Brighton and Sussex University Hospitals NHS Trust

Patient label

Clinical response to NEWS: National Early Warning Score triggers

ADULT PATIENT OBSERVATION CHART

NEWS 2 Score	3	2	1	0	1	2	3
Respiratory rate	≤8		9-11	12-20		21-24	≥ 25
SpO2 scale 1 (%)	≤91	92-93	94-95	≥96			
SpO2 scale 2 (%)	≤83	84-85	86-87	88-92 ≥93 on air	93-94 on oxygen	95-96 on oxygen	≥ 97 on oxygen
Air or oxygen		Oxygen		Air			
Systolic BP (mmHg)	≤90	91-100	101-110	111-219			≥ 220
Pulse (per min)	≤40		41-50	51-90	91-110	111-130	≥ 131
Consciousness				Alert			C V P U
Temperature °C	≤35.0		35.1-36.0	36.1-38.0	38.1-39.0	≥39.1	

Only a registrar or consultant may alter the trigger or change choice of scale. This must be clearly documented in the patient's health records with rationale for decision or confirmed diagnosis and sign below.

Decision to use scale 2 if target range is 88-92% Signed:	Designation	Date

NEW Score	Frequency of monitoring	Clinical response
0	Minimum 12 hourly	• Continue routine NEWS monitoring with every set of obs • If patient is within first 24 hours of admission or step-down from ITU/HDU, 4 hourly observations are required regardless of the NEWS score
Total: 1- 4	Minimum 4 - 6 hourly	• Inform registered nurse • Registered nurse decides whether increased frequency of monitoring and / or escalation of treatment is necessary
3 in single parameter	Minimum 1 hourly	• Registered nurse to inform medical team caring for the patient who will review and decide whether escalation of treatment is necessary
Total: 5 or more Urgent response threshold	Increased frequency to minimum of 1 hourly	• Registered nurse to inform nurse in charge of ward/unit • Registered nurse to **immediately** inform medical team caring for the patient (using SBAR) on call team for out of hours • Registered nurse to request urgent assessment by clinical team caring for patient who should plan goals of care and appropriate treatment escalation • Registered nurse to request urgent assessment by clinician or team with core competencies in the care of acutely ill patients. (Critical care outreach team (CCOT) or Clinical Site Manager (CSM) out of hours) • **Could this be sepsis; Complete sepsis screen**
Total: 7 or more Emergency response threshold	Continuous monitoring of vital signs every 15 minutes (using DASH monitor)	• Registered nurse to **immediately** inform medical team caring for the patient (using SBAR)- this should be at least at specialist registrar level. • Emergency assessment by a team with critical care competencies (Critical Care Outreach Team CCOT or CSM out of hours) Consider involving practitioners with advanced airway management skills • Inform CCOT (or CSM out of hours) • **Consider MET call 2222**– emergency assessment undertaken by MET team • Consider transfer of clinical care (for level 2/3 care) • Clinical care in an environment with monitoring facilities
Contacts: **CCOT**: **RSCH** Bleep 8495 0730-2000 7 days week **PRH** Bleep 6331 24 hours /day **CSM**: **RSCH** 8152 **PRH** 6014		

- However if you a concerned about the patient do not wait for the patient to 'trigger', escalate your concerns to the nurse in charge and medical team without delay.
- If you require a **rapid response** for a sudden acute change in the patient's condition use the MET team on 2222.
- **Any** changes to the above recommended frequency of monitoring must be clearly documented in the patients nursing care plan with rationale.

NEWS key 0 1 2 3 | **FULL NAME**

MONTH YEAR	DATE TIME		DATE TIME
A+B **Respirations** **Breaths/min**	≥25	3	≥25
	21–24	2	21–24
	18–20		18–20
	15–17		15–17
	12–14		12–14
	9–11	1	9–11
	≤8	3	≤8
A+B **SpO_2 Scale 1** **Oxygen saturation (%)**	≥96		≥96
	94–95	1	94–95
	92–93	2	92–93
	≤91	3	≤91
SpO_2 Scale 2† **Oxygen saturation (%)** Use Scale 2 if target range is 88–92%, eg in hypercapnic respiratory failure. † ONLY use Scale 2 under the direction of a Consultant or Registrar.	≥97 on O_2	3	≥97 on O_2
	95–96 on O_2	2	95–96 on O_2
	93–94 on O_2	1	93–94 on O_2
	≥93 on air		≥93 on air
	88–92		88–92
	86–87	1	86–87
	84–85	2	84–85
	≤83%	3	≤83%
Air or oxygen?	A=Air		A=Air
	O_2 L/min	2	O_2 L/min
	Device		Device
C **Blood pressure** **mmHg** Score uses systolic BP only	≥220	3	≥220
	201–219		201–219
	181–200		181–200
	161–180		161–180
	141–160		141–160
	121–140		121–140
	111–120		111–120
	101–110	1	101–110
	91–100	2	91–100
	81–90	3	81–90
	71–80		71–80
	61–70		61–70
	51–60		51–60
	≤50		≤50
C **Pulse** **Beats/min**	≥131	3	≥131
	121–130	2	121–130
	111–120		111–120
	101–110	1	101–110
	91–100		91–100
	81–90		81–90
	71–80		71–80
	61–70		61–70
	51–60		51–60
	41–50	1	41–50
	31–40	3	31–40
	≤30		≤30
D **Consciousness** Score for NEW onset of confusion (no score if chronic)	Alert		Alert
	Confusion	3	Confusion
	V		V
	P		P
	U		U
E **Temperature** °C	≥39.1°	2	≥39.1°
	38.1–39.0°	1	38.1–39.0°
	37.1–38.0°		37.1–38.0°
	36.1–37.0°		36.1–37.0°
	35.1–36.0°	1	35.1–36.0°
	≤35.0°	3	≤35.0°
NEWS TOTAL			**TOTAL**
Monitoring frequency			Monitoring
Escalation of care Y/N			Escalation
Blood Glucose			Blood G.
Pain score 0-10			Pain score
Initials			Initials
Designation			Designation

NEWS 5≥ THINK SEPSIS, REMEMBER URINE OUTPUT, PROMPT ESCALATION.

National Early Warning Score 2 (NEWS2) © Royal College of Physicians 2017

NEWS key	0	1	2	3	FULL NAME

MONTH / YEAR	DATE / TIME		DATE / TIME

Parameter	Range	Score	Range
A+B Respirations Breaths/min	≥25	3	≥25
	21–24	2	21–24
	18–20		18–20
	15–17		15–17
	12–14		12–14
	9–11	1	9–11
	≤8	3	≤8
A+B SpO_2 Scale 1 Oxygen saturation (%)	≥96		≥96
	94–95	1	94–95
	92–93	2	92–93
	≤91	3	≤91
SpO_2 Scale 2† Oxygen saturation (%) Use Scale 2 if target range is 88–92%, eg in hypercapnic respiratory failure	≥97 on O_2	3	≥97 on O_2
	95–96 on O_2	2	95–96 on O_2
	93–94 on O_2	1	93–94 on O_2
	≥93 on air		≥93 on air
	88–92		88–92
	86–87	1	86–87
	84–85	2	84–85
† ONLY use Scale 2 under the direction of a Consultant or Registrar.	≤83%	3	≤83%
Air or oxygen?	A=Air		A=Air
	O_2 L/min	2	O_2 L/min
	Device		Device
C Blood pressure mmHg Score uses systolic BP only	≥220	3	≥220
	201–219		201–219
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	161–180		161–180
	141–160		141–160
	121–140		121–140
	111–120		111–120
	101–110	1	101–110
	91–100	2	91–100
	81–90	3	81–90
	71–80	3	71–80
	61–70	3	61–70
	51–60	3	51–60
	≤50	3	≤50
C Pulse Beats/min	≥131	3	≥131
	121–130	2	121–130
	111–120	2	111–120
	101–110	1	101–110
	91–100	1	91–100
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	71–80		71–80
	61–70		61–70
	51–60		51–60
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	31–40	3	31–40
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D Consciousness Score for NEW onset of confusion (no score if chronic)	Alert		Alert
	Confusion	3	Confusion
	V	3	V
	P	3	P
	U	3	U
E Temperature °C	≥39.1°	2	≥39.1°
	38.1–39.0°	1	38.1–39.0°
	37.1–38.0°		37.1–38.0°
	36.1–37.0°		36.1–37.0°
	35.1–36.0°	1	35.1–36.0°
	≤35.0°	3	≤35.0°
NEWS TOTAL			TOTAL

Monitoring frequency	Monitoring
Escalation of care Y/N	Escalation
Blood Glucose	Blood G.
Pain score 0-10	Pain score
Initials	Initials
Designation	Designation

NEWS 5≥ THINK SEPSIS, REMEMBER URINE OUTPUT, PROMPT ESCALATION.

National Early Warning Score 2 (NEWS2) © Royal College of Physicians 2017

NEWS action summary chart **If NEWS2 ≥ 5 screen for sepsis**

Please document action taken as a result of a change in patient NEWS.

Date	Time	NEWS	Action	Reassess-ment time	Is the action working?	Signature

Codes for recording oxygen delivery on the NEWS2 observation chart	
A (breathing air)	RM (reservoir mask)
N (nasal cannula)	TM (tracheostomy mask)
SM (simple mask)	CP (CPAP mask)
V (Venturi mask and percentage eg.g V24, V28, V35, V40, V80	H (humidified oxygen and percentage eg H28, H35, H40, H60
NIV (patient on NIV system)	OTH (other, please specify.....)