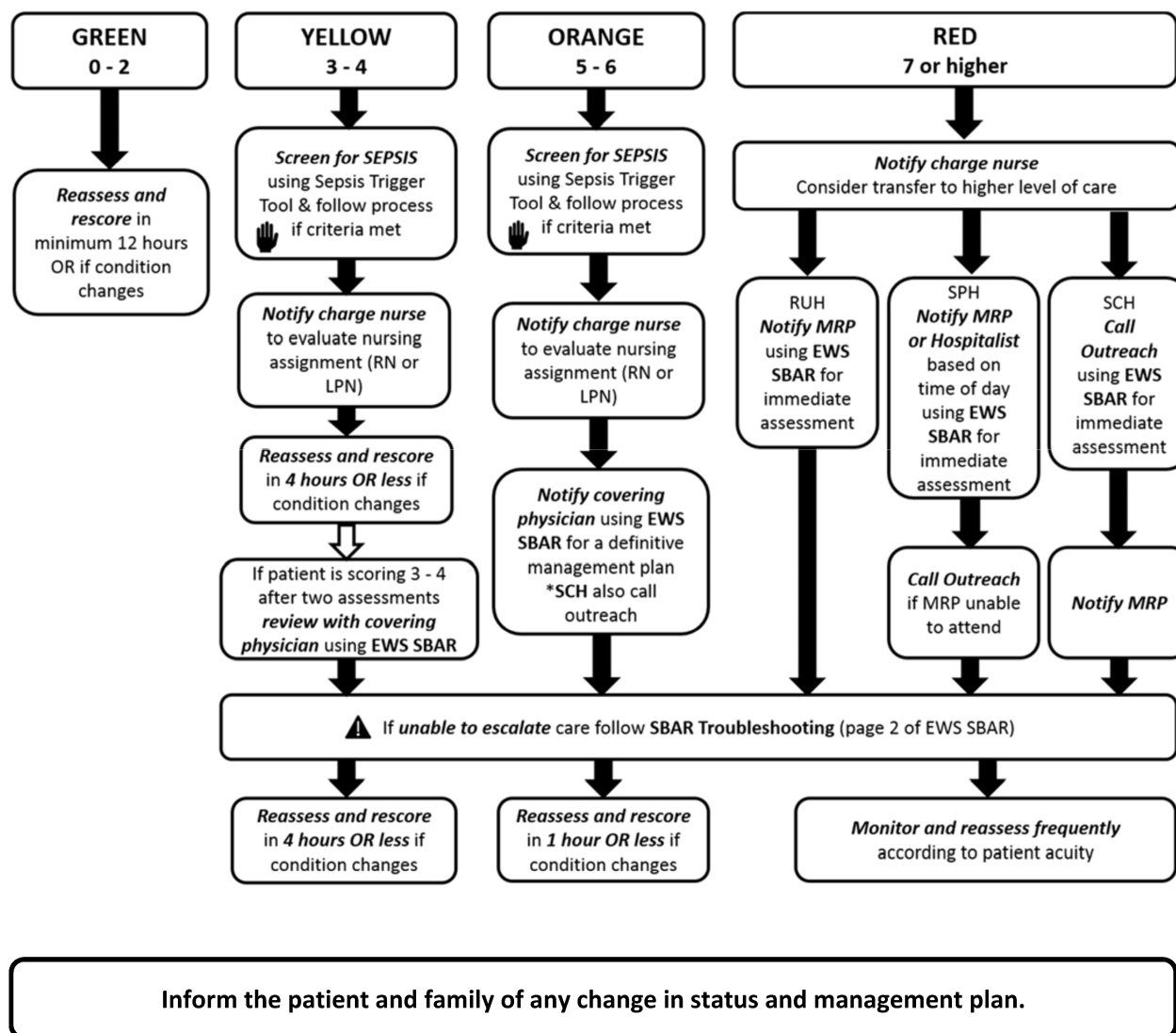
NAME: _____

HSN: _____

D.O.B.: _____

EWS Escalation Process:

Refer to and follow this algorithm every time a patient is scored.



NOTE: Frequency of observations can be increased at the discretion of the clinical team. Concern about the patient should lead to escalation regardless of score.