

Modified Early Obstetric Warning Score (MEOWS) Vital Sign Record

CLINICAL	SCORE	DATE												
		(DDMMYYYY) TIME (24 HOUR)												
TEMPERATURE	3	39° or greater												
	2	38 – 38.9°												
	1	37.5 – 37.9°												
	0	36 – 37.4°												
	1	35 – 35.9°												
	2	Less than 35°												
SYSTOLIC BP (mmHg) sBP	3	160 or greater												
	2	150 - 159												
	1	140 – 149												
	0	90 - 139												
	1	80 – 89												
	2	70 – 79												
	3	69 or less												
DIASTOLIC BP (mmHg) dBP	3	110 or greater												
	2	100 – 109												
	1	90 – 99												
	0	50 – 99												
	1	49 or less												
HEART RATE (bpm)	3	130 or greater												
	2	110 – 129												
	1	100 – 109												
	0	50 – 99												
	1	40 – 49												
	2	Less than 40												
RESPIRATION RATE - RR (breaths/min)	3	30 or greater												
	2	25 – 29												
	1	20 – 24												
	0	11 – 19												
	3	10 or less												
SpO ₂	0	Greater than 95%												
	2	92 – 95%												
	3	Less than 92%												
ANY ADDITIONAL OXYGEN	0	No												
	2	Yes												
LEVEL OF CONSCIOUS- NESS	0	Alert												
	1	Respond to Voice												
	2	Respond to Pain												
	3	No Response												
U/O (mL/hr)	0	Greater than 30												
	2	11 – 30												
	3	10 or less												
TOTAL SCORE														
Monitoring Frequency														
Initials														

Instructions for Use: Modified Early Obstetric Warning Score (MEOWS) Vital Sign Record

- MEOWS is used for patients presenting at equal to or greater than 20 weeks gestation up to 6 weeks postpartum
- Measure and record the value of each of the of the physiological parameters in the corresponding section of the MEOWS Vital Signs record.
 - For obstetrical patients with a MEOWS score of 0–4, and if there is no medical indication for more accurate U/O, record a score of “0” if the patient is voiding Q shift. If the patient is not voiding Q shift OR accurate U/O are medically indicated ensure accurate urine output is recorded and documented.
- Add up the scores to derive the final MEOWS score.
- Refer to the MEOWS thresholds and triggers table below to determine frequency of monitoring of vital signs and the clinical response.
- Escalate to the appropriate care provider when a patient or family member expresses concern about a patient’s clinical status.

MEOWS Thresholds and Triggers		
MEOWS SCORE	FREQUENCY OF MONITORING	RESPONSE
0	Minimum standard vitals	• Unit-based response; monitor
1–4	Vitals q 4–6 hours	• Unit-based response; nursing to determine if increased frequency and/or escalation to housestaff is required, monitor
Total 5–6	Vitals q hourly	• Urgent unit-based response; EFM (if applicable), page attending MD and anesthesia
3 in any single individual parameter	Vitals q hourly	• Urgent unit-based response; EFM (if applicable); page attending MD and anesthesia
Total greater than or equal to 7	Continuous monitoring	• Immediate call for rapid response using site-based codes (i.e. Obstetrical 25, Anesthesia 25). Immediate call to Attending MD. Call a Code Blue if criteria met. Consider consultation with ICU.

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Legend:

EFM = Electronic Fetal Monitoring
 ICU = Intensive Care Unit
 U/O = Urinary Output