

Factors that encourage or inhibit nurses' effective use of the MEWS

Andrea Reid¹, Associate Professor Trudy Dwyer² & Associate Professor Lorna Moxham³

Introduction

- The Medical Emergency Team (MET) was first introduced in the early 1990s which expanded the role of the traditional cardiac arrest team, allowing early identification, assessment and management of the critically ill patient on the hospital ward
- Evidence suggests the MET system has failed to demonstrate improved outcomes/survival to discharge following cardiac arrests
- Patients show signs of clinical deterioration at least 24 hrs prior to a cardiopulmonary arrest
- This has resulted in the development of the Medical Early Warning Score (MEWS) designed to quantify any deterioration and thereby estimate the risk of an impending arrest
- MEWS has been developed to aid the decision making process and to assist nurses in making judgements in relation to intervention, timing and communication

Aim

To explore registered nurses' understanding of the Modified Early Warning score

Method

- Purposive and theoretical sampling will be utilised
- Grounded Theory is the methodology
- Data will be collected via interviews, coded and analysed using the constant comparative method



Results

Preliminary results shown in Figure 1 suggests that whilst registered nurses have an understanding of MEWS environmental/interpersonal factors influence the actual declaration. These environmental and interpersonal factors include such issues as staffing, site (e.g. rural or metropolitan facility), communication skills and knowledge.

Conclusion

It is anticipated that a substantive theory will be developed and contribute to practice with evidence enabling registered nurses to have a better understanding of the importance of MEWS.

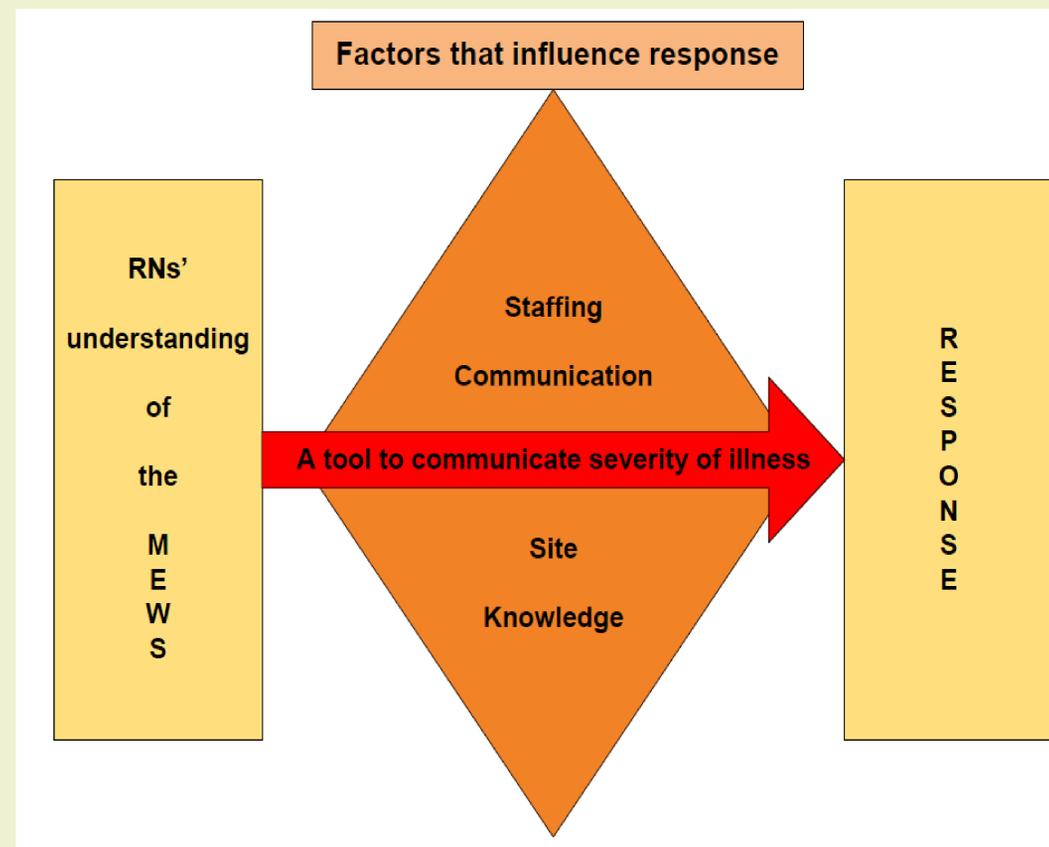


Figure 1 Factors that influence response to a MEWS