

MEWS Triggers

Systolic BP < or >
Diastolic BP >
Heart Rate < or >
Respiratory Rate < or >
O₂ Sat on Room Air < %
Validate within minutes

Oliguria < mL/hr for ≥ hours

Maternal agitation, confusion or unresponsiveness

Patient with preeclampsia reporting a non-remitting headache or shortness of breath

MEWS Workflow

- 1. Validate** vital sign trigger: patient care/medical assistant notifies primary RN immediately of trigger, RN validates vital sign within ■■■ minutes
- 2. Notify** designated provider within 5 minutes of trigger using SBAR communication
- 3. Notify** Charge RN
- 4. Escalate:** if no response within hospital policy time frame
- 5. Confirm:** Use “check-back” communication
- 6. Document**

