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Reduction of Non-Critical Care Area Adverse Events Through the Use of the Modified Early Warning Score

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Abstract

Poor early recognition of a deteriorating patient can lead to an increased chance of an adverse event. In the acute care setting, there is an interdisciplinary team responsible for coordinating and providing a patient's care. In the United States, there are several quality and care standards that are set by the government, accrediting bodies, and facilities themselves. Despite having a heightened awareness of quality measures and financial incentives, adverse events are still a regular occurrence in American health systems. One mode to avoid an adverse event is early detection of a deteriorating patient. Several different tools, assessments, and algorithms have been created to assist medical professionals in this process. One example of an algorithm is the Modified Early Warning Score (MEWS). Implementation of the MEWS can increase early recognition of a clinically declining patient and decrease the number of adverse events in the acute care setting. Despite the development of these tools, many health care facilities still have not deployed an early recognition tool. In order to examine the impact of the MEWS on adverse events in the acute care setting, a review of evidence search was conducted using PubMed and CINAHL Complete. Keywords selected for both databases included *MEWS*, *Modified Early Warning Score*, *adverse event*, and *cardiac arrest*. Based on the results of the evidence search and developing best practice research, the use of the MEWS has shown to decrease adverse events in the acute care setting. The information yielded is significant to the field of nursing as it provides nurses with an objective tool to communicate a change or decline in patient condition, therefore improving patient outcomes and quality of care.