The early recognition of clinical deterioration, followed by prompt and effective action, can minimise the occurrence of adverse events such as cardiac arrest, and may mean that a lower level of intervention is required to stabilise a patient.

The Medical Emergency Team (MET) provides an emergency response to stabilise a deteriorating patient until the patient can be cared for by the home team or is transferred to a higher level of care. The MET team does not provide a consultation service and does not take over the care of the patient on the ward.

**MEWS**
The MEWS has been introduced to assist with the identification and documentation of clinical deterioration.

The patient’s observations are taken and documented on the Observation Chart (MEWS). A score is attributed to each observation based on the degree of physiological abnormality. All of the observation scores are added together to provide a total MEWS. The MEWS identifies the escalation pathway for review of the patient.

To accurately score blood pressure, the patient’s usual or target blood pressure must be identified in order to calculate the BP score. The systolic BP should be written on the Observation Chart (MEWS).

All modifications to the MEWS are to be documented by the Registrar or Consultant and reviewed daily.

**Escalation Protocol**
Any score greater than zero warrants increased surveillance of the patient. This may warrant increased frequency of observations. Consider notifying the Team Leader.

If the total MEWS reaches an initial trigger point of four (4) the escalation protocol is to be initiated. The escalation protocol consists of two aspects - increasing frequency of observations and notification to the relevant medical officer. The MEWS also dictates the escort requirements for internal transfer. See TPCHS10022 Transfers – Inpatient Services.
A. Frequency of Observations
When the MEWS is four (4) or above, the frequency of observations should be increased:
- ½ hourly for the first hour (or more frequently if the patient’s condition dictates)

If the MEWS falls to less than four (4), continue observations:
- Hourly for the next four (4) hours
- Every four (4) hours for the next 24 hours

If there is no improvement in the MEWS or the patient continues to deteriorate:
- Maintain on ½ hourly observations or more frequently if clinically indicated

The treating medical team will establish a clinical management plan which may include interventions, anticipated response, modifications to observation parameters and further notification.

B. Communicate Score Appropriately
To ensure that escalation is appropriate for the patient in a particular unit, the nurse shall notify the Clinical Nurse Consultant / Team Leader when a patient meets a trigger score.

Escalation to the relevant medical officer is dependant on the MEWS as outlined in escalation protocol (below).
However:
- If the patient meets the Medical Emergency Team (MET) criteria a MET should be called as per the MET protocol.
- If the patient meets the Cardiac Arrest criteria a Cardiac Arrest (Code Blue) should be called.

For more details on the MET and Cardiac Arrest criteria please refer to procedure: Medical Emergency and Cardiac Arrest Teams procedure (TPCHS10006v1)

Escalation Protocol

<table>
<thead>
<tr>
<th>MEWS</th>
<th>Nurse to contact NUM/ Team Leader</th>
<th>Nurse to contact RMO to review within 30 minutes</th>
<th>If not reviewed, Nurse to contact Registrar to request review within 30 mins</th>
<th>If patient still not reviewed &amp; MEWS has not decreased</th>
<th>Nurse call Consultant Consider MET</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 or 5</td>
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<tr>
<td>6 or 7</td>
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<td></td>
<td>Nurse contact Registrar &amp;/or RMO After 30 mins, if pt not reviewed &amp; MEWS has not decreased</td>
<td>Nurse call Consultant Consider MET</td>
</tr>
<tr>
<td>≥ 8</td>
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<td>MET</td>
</tr>
</tbody>
</table>

In the Emergency Department refer to the Emergency Department escalation protocol.
**Documentation of Escalation**
Nursing staff are to document when escalation has occurred on page two (2) of the Observation Chart (MEWS). All clinical staff involved in the patient’s care are responsible for timely and accurate documentation of the patient’s condition, treatment and response in the medical record.

**ISBAR communication tool**
The ISBAR communication tool is used to rapidly communicate clinical issues in the situation of an abnormal MEWS. Use the following as a guide:

![ISBAR Communication Tool Diagram]

**C. Type of Escort required for Out of Ward transfers**
If a trigger score is reached, the following guide is used to determine who should accompany the patient if they are transferred out of the work area.

- MEWS 4 or 5 - Registered Nurse
- MEWS 6 or 7 - Registered Nurse and Medical Officer at Resident level or above
- MEWS $\geq 8$ - Registered Nurse and Medical Officer at Registrar level or above
MARKETING/COMMUNICATION
Marketing/Communication Responsibility: NM Policy & Procedure - Facility
Marketing/Communication Strategy:
• Email Notification to Nursing Gr. 7-9, Medical Directors, Medical HOD & Medical Consultants for dissemination to all staff
• Publish on QHEPS
• Note at Program Management Meetings
• Inclusion in Orientation for all wards/units

AUDIT STRATEGY
Level of Risk: High
Audit Strategy: Monitoring
Audit Tool Attached: No
Audit Date: 12 monthly with annual review
Audit Responsibility: Medical Director Patient Safety
Key Elements/Indicators/Outcomes:
• Ward/unit audit MEWS score accuracy & completion weekly
• SQU auditing MET & Cardiac arrest events

REVIEW STRATEGY
Minor Review Date 1: 31 Dec 2011
Minor Review Date 2: 31 Dec 2012
Major Review Date: 31 Dec 2013
Review Responsibility: Medical Director of Patient Safety

PUBLISHING INFORMATION
Version: Version 1
Version Date: 16 Dec 2010
Effective Date: 16 Dec 2010
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Replacement For: New Document
Information Source: Australian Commission on Safety and Quality in Health Care - National consensus statement: Essential elements for recognizing & responding to clinical deterioration (22 April 2010)
ACT Health - Compass Manual (2008)

SEARCH INFORMATION
Key Words: MEWS, Medical Early Warning Score, MET, Medical Emergency Team, Escalation, ISBAR, Communication
EQuIP and other Standards: Clinical 1.1.1, 1.1.4, 1.1.6, 1.3.1, 1.4.1 1.5.2 Support 2.1.1, 2.1.2 Corporate 3.1.5

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