**Table 2 : Summary of the effect of use of Pediatric Early Warning Systems (PEWS) compared with no PEWS on patient outcomes**

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| **Outcomes** | **Number/Type of Studies, patients** | **RR (95% CI)** | **Comments** |
| Mortality  (Critical) | 1 RCT[5]  PEWS : 97/251859  No PEWS/Standard Care : 147/307584 | 1.24 (0.95-1.62) | There was no significant difference in mortality with no PEWS compared with PEWS. Pooled analysis demonstrated a trend for increased mortality when no PEWS was used, compared to PEWS |
| 9 Cohort Studies[6-14]  PEWS : 1231/473549  No PEWS/Standard Care : 1762/532607 | pooled RR 1.17 (0.98-1.40) |
| Cardiopulmonary Arrest Events  (Critical) | 6 Cohort studies[7-10, 14, 15]  PEWS : 104/480091  No PEWS/Standard Care: 131/503759 | pooled IRR/RR 1.22 (0.93-1.59) | There was an trend for increased cardiopulmonary arrest events with no PEWS compared with PEWS, but this was not statistically significant |
| Significant deterioration events  (Critical) | 1 RCT [5]  PEWS : 104/480091  No PEWS/Standard Care: 131/503759 | 1.67 (1.34-2.08) | Pooled analysis of all studies demonstrated a non-statistically significant trend of increased significant clinical deterioration events with no PEWS compared with PEWS; limited by heterogeneity |
| 5 Cohort Studies[6, 7, 11, 12, 16]  PEWS : 602/202357  No PEWS/Standard Care: 616/212177 | Pooled RR 1.09 (0.84-1.42) |
| Unplanned Code events  (Important) | 4 Cohort Studies[8, 10, 11, 13]  PEWS : 166/143766  No PEWS/Standard Care: 292/251253 | pooled IRR/RR 1.73 (1.01-2.96) | Statistically significant increase in unplanned code events when no PEWS was compared with PEWS |