

MODIFIED EARLY OBSTETRIC WARNING SYSTEM CHART (MEOWS CHART)

If the patient triggers ANY RED or TWO OR MORE YELLOW flags at any one time, CALL FOR HELP and start the FAST-M Decision Tool.

| | | | | | | | | | | | | | | | | | |
|----------|------------|--|--|--|--|------------|--------|--|--|--|--|-----------|----|--|--|--|--|
| Patient | Ketti Moyo | | | | | Patient ID | CASE 8 | | | | | DOB / Age | 28 | | | | |
| Date | | | | | | | | | | | | | | | | | |
| Time | | | | | | | | | | | | | | | | | |
| Initials | | | | | | | | | | | | | | | | | |

WRITE VALUES IN BOXES PROVIDED

| | | | | | | | | | | | | | | | |
|--|------------|--------|----|--|--|--|--|--|--|--|--|--|--|--|--|
| Respiratory rate (breaths per minute) | 25 or more | RED | | | | | | | | | | | | | |
| | 21 – 24 | YELLOW | | | | | | | | | | | | | |
| | 11 – 20 | NORMAL | 18 | | | | | | | | | | | | |
| | 10 or less | RED | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|---------------------|--------------|--------|------|--|--|--|--|--|--|--|--|--|--|--|--|
| Temperature (°C) | 38 or more | YELLOW | | | | | | | | | | | | | |
| | 36.0 to 37.9 | NORMAL | 37.8 | | | | | | | | | | | | |
| | 35.9 or less | YELLOW | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|----------------------------------|-------------|--------|-----|--|--|--|--|--|--|--|--|--|--|--|--|
| Heart rate (beats per minute) | 120 or more | RED | | | | | | | | | | | | | |
| | 100 – 119 | YELLOW | 103 | | | | | | | | | | | | |
| | 50 – 99 | NORMAL | | | | | | | | | | | | | |
| | 40 – 49 | YELLOW | | | | | | | | | | | | | |
| | 39 or less | RED | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|-----------------------------------|-------------|--------|-----|--|--|--|--|--|--|--|--|--|--|--|--|
| Systolic blood pressure (mmHg) | 160 or more | RED | | | | | | | | | | | | | |
| | 140 – 159 | YELLOW | 141 | | | | | | | | | | | | |
| | 100 – 139 | NORMAL | | | | | | | | | | | | | |
| | 90 – 99 | YELLOW | | | | | | | | | | | | | |
| | 89 or less | RED | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|------------------------------------|-------------|--------|----|--|--|--|--|--|--|--|--|--|--|--|--|
| Diastolic blood pressure (mmHg) | 110 or more | RED | | | | | | | | | | | | | |
| | 90 – 109 | YELLOW | 92 | | | | | | | | | | | | |
| | 40 – 89 | NORMAL | | | | | | | | | | | | | |
| | 39 or less | RED | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|--|--|--------|---|--|--|--|--|--|--|--|--|--|--|--|--|
| Urine output Hours since patient last passed urine (tick box) | 12 hours or less | NORMAL | ✓ | | | | | | | | | | | | |
| | 12 – 18 hours | YELLOW | | | | | | | | | | | | | |
| | 18 hours or more OR less than 0.5 ml/kg/hour | RED | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|----------------------------|---------|--------|---|--|--|--|--|--|--|--|--|--|--|--|--|
| Mental state (tick box) | Normal | NORMAL | ✓ | | | | | | | | | | | | |
| | Altered | RED | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|----------------------------|-----|--------|---|--|--|--|--|--|--|--|--|--|--|--|--|
| Looks unwell (tick box) | No | NORMAL | | | | | | | | | | | | | |
| | Yes | YELLOW | ✓ | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|--------------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| TOTAL YELLOW FLAGS | 3 | | | | | | | | | | | | | | |
| TOTAL RED FLAGS | 0 | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| ACTION TAKEN (IF REQUIRED) Yes (Y) / No (N) | Y | | | | | | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

If there are ANY RED or TWO OR MORE YELLOW flags, CALL FOR HELP and start the FAST-M Decision Tool.

SUSPECT SEPSIS, START FAST-M