Effects of an Early Warning Score Protocol on Patient Outcomes

Abstract

The use of critical thinking in medical surgical nursing is essential to maintain the health of the patients receiving care. Evidence-based practices have become available providing more tools for RNs to use in conjunction with physical assessments to determine early deterioration. Such evidence-based tools, like Early Warning Score (EWS), have given objective scores to help weigh the severity of abnormal vital signs for an individual patient. This Quality Improvement (QI) project established a protocol to provide interventions to a patient with an elevated EWS at a 3 or higher. Education was developed and rolled out to registered nurses, patient care techs, and providers on the medical surgical units and the intensive care unit.

During this project, the use of different thermometers to measure body temperature became an important data piece to understanding the high occurrences of elevating EWS. With quick action of recalibration and ultimately removal of the specific method of temperature obtainment, the number of elevated scores in response to temperature alone was reduced.

The findings show with a standard protocol for nursing to follow in response to an elevation in the EWS, the number of occurrences elevated scores dropped by 83%, allowing for increased sensitivity to the score and increased interventions to those patients identified.

The QI project confirmed when using the EWS as an objective tool with accurate assessment information, an improvement in patient outcomes can be realized. Further research needs completed to understand the best frequency of vital signs in the medical surgical population.

Keywords: early warning score, EWS, patient deterioration, rapid response team, RRT