

Patient sticker

Name:

DOB:

Hospital Number:

**FOR PATIENTS WITH NEW EPISODE OF NEWS
5 OR ABOVE / OTHER CAUSE FOR CONCERN**

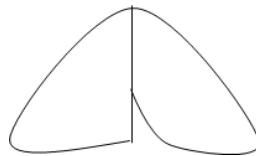
INITIAL ESCALATION	Who contacted:	Reason:
	Date/time/initials:	NEWS2:

Response	Time/date first seen Name / Grade / Bleep (print)	Main problems/diagnoses 1. 2. 3. 4.
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Brief History

Clinical examination

AIRWAY + BREATHING



RR

SO₂ Air / _____ % O₂

NIV/CPAP settings

CIRCULATION

HR

BP

Temp

ECG (time/date)

CRT

JVP

Oedema

DISABILITY A V P U (circle)

GCS (if appropriate) E

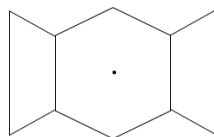
V

M

[/ 15]

Pupils

EXPOSURE



Bowel sounds

NGT Y / N (if no – is one needed?)

Wounds/drains

PR (if appropriate)

Fluid/renal Urine output past 6 hrs

Fluid balance last 24 hrs

Catheterised Y / N (if no, do they need to be?)

AKI grade: 0 I II III (CKD / ESRF) **IF AKI REFER TO ACUTE KIDNEY INJURY GUIDELINES**

SEPSIS

Current antibiotics: Y / N *details*

History/signs of NEW INFECTION? Y / N

IF NEW SEPSIS – FOLLOW TRUST SEPSIS PATHWAY

Other findings

Functional state / current limits of therapy

Evaluation

Recent blood results (Inc. date + time)

ABG / VBG (% O₂)
Time

pH
PO₂
PCO₂
HCO₃
SBE
LACTATE

Plan

Date	Time	Name	Signature
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Senior review

Date	Time	

**Please Complete
Treatment Escalation Plan
to guide future
clinical interventions and goals of care**

Communication

Senior speciality/other speciality Dr	Ward staff	Patient/family
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Patients named consultant should be made aware of clinical deterioration as soon as possible

Name/grade/bleep	Signature
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