

- EMERGENCY**
- Obstructed Airway - not breathing
 - Seizure - current
 - Burn - facial / inhalation
 - Hypoglycaemia - glucose less than 3
 - Cardiac arrest
- VERY URGENT**
- High energy transfer (severe mechanism of injury)
 - Shortness of breath - acute
 - Level of consciousness reduced / confused
 - Coughing blood
 - Chest pain
 - Stabbed neck
 - Haemorrhage - uncontrolled (arterial bleed)
 - Seizure - post ictal
 - Focal neurology - acute (stroke)
 - Aggression
 - Threatened limb
 - Eye injury
 - Dislocation of larger joint (not finger or toe)
 - Fracture - compound (with a break in skin)
 - Burn over 20%
 - Burn - electrical
 - Burn - circumferential
 - Burn - chemical
 - Poisoning / Overdose
 - Diabetic - glucose over 11 & ketonuria
 - Vomiting fresh blood
 - Pregnancy and abdominal trauma
 - Pregnancy and abdominal pain
 - Severe pain

- URGENT**
- Haemorrhage - controlled
 - Dislocation of finger OR toe
 - Fracture - closed (no break in skin)
 - Burn - other
 - Abdominal pain
 - Diabetic - glucose over 17 (no ketonuria)
 - Vomiting persistently
 - Pregnancy and trauma
 - Pregnancy and PV bleed
 - Moderate pain

ADULT TEWS

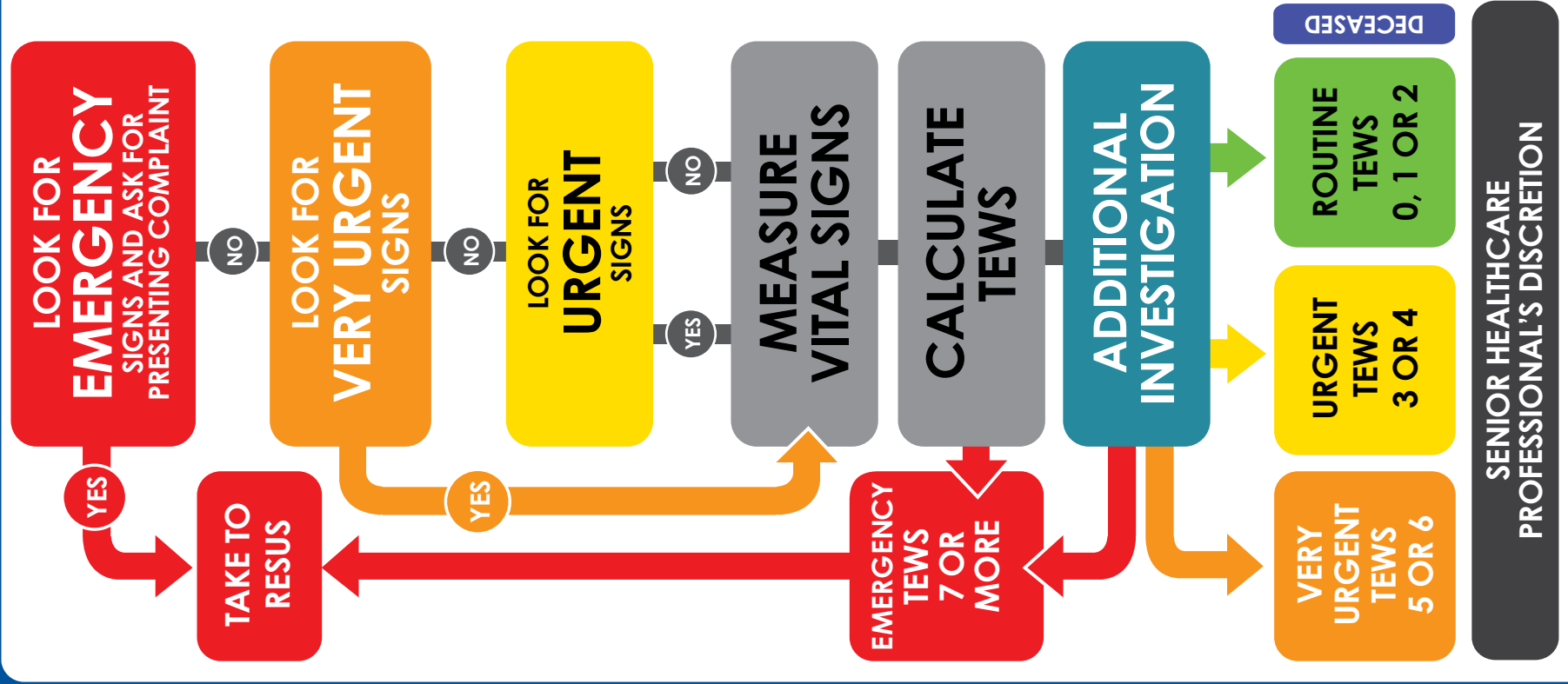
Order than 12 years / male than 150 cm tall

Mobility	3	2	1	0	1	2	3
RR	less than 9	9 - 14	15 - 20	21 - 29	more than 29		
HR	less than 41	41 - 50	51 - 100	101 - 110	111 - 129	more than 129	
SBP	Less than 71	71 - 80	81 - 100	101 - 119	more than 119		
Temp	Cold OR Under 35°			35° - 38.4°	Hot OR Over 38.4°		
AVPU	Confused			Alert	Reacts to Voice	Reacts to Pain	Unresponsive
Trauma				NO	Yes		

CHECK FOR ADDITIONAL INVESTIGATIONS

- If RR scores 1 point or more on TEWS: Check SpO₂ and hand over to SHCP to give O₂; Do a finger prick glucose test if patient is diabetic.
- Reduced level of consciousness (not alert including confused): Do a finger prick glucose test and hand over to SHCP.
- Diabetes and Hyperglycaemia (glucose 11 mmol/L or more): Urine dipstick to check for ketones.
- Unable to sit up/ need to lie down: Do a finger prick glucose test and hand over to SHCP.
- Chest pain: Immediate ECG and hand over to SHCP.
- Active seizure / fitting: Do a finger prick glucose test and hand over to SHCP; IV access - NO intramuscular.
- History of diabetes: Do a finger prick glucose test and hand over to SHCP.
- Hyperglycaemia (glucose 3 mmol/L or less): Move to resus hand over to SHCP and give something to eat or drink.
- Abdominal pain or backache: female: Urine dipsticks and Urine pregnancy test.

Figure 4: Adult SATS chart



EMERGENCY	
A irway and B reathing	Not breathing or reported apnoea Obstructed breathing Central cyanosis or SpO ₂ less than 92% Respiratory distress (severe)
C irculation	Cold hands +2 or more of the following: • pulse weak and fast • cap refill time > 3 sec or more • lethargic Uncontrolled bleeding (not nose bleed)
C onvulsions	Convulsing or immediately post-ictal and not alert
C oma	AVPU: Responds only to Pain (P) OR Unresponsive (U) Confusion
D ehydration	Diarrhoea +2 or more of the following: • lethargy / floppy infant • Very sunken eyes • Skin pinch very slow - 2 sec or more
O ther	Facial / inhalation burn Hypoglycaemia recorded at any time Glucose less than 3 mmol/L Purpuric rash

VERY URGENT	
Tiny baby - younger than 2 months	Some respiratory distress
Incolatible crying / severe pain	Diarrhoea and vomiting +1 or more of the following: • sunken eyes • restless / irritable • increased urine output • dry mouth • crying without tears • skin pinch slow - less than 2 sec
Presenting complaint - more sleepy than normal	Unable to drink / feed OR vomits everything
Poisoning or overdose	Main nutrition (visible severe wasting)
Focal neurology acute	Main nutrition Oedema (pitting oedema of BOTH feet)
Severe mechanism of injury	Unwell child with known diabetes
Burns 10% or more (Thermal, electrical, Chemical)	Any other burn less than 10%
Eye injury	Closed fracture
Fracture - open or threatened limb	Dislocation of larger joint (not finger or toe)
Dislocation of larger joint (not finger or toe)	

YOUNGER CHILD TEWS				
YOUNGER THAN 3 YEARS / SMALLER THAN 95 cm				
	3	2	1	0
Mobility			Normal for age	Unable to move as normal
RR	less than 20	20 - 25	26 - 39	40 - 49 50 or more
HR	less than 70	70 - 79	80 - 130	131 - 159 160 or more
Temp	Feels Cold Under 35°		35° - 38.4°	Feels Hot Over 38.4°
AVPU			Alert	Reacts to Voice Reacts to Pain
Trauma			No	Unresponsive

OLDER CHILD TEWS				
3 to 12 YEARS OLD / 95 to 150 cm tall				
	3	2	1	0
Mobility			Normal for age	Unable to walk as normal
RR	less than 15	15 - 16	17 - 21	22 - 26 27 or more
HR	less than 60	60 - 79	80 - 99	100 - 129 130 or more
Temp	Feels Cold Under 35°		35° - 38.4°	Feels Hot Over 38.4°
AVPU			Alert	Reacts to Voice Reacts to Pain
Trauma			No	Unresponsive

CHECK FOR ADDITIONAL INVESTIGATIONS	
If RR scores 1 point or more on TEWS	Check SpO ₂ - if below 92% give O ₂ and move to resus
Reduced level of consciousness (not alert, including more sleepy than normal)	Do a finger prick glucose test and hand over to Senior Health Care Professional (SHCP)
Unable to sit or move as normal for the child	Do a finger prick glucose test
Diarrhoea	Start ORT
Vomiting only and dehydration	Hand over to SHCP
Main nutrition - visible severe wasting	Do a finger prick glucose test
Main nutrition - with pitting oedema of BOTH feet	Do a finger prick glucose test
History of diabetes	Do a finger prick glucose test if below 3 mmol/L move to resus if "H" check with SHCP
History of bleeding, Bleeding PR, PO or from the site of trauma	Finger prick haemoglobin if 8 or less check with SHCP

Figure 5: Paediatric SATS chart