

# Modified Early Obstetric Warning System Guideline

# **MEOWS**

Guideline Number:	616		Supersedes:		Classification		Clinical	
Version No:	Date of EqIA:		Approved by:		Date Approved:	Date made active:	Review Date:	
1	1 C		stetric Written Review		on	14.9.17	14.9.2017	14.9.2018
Brief Summary								

Brief Summary of Document:	
Scope	
To be read in conjunction with:	

Owning	Obstetric Written Documentation Group
committee/group	

Reviews and updates			
Version no:	Summary of Amendments:	Date Approved:	
1	New guideline	Sept 2017	

Keywords	Modified Early Warning Scoring Systems help to improve the detection of life threatening illness	
----------	--	--

## **CONTENTS**

1.	INTRODUCTION	4
2.	Learning points from critical care	4
3.	Criteria for use	4
4.	Frequency of observations	4
5.	Using the meows chart	5
6.	References	5

### 1. INTRODUCTION

The well documented problem of recognising life threatening illness has led to the introduction of a number of early warning scoring systems. A MEOWS is calculated using 5 simple physiological variables.

- Mental response
- pulse rate
- systolic BP
- respiratory rate
- temperature

The principle is that small changes in these 5 variables combined will be seen earlier using MEOWS than waiting for obvious changes in individual variables.

Of all the variables respiratory rate is the most important for assessing the clinical state of a patient but is the one that is least recorded.

Respiratory rate is thought to be the most sensitive indicatory of a patient's physiological well being.

### 2. LEARNING POINTS FROM CRITICAL CARE

Modified Early Warning Scoring Systems improve the detection of life threatening illness. However the detection of life threatening illness alone is of little value. It is the subsequent management that will alter the outcome

### 3. CRITERIA FOR USE

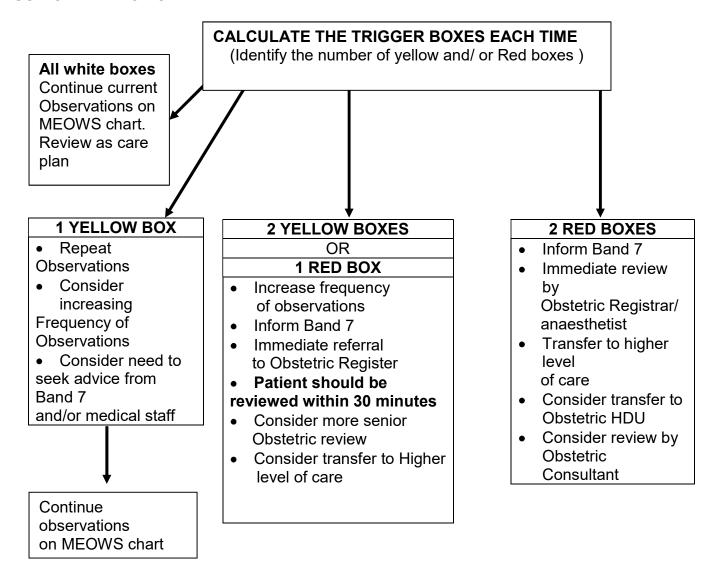
- All woman admitted to maternity ward:
- All post natal women , the form to accompany them home in the notes

### 4. FREQUENCY OF OBSERVATIONS.

Observations to be recorded as required for individual needs and the frequency documented on the form

Date	Time	Frequency of observations document below	Signature	Print	
<b>Note:</b> For all LSCS after completion of immediate recovery observations recorded in theatre records perform 30 min for 2					
hours then be Then reasse		r 6 hours. document frequency below			
		12 hrly 🗆 6 hrly 🗆 4 hrly 🗆hrly			
		12 hrly = 6 hrly = 4 hrly =hrly			
		12 hrly   6 hrly   4 hrly   _hrly			
Exception Box .  To be signed if Observations decided not appropriate for inpatient admission					
Date and Time		Comment	_	Print and sign	

### 5. USING THE MEOWS CHART



### 6. REFERENCES

NICE (2007) Recognition of and response to acute illness in adults in hospital (CG50) London: National Institute for Health and clinical excellence

NICE (2006)Postnatal care (CG37) London: National Institute for Health and clinical excellence

Lewis. G (Ed) (2007) <u>Confidential Enquiry into Maternal and Child Health, Saving Mother's Lives- Reviewing maternal deaths to make motherhood safer</u> 2003-2005. London:CEMACH

Lewis. G (Ed) (2011) Centre for Maternal and Child Enquiries (CEMACE)- <u>Saving Mother's Lives- reviewing maternal deaths to make motherhood safer</u>- 2006-2008. The Eighth Report on Confidential Enquiries into Maternal Deaths in the United Kingdom. London:CEMACH

1000 Lives Transforming Maternity Services. (2012) <u>Improving care, delivering quality. How to Guide 17</u>. www.1000livesplus.wales.nhs.uk