

Transition to MEWS

EWSS will transition to MEWS in July 2019.

Memorial MEDICAL CENTER **MEWS SCORING SYSTEM**

	3	2	1	0	1	2	3
Systolic B/P	≤70	71–80	81–100	101–199		≥200	
HR		≤40	41–50	51–100	101–110	111–129	≥130
RR		≤9		10–14	15–20	21–29	≥30
Temp		≤34.9		35–38.4		≥38.5	
AVPU			Agitated or Confused	Alert	Responds to Voice	Responds to Pain	Unresponsive

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Similarities:

- ▶ MEWS is a track and trigger systems.
- ▶ Visually look the same with the stoplight color format

Based on the MEWS score, the nurse does the following:

MEWS SCORE	MEWS scoring is not for Hospice & Comfort Care Patients
0–2	Continue monitoring MEWS with vitals as ordered.
3	Rescore and re-assess in 1–2 hours. Call physician and RRT if on general floor.
4	Rescore and re-assess every 30 minutes to 1 hour if IMC. Call physician and RRT if on general floor.
5	Requires continuous monitoring. Call RRT and physician. Consider ICU unless condition can be resolved immediately.

Remember: RN may and should call an RRT anytime there is a concern, regardless of the MEWS score.

RAPID RESPONSE TEAM 788–3535

Differences:

- ▶ MEWS escalation points are different.
- ▶ Eliminates urine output (u/o) and oxygen saturation (SaO2) parameters from the physiologic

The standard of care for obtaining & documenting a MEWS score remains the same:

- General floor—MEWS with vitals as per MD order
- IMC—MEWS every 4 hours with vitals
- ICU—MEWS every 12 hours & within 1 hour of transfer to a lower level of care
- ▶ MEWS should also be obtained: on admission to your unit, before transfer to a new unit, after returning from a new procedure, fall, or change in patient condition.
- ▶ MEWS scores should be documented in the EMR as soon as possible, within 1 hour of obtaining the vital signs.

MEWS

Scoring can be easily applied throughout all healthcare settings, from EMS/ED to the inpatient units.

MEWS

Eliminating u/o and SaO2 **DOES NOT** diminish the importance of these clinical findings. They are just not included in the MEWS calculation to decrease ambiguity and misleading scoring of patients who have chronic underlying illness.
Ex: dialysis & COPD patients