

# Peer review

The editor asked a member of the Research and Development team to comment on the EWS article

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It is good to see renewed interest in this subject and the author has touched on some of the areas that require attention both within our own hospitals and further afield. I will expand on these below but first express some of my own thoughts on Early Warning Scoring (EWS) systems and why, in my opinion, the evidence base has been so elusive.

Since the introduction of an EWS system (aka Track and Trigger System – TTS) in the UK via Richard Morgan's conference abstract<sup>(1)</sup> in 1997, its adoption as a tool in the care of patients on the wards has become a widely accepted part of clinical practice. This has occurred not because of any evidence base that shows improved outcomes but because the idea is overwhelmingly an intuitive one and despite the obvious lack of evidence was subsequently adopted by well-meaning professionals across the UK.

EWS or TTS are complex by their nature as they typically comprise five or six physiological parameters (typically respiratory rate, pulse rate, blood pressure, temperature, a measure of responsiveness and perhaps a urine rate measure and/or oxygen saturation). The points at which the scores are assigned to these parameters and the values they are given add another dimension of complexity and the threshold at which designated action takes place is also a variable. Hence there is wide variability between different systems and findings from conventional clinical trials have, thus far, yielded largely equivocal results.<sup>(2)</sup> Consequently, Cuthbertson and Smith<sup>(3)</sup> are cautious of trusting such systems until further validation can occur. Despite this, however, the pursuit of an effective TTS that can be proved to work continues, because its gains seem so obvious: a system that helps early identification of the onset of serious illness is one that will help deliver the best care to

the patient. We just need to figure out how to make it work! Perhaps, as the author suggests, the onset of new technology and electronic record systems like LORENZO<sup>®</sup> will help us achieve our ambitions in this field. Already, monthly ward observation audits that include EWS are posted on GURU<sup>®</sup> and these have shown a steady improvement since April 2010.

We have been too distracted trying to prove that the use of EWS improves outcome. Instead, we should have focused first on how they are used. This can be divided into three areas that the author has, quite rightly, touched on: training, accuracy and response. Currently work is continuing in this area and a working group meets every other month to advance improvements in practice.

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## REFERENCES

1. Morgan RJM, Williams F, Wright MM. An early warning scoring system for detecting developing critical illness. *Clin Intensive Care* 1997;8:100
2. Gao H, McDonnell A, Harrison DA, *et al.* Systematic review and evaluation of physiological track and trigger warning systems for identifying at-risk patients on the ward. *Intensive Care Med* 2007;33(4):667-7
3. Cuthbertson BH, Smith GB. A warning on early-warning scores! *Br J Anaesth* 2007;98(6):704-6

## Lancaster Medical Students Clinical Mentor Scheme New mentors required!

Do you want to become more involved with our students socially?

A clinical mentor group comprises the mentor (local clinician) and one student from each of the five years at Lancaster Medical School. I have been a mentor since the scheme started in 2007 and the group usually meets termly at my home, though we have had an evening at the Dukes Theatre, Lancaster.

I have found that the meetings have particularly helped the students in the earlier years by having contact with students in the latter part of the course. The meetings

have been stimulating and fun. It has been a pleasure to see the students progressing through the course.

We need a few more clinicians to volunteer as clinical mentors. If you are interested in taking on this role, please contact Ruth Hutchison at Lancaster Medical School [r.hutchison@lancaster.ac.uk](mailto:r.hutchison@lancaster.ac.uk)

Please feel free to contact me to discuss further; if this would be helpful.

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