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Overview of the completeness of Early Warning Score (EWS) documentation by nurses in the Emergency Installation Room (IGD) at Prof. Dr. H. Aloei Saboe Hospital, Gorontalo City

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ABSTRACT

The high incidence of critical conditions and deaths due to delays in early detection is a major concern in emergency services. Although triage has been implemented at the Emergency Installation (IGD) of Prof. Dr. H. Aloei Saboe Hospital, Gorontalo City, continuous monitoring through Early Warning Score (EWS) documentation has not been carried out optimally. This study aims to find out the completeness of EWS documentation by nurses in the emergency room of Prof. Dr. H. Aloei Saboe Hospital, Gorontalo City. This research method is a quantitative research with an analytical descriptive design. The variable in this study is a single variable, namely the description of the completeness of EWS documentation by nurses. The sampling technique used the total sampling method with a total of 33 nurses. Data was collected through observation sheets on EWS documentation. The results of the study found that 24 respondents (72.7%) documented EWS completely, while 9 respondents (27.3%) did not complete it, especially on body temperature and urine production/hour parameters. The conclusions of this study show that although most nurses (72.7%) have implemented EWS documentation well. Suggestions are needed for routine training, supervision, and the provision of adequate facilities and infrastructure to support the completeness of EWS documentation optimally.

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INTRODUCTION

Undetectable changes in physiological conditions and less than ideal handling by hospital staff are one of the factors that cause emergencies in patients. Problems related to emergencies generally occur in the care and surgical wards, which are often caused by a lack of clinical monitoring or misdiagnosis of clinical changes that occur

(Baequny et al., 2021).

To increase one's chances of survival, the first step is prompt and appropriate nursing services, especially in terms of effective treatment. Patients with critical conditions are identified quickly and appropriately so that action can be taken immediately. The success rate of emergency care is highly dependent on how quickly and accurately the initial assessment is carried out, which will determine how well nursing care in the patient emergency system is running (Afrianti & Wiryansyah, 2023).

The American Heart Association (AHA) recommends a number of preventive measures, including the availability of defibrillators and resuscitation medications in the treatment room, the availability of emergency response teams, training in resuscitation for medical personnel and hospital employees, and good documentation of medical records related to the patient's vital signs as well as the administration of appropriate resuscitation to reduce mortality rates. EWS is a tool that can be used to monitor changes in patient conditions and resuscitation rates (Subhan et al., 2019).

EWS is a tool for identifying early signs of a patient's clinical condition. The EWS itself serves as an early warning system that assesses how a patient's condition develops based on their score. EWS is the early detection of clinical emergencies that prevent the patient's condition from getting worse. All units that provide nursing care can use this system because it focuses more on the situation before the emergency (Afrianti & Wiryansyah, 2023). EWS is based on the assessment of physiological parameters on a regular basis in clinical situations. A score of zero indicates the absence of physiological disorders, while a higher score indicates a greater physiological disorder, as changes in physiological parameters follow each other in response to acute illness (Williams, 2022).

The first edition of the National Hospital Accreditation System (SNARS) has integrated the EWS system in accreditation assessment, which requires hospitals in Indonesia to apply this early detection tool in determining patients who need to be monitored more intensively. EWS can help prevent the worsening of the patient's condition, even reducing the risk of cardiac arrest. Changes in parameters can be detected 6 to 8 hours before cardiac arrest and emergency code call (code blue). The EWS consists of 7 parameters, namely: respiration, oxygen saturation, systolic blood pressure, pulse, level of consciousness, temperature, and an additional score of 2 if the patient uses a breathing apparatus to maintain oxygen saturation (Indrawati &

Yulianto, 2023).

The Modified Early Warning Score (MEWS) is a modification of the Early Warning Score system originally proposed by Morgan et al. in 1997, with the aim of detecting patients who are developing critical conditions in hospitals. In 1999, Stenhouse and his colleagues proposed modifications to the system and evaluated MEWS on 206 surgical patients over a nine-month period, modifications made including: Adding urine output parameters, Changing the scale of other parameters to be more sensitive (GardnerThorpe et al., 2016).

MEWS is a simple physiological assessment system designed to improve the quality and safety of patient management. MEWS is also defined as an assessment system used to detect patients at risk of clinical decompensation, particularly in patients with critical conditions. MEWS combines a variety of clinical parameters to provide scores that assist medical personnel in identifying patients who may require faster attention or medical intervention. MEWS is designed to improve early recognition of patients who are experiencing or showing signs of deterioration, allowing for faster and more appropriate interventions. By using this system, it is expected to reduce hospital stay and treatment costs, as well as improve clinical outcomes for patients (Horton et al., 2020).

MEWS serves to detect patients at risk of clinical decompensation, especially in patients with critical conditions, by providing scores based on measurable vital parameters. MEWS itself aims to improve clinical response by alerting medical personnel when scores reach a certain threshold, thereby enabling faster evaluation and intervention and reducing length of hospital stay and total cost of care, while improving patient clinical outcomes by reducing mortality rates through earlier detection and treatment (Horton et al., 2020).

Emergency services (IGD) are one of the important areas in health services, because they are often the first place for patients with critical conditions to receive treatment. In the emergency room, quick and appropriate clinical decisions are crucial to determining patient care outcomes. One of the systems that has been widely implemented in the emergency room to determine treatment priorities is triage, which serves to group patients based on severity and immediate need for medical intervention. In many health facilities, triage has been carried out according to the established operational standards (University, 2018).

In practice in the Emergency Installation (IGD), generally the triage process is carried out first before filling in the Early Warning Score (EWS). Triage serves to classify patients based on their emergency level, so that medical personnel can determine treatment priorities quickly and precisely. After the triage process, EWS filling is carried out to continuously monitor the patient's condition and detect early possible worsening of clinical conditions (Abdullah et al., 2022)

However, even though triage has been well implemented, continuous monitoring is still needed to detect early changes in the patient's condition that have the potential to become critical. Patients who are initially categorized as stable conditions can experience rapid deterioration, and early detection of these conditions is key to preventing worse events, such as shock or organ failure. EWS is one of the effective tools to monitor the patient's vital signs at regular intervals and provide early warning signals in case of changes that lead to critical conditions (University, 2018).

In many emergency rooms, the routine implementation of EWS by nurses after triage is still not optimal. This is due to a variety of factors, including a high workload, a lack of training on EWS, or the perception that early triage is sufficient to determine the patient's condition. Delays in the implementation of EWS can lead to delays in the provision of appropriate medical interventions and may increase the risk of patient mortality or morbidity (University, 2018).

EWS is effectively used in the emergency room as a monitoring tool for patient conditions other than triage and can predict the deterioration of the patient's condition and is very effective in the emergency room. EWS has excellent predictive value and has been agreed to affect patients in critical condition. The

implementation of EWS can reduce the workload of nurses, lower mortality rates and create benefits for hospital organizations (Pujiastuti et al., 2021)

According to data reported by the World Health Organization, the highest causes of death in the world are caused by various critical diseases with the most cases being in the cardiovascular system (ischemic heart disease, stroke), respiratory system (COPD, lower respiratory tract infections), kidney failure, cancer and so on (WHO, 2024).

Meanwhile, in Indonesia, the Director of Non-Communicable Disease Prevention and Control Ministry of Health (Kemenkes) Eva Susanti said that cardiovascular or heart disease is the largest cause of death in Indonesia, with the highest percentage being stroke with 19.42 percent and ischemic heart disease (heart attack) with 14.38 percent (Ministry of Health, 2023). In addition, reporting from the results of Basic Health Research (Riskesdas, 2019), non-communicable diseases (NCDs) are also diseases that cause many deaths in Indonesia. The results of Riskesdas stated that the non-communicable diseases consisted of cancer, chronic kidney disease, diabetes mellitus, and hypertension. In addition, in Gorontalo Province, critical illness is the highest cause of death, there is no clear data.

At Aloei Saboe Hospital, Gorontalo City, based on data from the medical record in 2024, the total number of patients who have been treated from January to October has reached 1371 patients and some of them have many patients with critical illnesses recorded including in the Cardiovascular system (Ischemic heart disease 11 patients, 7 patients heart failure, Cardiac arrest 3 patients, Stroke 2 patients) in the respiratory system (Respiratory failure 3 patients, COPD 3 patients), Kidney Failure 4 patients and Cancer as many as 51 patients.

Changes in patients' conditions that are not handled properly that lead to emergencies show how important EWS is in hospital management to prevent unwanted events, as well as as a system to detect the rapid deterioration of patients' medical conditions.

In line with the research (Baequny et al., 2021) carried out, there is an effect of the use of EWS on the early detection of critical patient conditions. And research conducted by (Astuti et al., 2023) in the inpatient room also shows that there is an effect of EWS implementation in detecting acute deterioration in patients.

Aloei Saboe Regional General Hospital Gorontalo City has implemented the use of EWS since 2021. In maximizing its implementation, Aloei Saboe Hospital Gorontalo City issued a regulation in the form of Standard Operating Procedures (SPO) for EWS Assessment. In addition, the hospital also conducts special training for several nurses.

Based on interviews conducted by researchers with the head of the room and nurses in the emergency room of Aloei Saboe Hospital, Gorontalo City, said that they had implemented the use of modified EWS (MEWS), but it had not gone well and had not been well documented.

Therefore, it is important to evaluate the implementation of EWS by nurses in emergency departments who have implemented triage according to standards. This study aims to understand the extent to which EWS is used as a tool to detect early changes in patients' critical conditions, as well as identify obstacles that exist in the implementation of EWS by nurses. The results of the study are expected to provide recommendations to improve the use of EWS more consistently and effectively, so that emergency services can be more optimal in detecting critical patient conditions.

RESEARCH METHODS

This research was carried out at Prof. Dr. H. Aloei Saboe Hospital, Gorontalo City on February 3-March 31, 2025. This research is a quantitative research using an analytical descriptive research design. The sampling technique in this study used a total sampling with a population of 33 respondents and for the sample in this study as many as 33 nurses working in the emergency room of Prof. Dr. H. Aloei Saboe Hospital. The instrument in this study is an observation sheet.

RESULTS

Respondent Characteristics

Table 1 Respondent Characteristics

Category	n	%
Age		
Adult Mudal (19-29 years old)	4	12.1
Adults (30-59 Years)	29	87.9
Male Gender		
Woman	14	42.4
Education Level	19	57.6
S2		
Ners	1	3
S1/D4	11	33.3 3
D3	1	60.6
Employment Status	20	
ASN		39.4
Long Term Employment Contract	12	60.6
0-1 Year	21	
1-2 Years		3
3-4 Years	1	3
≥ 4 Years	1	12.1
Length of Work in Emergency Room	4	81.8
	27	
0-1 Year		
1-2 Years		12.1
	4	9.1
	3	
3-4 Years	5	15.2
≥ 4 Years	21	63.6
Attending Training		
Ya	22	66.7
No	11	33.3

Source : Primary Data, 2025

Based on table 1, it can be seen that the respondents in this study are mostly aged 30-59 years old (Adult) is 29 respondents (87.9%). The results of the study were obtained by most of the female respondents as many as 19 respondents (57.6%). The results of the study found that the average level of education that the respondents had, namely the D3 Nursing education level as many as 20 respondents (60.6%). Based on employment status, it can be seen that the most respondents with contract status are 21 people (60.6%). Based on the length of work, it can be seen that most of the respondents with a working period of ≥4 years are 27 people (81.8%).

Based on the length of work in the emergency room, most of the respondents with a working period of ≥4 years were 21 people (63.6%). Based on participation in the EWS training, 22 respondents who have participated in the training can be selected (66,7%).

Univariate Analysis

Table 2 Univariate Analysis

Univariate Analysis	Sum	
	(n)	(%)
Completeness Documentation *Early Warning*		

Score By Nurse		
Complete EWS Parameter Filling	24	72.7 %
Incomplete EWS Parameter Filling	9	27.3 %

Source : Primary Data, 2025

Based on table 2 shows that out of 33 respondents studied, it was found that the majority of nurses who filled the EWS completely amounted to 24 nurses (72.7%) and nurses who filled the EWS were not complete as many as 9 nurses (27.3%).

DISCUSSION

Overview of the Completeness of Early Warning Score (EWS) Documentation by Nurses in the Emergency Installation Room (IGD) at Prof. Dr. H. Aloei Saboe Kota Hospital Gorontalo

Based on the results of the study, it is known that most nurses have filled the EWS completely, namely out of a total of 33 nurses in the emergency room, as many as 24 nurses (72.7%) filled the EWS completely, while 9 nurses (27.3%) did not fill it completely.

From a total of 24 nurses who filled out the EWS completely, it showed that most of the nurses had filled in all the assessment parameters on the EWS sheet, namely Respiration, Pulse, Blood Pressure, Quality of Consciousness (AVPU), Body Temperature and Urine Production/Hour. Based on the results of interviews and observations, one of the reasons that allowed nurses to fill the EWS completely was because the situation in the emergency room at that time was not too crowded and the number of patients was not too large, so the nurses had enough time to conduct a thorough assessment and document it.

In addition, nurses also said that they have the opportunity to directly fill out EWS through the electronic medical record application without having to queue or alternate with other nurses. Smooth access to this electronic system also supports the smooth filling of data in a timely and complete manner.

With more conducive working conditions, coupled with easy access to electronic documentation systems, the EWS filling process can run more efficiently and controlled. In addition, the complete filling of EWS is also supported by the level of nursing education, length of employment, and involvement in EWS-related training. An adequate educational background, long work experience, and knowledge gained through training allow nurses to understand the importance of each parameter in EWS and be able to document it appropriately and thoroughly according to service standards in the Emergency Installation (Khasanah, 2024).

However, based on the results of observations and interviews, it was also found that out of a total of 33 nurses who were respondents in this study, as many as 9 nurses (27%) did not fill out the EWS completely and 9 of the respondents were recorded as not filling in the urine/hour production parameters and 3 of them did not fill in the body temperature parameters in the Early Warning Score (EWS) form.

Based on the results of the interviews, several respondents said this was due to the situation in the crowded emergency room and the number of patients and the high workload in the emergency room. As there are situations where nurses have to handle many patients at the same time so that thorough recording is often neglected. This is exacerbated by the limited number of nurses in each shift. Based on the results of the interviews, in each morning, afternoon and evening shift there are only ±7 nurses, this condition causes nurses' priorities to be more focused on direct clinical actions, so that the recording of EWS parameters that require continuous monitoring is often neglected. Therefore, it is necessary to evaluate the needs of the number of nurses in each shift, considering that limited manpower can have an impact on the completeness of filling out the Early Warning Score (EWS). The increase in the number of nurses at each shift has the potential to improve the quality of monitoring patient conditions and allow nurses to record EWS more optimally and comprehensively.

In line with the research conducted (Fradianto et al., 2022) argues that time constraints and high workload are one of the main reasons nurses do not fully fill in the EWS parameters. In practice in the emergency room, nurses are faced with quick clinical decisions, limited tools, as well as an imbalance between the number of patients and the workforce, which makes parameters that are considered less of priority likely to be ignored. In her research, she found that nurses had difficulty filling out EWS because the process took a long time, were prone to scoring summing errors, and had difficulty remembering follow-up interventions.

In addition, respondents said that in the implementation of the Early Warning Score (EWS), not all patients need an assessment of urine production/hour, especially in patients with acute conditions who are only temporarily in the Emergency Facility (IGD). Based on the results of interviews with several nurses, it is

known that urine production often cannot be measured because patients have not had time to have a urine catheter installed and will soon be transferred to the next treatment room. This condition makes it difficult to accurately assess hourly urine production parameters in a short period of time, so nurses tend to empty these sections in the EWS form, also reinforced by the high workload in the emergency room and the large number of patients that must be treated quickly, so that recording parameters that require continuous monitoring such as urine production is often not a top priority.

This needs to be a concern for nurses' understanding of the impact if these parameters are not filled in which the filling of the EWS becomes incomplete. If the nurse does not complete the Early Warning Score (EWS) parameters completely, such as hourly urine production, this can have some serious impact on the patient's safety and clinical condition. As in a study conducted by (Willner et al., 2021) showing that real-time monitoring of urine production in the ICU is very helpful in the early detection of acute kidney injury and clinical exacerbation. Unrecorded urine output can lead to delays in the detection of AKI (Acute Kidney Injury), which increases patient mortality.

In addition to urine/hour production parameters, the results of observations and interviews also showed that of the 9 nurses who were recorded as not filling out the Early Warning Score (EWS) form completely, as many as 3 of them did not fill in the body temperature parameters. Based on the results of the interview, this is due to the limited temperature measuring equipment available in the Emergency Installation (IGD), the nurse said that limited temperature measuring devices are often used interchangeably by other nurses, causing nurses to have to postpone temperature checks. This condition makes some nurses choose to continue treatment without recording temperature, especially when the situation in the emergency room is congested, as well as work conditions that demand speed in service, so body temperature measurements are often neglected.

Another reason is that some patients come with a condition without complaints of fever, so body temperature measurements are considered not a priority. In addition, some nurses revealed that body temperature is considered not urgent to be recorded if the patient does not show clinical signs of fever. This is especially true in patients with stable conditions who require prompt treatment and immediate transfer to another room. This of course must be an evaluation that must be carried out by nurses because body temperature parameters cannot be ignored in filling out the Early Warning Score (EWS), because just like urine production parameters, body temperature is also a vital indicator that can reflect the patient's clinical condition early. Therefore, both parameters must be recorded completely and accurately to ensure early detection of worsening of the condition and support appropriate clinical decision-making.

In line with research conducted by (Rotua & Widani, 2020), it is stated that changes in vital signs, including body temperature, often precede serious clinical events such as cardiac arrest, so that Incomplete records can lead to delays in medical interventions that can be fatal.

The results showed that out of a total of 33 nurses who became respondents, as many as 24 people (72.7%) had filled out the Early Warning Score (EWS) form completely. This shows that most of the nurses in the Emergency Installation (IGD) of Prof. Aloei Saboe Hospital have carried out the implementation of EWS well, in accordance with the set standards, by covering all important parameters such as breathing rate, blood pressure, pulse, body temperature, consciousness (AVPU), oxygen saturation, and hourly urine production.

Of the 24 nurses, 15 people have a D3 Nursing education background, 7 people are Nurses, 1 person has a S1 Nursing education, and 1 person has a S2 Nursing education. Based on the working period, as many as 23 nurses have a working period of 4 ≥years, 3 nurses with a working period of 2–3 years, 4 nurses with a working period of 1–2 years, and 1 nurse with a working period of 0–1 year. Meanwhile, regarding participation in EWS training, as many as 19 nurses are known to have participated in training on EWS and 5 nurses have never participated in EWS training. Based on personnel status, as many as 8 ASN nurses and as many as 16 contract nurses.

In this case, in line with research conducted by (Susanti, 2022), it was found that individual factors such as education level, length of work, and participation in training were proven to have a significant influence on the level of compliance of nurses in filling out the Early Warning Score (EWS). Nurses with longer work experience tend to have better clinical and decision-making skills, including in filling out the EWS parameters completely. In addition, higher levels of education and participation in EWS training contribute positively to nurses' knowledge and understanding of the importance of early detection of deteriorating patient conditions.

Based on the findings of the researcher, it was obtained that 9 respondents in the incomplete category in filling out EWS had an education level, the majority of which were D3 Nursing, in this study it was found that 5 out of 9 respondents who did not fill out the EWS completely had a D3 Nursing education level, followed by 4 respondents with a level of nursing professional education. Higher levels of education have the potential to support a better understanding of the importance of EWS instruments. This is in line with research conducted by (Julianto et al., 2020) which states that the level of education affects the level of knowledge of nurses in nursing practice. Higher formal education allows nurses to understand the basic

physiological and clinical concepts used in EWS more comprehensively.

According to the theory (Notoatmodjo, 2018) The educational background of a nurse may be used as a factor that affects the level of knowledge for a nurse, because a person's knowledge is influenced by many factors, one of which is the level of education so that the higher the education, the better the level of knowledge. Education affects knowledge so that it can apply good EWS filling, therefore nurses with nurse professional education are better at receiving information and making decisions.

Individuals who undergo formal education tend to be trained to think logically, as individuals are taught to identify problems, analyze problems, and try to find solutions or alternatives in solving a problem (Darsini et al., 2019).

In the study (Harviani Hamsah et al., 2022) it was explained that a nurse during her education period had been equipped with knowledge about EWS monitoring, such as in observing vital signs and patient awareness levels and also the EWS monitoring training provided. Basic knowledge in EWS monitoring has been provided and learned starting from D3 nursing which is then studied more deeply in S1 nursing and continues to the nursing profession.

Research conducted by (Suhaimi Fauzan et al., 2022) also said that education level is one of the factors that can correlate with personal or group perceptions when receiving ideas and technology. Education itself plays a role in determining human quality. A person who has higher education will synergize with good knowledge, so that they can carry out to improve the quality of life.

In addition to the level of education, the working period of nurses also affects the implementation of the Early Warning Score (EWS). This can be seen from the data obtained showing that of the 9 nurses who were recorded as not filling out the Early Warning Score (EWS) form completely, as many as 6 of them had an average working period of ≤4 years and as many as 7 of them had a working period in the emergency room of ≤4 years.

Nurses with longer service life tend to have broader clinical experience and a better understanding of the importance of recording all EWS parameters. On the other hand, nurses with short working periods, especially less than four years, are still in the process of adapting to the workload and service flow in the emergency room, so they are often inconsistent in filling the EWS completely. This shows the application of Early

The Warning Score (EWS) by nurses is also influenced by work experience factors, both in terms of the length of work as a nurse in general and the length of time they work in the Emergency Installation (IGD) room. Longer work experience typically correlates with improved clinical skills, speed in decision-making, and discipline in documentation. A long working period causes a person to obtain more information about the situation and conditions of his work environment. the majority of nurses with a working period of > 3 years are mostly compliant with the SOP (Mulyati & Safitri, 2024).

In line with research (Risanti et al., 2021), it was found that there was a significant relationship between working time and nurse compliance in the implementation of the Surgical Safety Checklist, nurses with more than 10 years of work experience had a higher level of compliance than others.

Research conducted by (McGaughey et al., 2017) also argues that nurses will have confidence in the competence and knowledge they have in caring for patients. Nurses who have had a long enough work experience will be more alert in recognizing the signs of worsening the patient's condition and can immediately take appropriate action. They will make observations quickly, carry out Early procedures.

Based on the results of several of these studies, researchers assume that the length of service of nurses has a significant influence on the implementation of Early Warning Score (EWS) in nursing practice. Nurses with longer work experience tend to have more honed clinical skills in recognizing changes in a patient's condition early. This is because the experience gained during many years of work allows nurses to more quickly understand the patterns of vital signs that indicate a deterioration. Thus, they can implement EWS more accurately, conduct systematic observations, and take appropriate actions in accordance with applicable SOPs. In addition, experienced nurses also play a role in guiding inexperienced colleagues in clinical decision-making based on EWS scores, so that the implementation of this system can run more effectively and efficiently in the healthcare environment.

In addition to the level of education and working period, the participation of nurses in training on Early Warning Score (EWS) also affects the quality of its application. Based on the results of the study, it was obtained that of the 9 nurses who were recorded as not filling out the Early Warning Score (EWS) form completely, as many as 6 of them were known to have never participated in training related to the implementation of EWS. The lack of involvement in this training also contributes to the lack of understanding of nurses in filling in each parameter appropriately and thoroughly. This shows that formal training on EWS is essential to ensure that all nurses have equal competence in accurately detecting early clinical conditions of patients. Nurses who have attended EWS training tend to better understand the importance of filling in all parameters completely and on time, and have the skills to assess scores correctly. On the other hand, nurses who have never received formal training often experience confusion or mistakes in the interpretation of scores, so that the filling of EWS becomes not optimal.

Warning Score (NEWS) must be given adequate training and guidance. Without proper training, there is a risk of errors in scoring and delays in responding to deteriorating patient conditions. Hospitals have the authority to conduct training within the hospital or dispatch their staff so that they can understand NEWS so that they can provide a good assessment, quoted in (Reyaan et al., 2022).

Based on several of these studies, the researcher assumes that Early Warning Score (EWS) Training has a very important role in improving the ability of nurses to understand the concepts, procedures, and implementation of the EWS system as a whole. This training provides technical and practical knowledge on how to fill in scores based on the patient's physiological parameters such as blood pressure, breathing frequency, pulse, body temperature, consciousness level, and urine/hour production. Through training, nurses not only gain skills in accurately calculating scores, but can also understand the clinical significance of any score changes and the importance of a quick response to a patient's deteriorating condition. Thus, EWS training directly contributes to improving the ability of nurses to identify the deterioration of patients' conditions early, document findings completely and in a timely manner, and take follow-up actions in accordance with the standard operating procedures (SOPs) that have been set. Therefore, EWS training is not only a means of improving individual competence, but also an important strategy in improving the quality of emergency services and reducing the number of unwanted incidents in hospitals.

Based on the results of the research that has been conducted, the researcher argues that, in order for the filling of the Early Warning Score (EWS) to run properly and optimally, support is needed from various aspects, including increasing the knowledge and skills of nurses through periodic training, the availability of adequate vital monitoring tools, a practical and integrated documentation system, and managerial support in the form of regular supervision and evaluation. In addition, there needs to be a clear standard operating procedure (SOP) and the implementation of a patient safety culture in the work environment, so that nurses are expected to be motivated to record EWS parameters completely and on time.

This is in line with the research conducted by (Suwaryo et al., 2019) and also explains that the implementation of the Early Warning Score System (EWSS) is still not optimal due to the lack of supervision from the supervisor or head of the room on the implementation of the Early Warning Score System (EWSS) in the Dahlia and Terate rooms. Therefore, a program without control and evaluation will make the program not run well.

CONCLUSION

Based on the results of the research conducted on the Overview of the Completeness of Early Warning Score (EWS) Documentation for 33 nurse respondents in the Emergency Installation at Prof. Dr. H. Aloei Saboe Hospital, Gorontalo City, it was found that as many as 24 respondents (72.7%) had filled in the Early Warning Score (EWS) parameters completely. Meanwhile, 9 respondents (27.3%) did not complete the EWS completely, especially in the parameters of hourly urine production and body temperature. This shows that although most nurses have carried out EWS filling well, there are still shortcomings in the completeness of filling certain parameters which indicates that there are still obstacles in its implementation.

SUGGESTION

It is recommended to conduct regular EWS training for all nurses, especially those who work in the emergency room, so that clinical competence in the implementation of EWS can be improved.

Hospitals need to ensure that the format of the EWS assessment sheet is always available, easily accessible, and part of the mandatory documentation in nursing care.

It is necessary to carry out periodic supervision and evaluation of the implementation of EWS, both through documentation audits and direct observation to increase compliance with SOPs.

For Education Institutions, it is hoped that the results of this research can be a learning material to provide knowledge to students that it is important to know and understand the Early Warning Score (EWS).

It is hoped that the next researcher can develop this research with different methods and also other broader research on the application of Early Warning Score (EWS). It is hoped that this research can be a reference if you will conduct research on the same thing.

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