

JOINT EVENT

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Use of an early warning score to evaluate clinical deterioration in pediatric oncology patientsEspinoza S¹, Rivera J¹, Núñez M¹, Hernández C¹, Martínez R¹, López A¹, Agulnik A², Cárdenas A¹, Ellis A¹, Vega L¹ and Escamilla G¹¹Hospital Infantil Teletón de Oncología, México²Boston Children's Hospital, USA

Introduction: Early warning scores use clinical parameters to generate scores that allows identifying patients at risk for clinical deterioration.

Objective: Evaluate the use of the PEWS (pediatric early warning score) score as a marker of early clinical deterioration in pediatric oncology patients that require evaluation by the intensive care team.

Methods: 128 events were reviewed, corresponding to 71 patients with a diagnosis of cancer that required evaluation by the pediatric intensive care unit (PICU) team between December 2013 and October 2015. A PEWS score was assigned in a retrospective manner to each one of the events up to 10 hours before the evaluation by the PICU team. A score of greater than 4 was classified as critical based on vital signs. The events were classified based on the intervention as: PICU consult, medical response team activation and code team activation.

Results: Before evaluation by the PICU team, 78% of the patients had critical PEWS. PICU evaluation ranged from 10 hours before the event to the moment of the event. Of the 182 events, 79 patients (85.9%) that were transferred to the PICU had critical PEWS before the event. Of the remaining 90 events that did not require transfer to the PICU, 65 patients (72.2%) require an intervention to improve their critical condition.

Conclusions: The use of an early warning score is useful to identify clinical deterioration early. The results suggest that the US early warning score would allow for the objective identification of patients at risk for deterioration.

Biography

Espinoza S has the vocation to improve the care of children with cancer. Together with a great team at the Hospital Infantil Teletón de Oncología and the support of Children's Hospital Boston, she started this project. She received intensive training with a group of nurses at the Dana Farber to replicate this in Mexico with the staff of HITO. She is an active member of the Steering Committee of EVAT in the multisite implementation of EVAT lead by St. Jude Children's Research Hospital in Memphis, TN. She has trained staff at numerous centers in Honduras, Culiacan, Morelos, San Luis Potosí, Campeche, La Paz and Tijuana. Seeking to provide the best care for pediatric patients with cancer, she is continuing this project to share this score with many more hospital.

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