

REWS

Remote Early Warning Score

Improving Remote Patient Safety: Adding a REWS

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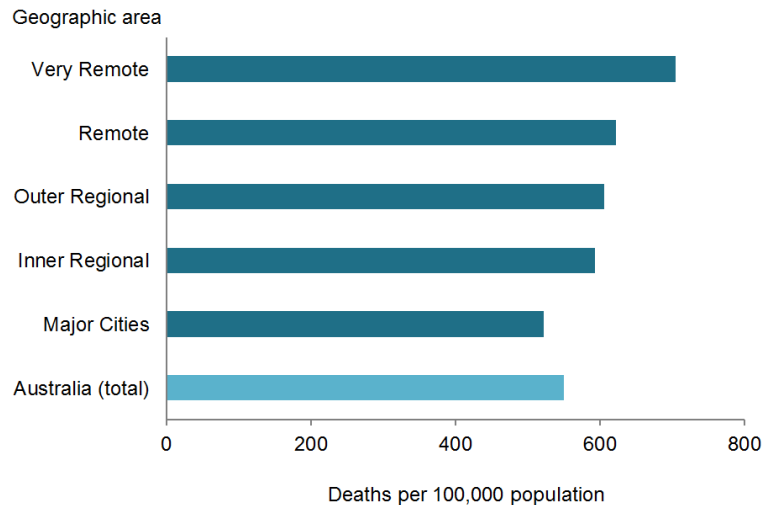
14th November 2017

REWS Application

» ACUTELY ILL

» **NOT** PREVENTION or CHRONIC DISEASE

Remoteness equals Risk



Source: AIHW unpublished analysis of National Mortality Database (2015).

Structures Reducing Risk

On site clinician

- » Adequately qualified
- » Adequate training
- » Adequate experience – PROBLEM: Staff turnover
- » Access to advice

On site facilities

- » Patient information
- » Maintenance of life
- » Diagnosis
- » Point of Care Testing (POCT) options

Decision Support/Evacuation Infrastructure

The Advice

When

- » IT Decision Support Absent

How

- » Patient Record IT
- » Communication

Doctor on site

Duty RMP Telehealth

The Advice

WHEN = REWS

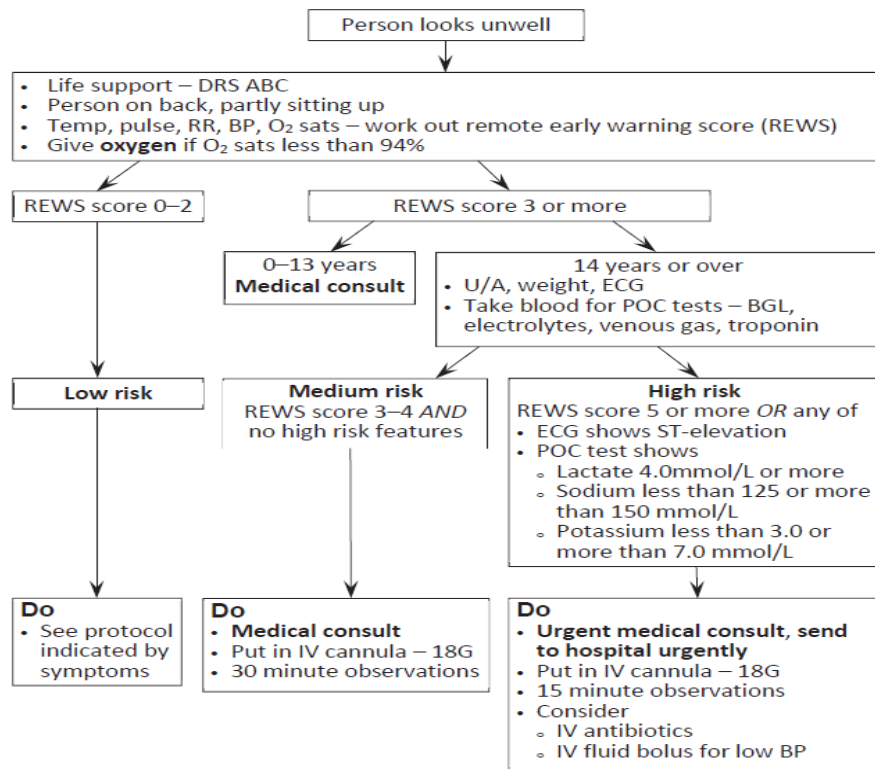
REWS

- »Into CARPA (standard care) 2017
- »Patient observations
- »Number or colour (traffic light)
- »Advice Action

Early recognition of sick or deteriorating patients

- If concerned a person is not improving or is deteriorating despite treatment —
 - Calculate remote early warning score (REWS) using appropriate table
 - Adult – Table 1.1 *OR* if woman more than 20 weeks pregnant – Table 1.2
 - Child (by age) – Tables 1.3 – 1.6 (p8)
 - Score each line individually, then add scores for REWS
 - *THEN* follow Flowchart 1.1

Flowchart 1.1: Management based on risk level



REWS

ADULT

HR	≤ 40		41-50	51-100	101-110	111-130	≥ 131
Systolic BP	≤ 89	90-99		100-169	170-179	180-199	≥ 200
RR	≤ 8			9-20	21-30	31-35	≥36
SaO2% (RA)	≤ 84	85-89	90-92	≥ 93			
Temperature	≤ 34	34.1-35	35.1 - 36	36.1 - 37.9	38 - 38.5	38.6 – 39.5	≥ 39.5
Consciousness AVPU				Awake, Verbal	Verbal <10s awake		Pain Unresponsive
REWS score	3	2	1	0	1	2	3
<u>REWS score</u> = Remote Early Warning Score – add all of the numbers from the bottom row							

REWS

**Number
OR
Traffic Light**

Taught as COLOUR CODING
CARPA emphasises the NUMBER

REWS ACTIONS

YOU CAN DISCUSS ANY CASE WITH THE DUTY RMP (DOCTOR ON CALL), EVEN IF THE 'COLOUR' DOES NOT REQUIRE DOCTOR CONSULT – IF YOU ARE WORRIED OR UNSURE, CHECK WITH A DOCTOR

ANY OBSERVATIONS IN A RED ZONE or REWS ≥ 4:
NOTIFY THE DUTY RMP and DOCTOR IN CLINIC (if present) WITHIN 10 MINUTES
WHEN NOTIFYING STATE CASE IS "URGENT"
IF NO DOCTOR RESPONSE WITHIN 10 MIN RE-NOTIFY STATING "EMERGENCY!"

ANY OBSERVATIONS IN ORANGE ZONE: or REWS = 3
(OR - New or unexplained behavioural changes; Poor peripheral circulation;
Urine output < 3ml/kg/hr for 4 hours or NIL urine output for 12 hours)

MUST CONTACT A DOCTOR WITHIN 15 MINUTES
Duty RMP or On Site DOCTOR

MUST REPEAT OBSERVATIONS IN (MAXIMUM OF) 1 HR – if still in ORANGE, MUST contact Duty RMP

ANY OBSERVATIONS IN YELLOW ZONE:
May manage within CARPA guidelines
Ensure underlying pain, anxiety, hypoxia, fever addressed

REPEAT OBSERVATIONS IN 1 HOUR – if still in yellow zone consult with Doctor

REWS TRIAL

Staff members trained

Pirlangimpi

3

Maningrida

12

Timber Creek

5 (plus 1 Bulla)

REWS TRIAL 2017

February

Training Session

Active Months

March

Survey One (mid March)

April

Survey Two (May)

REWS TRIAL RESULTS

27 surveys completed

9 clinicians completed both (18 responses)

9 completed one

REWS TRIAL RESULTS

24 **easy to use** (also **timely**)

1 disagreed, 2 neutral

REWS TRIAL RESULTS

Consult a doctor:

12 responses - did make consult easier

10 - DID NOT

5 - neutral

REWS TRIAL RESULTS

Usage:

Survey 1: 100%

Survey 2: 47%

REWS TRIAL RESULTS

ATTITUDES

Patients “not needing” REWS
Clinician “too experienced” for REWS

NECTA

NORMAL ASSESSMENT (IT INTEGRATION)

Educational Objectives Purpose Driven

Champion in Clinic

Traffic Light Methodology

Attitudes Addressed

REWS REVIEWS

RATE - MEASURE USAGE

REVIEW PATIENT OUTCOME CHANGES

REMODEL PROCESS

NECTA R

E
W
S