Modify Early Warning Score (MEWS)

For Hospital Ward Use

The Modify Early Warning Score (MEWS) is a clinical tool developed to aid in the early detection of physiological deterioration in hospitalized patients. It functions by assigning weighted scores to routinely monitored vital signs—including respiratory rate, heart rate, systolic blood pressure, temperature, oxygen saturation, and level of consciousness (AVPU or GCS). The total score reflects the patient's physiological stability and guides the urgency of clinical response.

Who is responsible for initiating & maintaining the EWS chart ➡ Doctors & Nurses

Where should it be available ➡

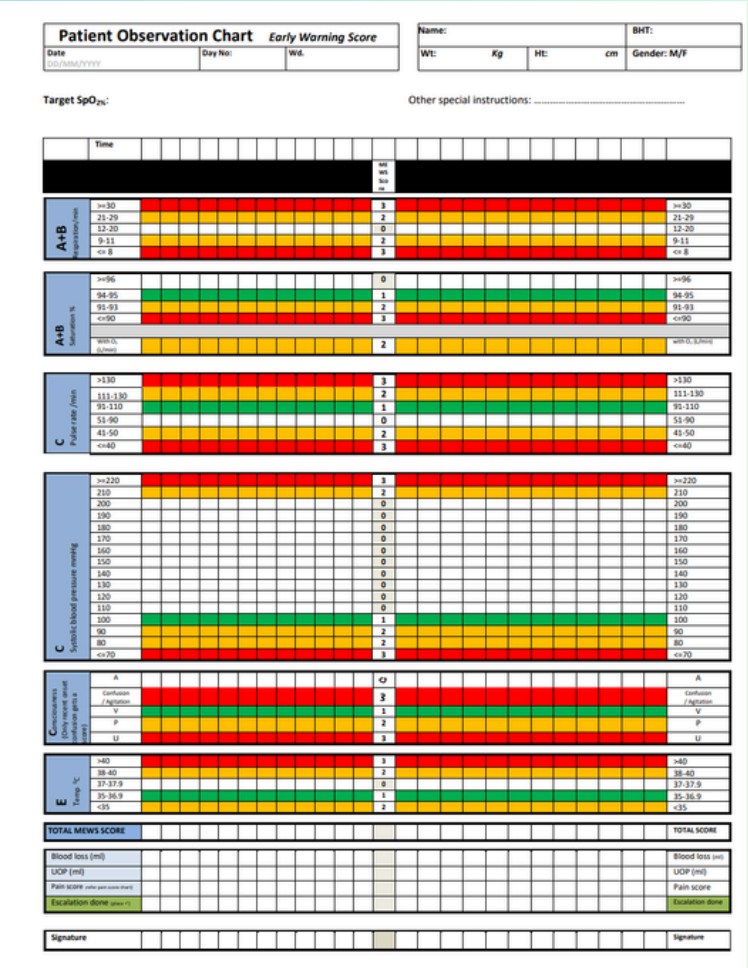
- ETUs / Casualty wards / Adult surgical wards / Adult medical wards / Other specialty wards / Intensive Care Units / High Dependency Units / Operating Theaters/ Endoscopy units / Cath Labs / Other

When to start the EWS Chart ➡

- Admission EWS score of 3 or above
- Deteriorating patient in award setting
- Post procedure/Post surgical patients

When not to start the EWS chart ➡

- Irreversible single/multiorgan failure
- Poor premorbid status/ quality of life
- Metastatic cancer or palliative care



How to USE EWS Correctly-

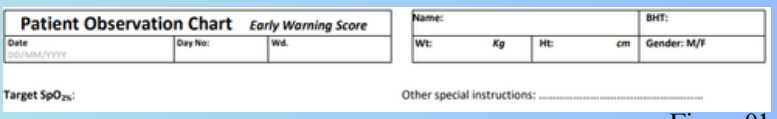


Figure 01

1. Fill the relevant details on the top of the chart.(Figure 01)
2. Document as a Dot/Point (●) for each parameter.
3. Place it at the center of the relevant box.
4. Connect the adjacent point to create a graph. (Figure 02)
5. A red score is an extreme variation of a physiological parameter, it is recommended to enter the actual reading on the chart as shown in figure 03.
6. Mention O_2 Flow rate if the patient is on supplemental O_2.(Figure 02) Target O_2 saturation should be mentioned at the top corner of the chart.(Figure 01)
7. Once all the parameters recorded, calculate the total EWS score and mention in the chart. If any physiological parameter cannot be monitored due to any reason (lack of equipment) the score should be still calculated and entered as incomplete.
8. According to the EWS score, the clinical response can be carried out as shown in figure 04.
9. While monitoring the patient, if initial EWS score changes with time, switch the frequency of monitoring and course of action according to the new score.
10. Irrespective of the EWS score, if signs of immediate life threatening conditions(Figure 05) presents call the MET team immediately. (Medical Emergency Team)

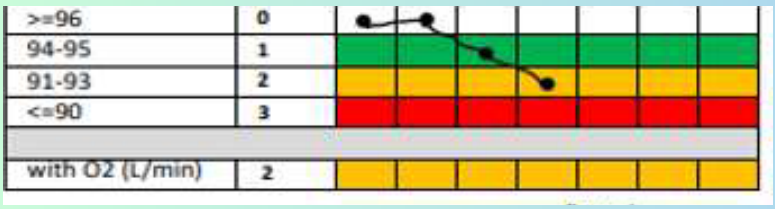


Figure 02

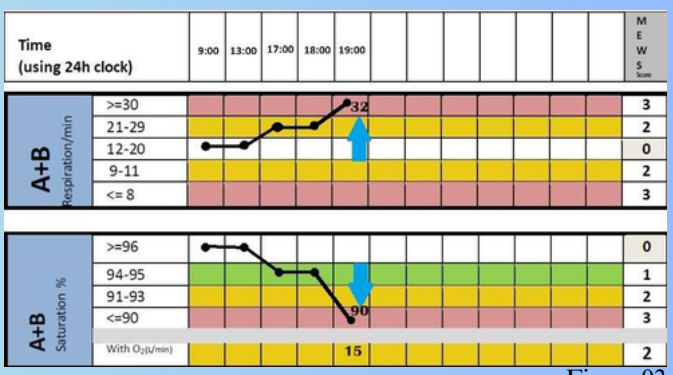


Figure 03

MEWS score	Frequency of monitoring	Clinical response
Total 0	Minimum 8 hourly	Continue routine monitoring
Total 1 – 4 Low risk	Minimum 4-6 hourly	**Review by ward senior nurse in charge** Decide whether increased frequency of monitoring and / escalation of therapy is needed. Inform ward Medical Officer who should attend within 1 hour.
3 in single parameter Low-medium risk	Minimum 1 hourly	Inform the Medical Officer immediately. **Urgent review by ward Medical Officer.**
Total 5 or more Medium risk	Minimum 1 hourly	**Inform Senior Medical Officer/Consultant immediately.** Urgent response (within 30 minutes) from a senior Medical Officer/ Consultant. Arrange acute bed/high dependency bed for close monitoring.
Total 7 or more High risk	Continuous monitoring	Emergency response: **call MET/ ICU team**, senior Medical Officer, inform Consultant. Consider transfer to level 2 or 3 facility (HDU/ICU)

Figure 04

Airway	Threatened
Breathing	All respiratory arrests Respiratory rate: ≤ 6 breaths per minute Respiratory rate: ≥ 36 breaths per minute Oxygen saturation < 90%
Circulation	All cardiac arrests Pulse rate < 40 beats or >140 per minute Systolic blood pressure < 90 or > 180 mmHg
Neurological	Sudden fall in level of consciousness Fall in Glasgow coma scale (GCS) of >2 Repeated or prolonged Seizures
Other	If a senior staff member (Medical Officer or Nursing Officer) is seriously worried about any condition regarding any patient that does not fit the above criteria. Eg. active bleeding, chest pain

Figure 05