Standard Operating Procedure for Clinical Escalation for the Physically Deteriorating Patient – General NEWS2 on TRAK & Early Warning Scores

Title: Standard Operating Procedure for Clinical Escalation for the Physically Deteriorating Patient – General NEWS2 on TRAK + Early Warning Scores			
Date effective from:	June 2025	**Review date:**	June 2027
Approved by:	News on Trak Implementation Board / Acute CMG		
Approval Date:	June 2025		
Author/s:	NEWS Implementation Group		
Policy Owner:	Acute Nurse Director / approved		
Executive Lead:	Deputy Chief Executive / approved		
Target Audience:	All NHS Lothian Staff		
Supersedes:	Clinical Escalation for The Deteriorating Patient – General SOP.		
Keywords (min. 5):	Deterioration, NEWS, escalation, electronic obs, TRAK, 2222 calls		

Version Control

Date	Author	Version/Page	Reason for change
09/08/22	NEWS/eObs Implementation Group	V1.0/whole document	First version for comment to Acute CMG
16/08/22	NEWS/eObs Implementation Group	V1.1 / whole document	Links added - comments from Acute CMG
03/10/22	NEWS/eObs Implementation Group	V1.2 / pp11&12	Links added - production of guidance materials
08 & 13/02/23	NEWS/eObs Implementation Group	V2 & V2.1 / REAS & ELCH escalation added/embedded pp 7/8; REAS contingency p10	Roll-out continues

Standard Operating Procedure for Clinical Escalation for the Physically Deteriorating Patient – General NEWS2 on TRAK & Early Warning Scores

Date	Author	Version/Page	Reason for change
17/02/22	NEWS/eObs Implementation Group	V3 – last page	Governance / sign-off page added to last page – will be updated at each roll-out area
28/03/2023	NEWS/eObs Implementation Group	V4 – MLCH escalation protocol added/embedded	Roll-out continues.
29/05/2023	NEWS/eObs Implementation Group	V4.1	Governance / sign-off page – REAS confirmed. Note WLHSCP not on eObs (p4)
11/06/2023	NEWS/eObs Implementation Group	V4.2 / p8	Escalation AAH, RFU, Liberton, HBCCC, Fillieside, Ellens Glen added
04/08/2023	NEWS/eObs Implementation Group	V4.2/ p11	Updated Documents – user guides and videos
09/01/2025	News and Overview Board Implementation Group	V5.0	Updated documents – user guides
01/06/2025	News and Overview Board Implementation Group	V5.1	Update user guides, Governance documents, Escalation Policy, TURAS learn links

Standard Operating Procedure for Clinical Escalation for the Physically Deteriorating Patient – General NEWS2 on TRAK & Early Warning Scores

Purpose of this procedure:

The purpose of this procedure is to standardise the assessment and management of patients using an early warning scoring system for clinical observations and to support the early recognition, escalation, response, and continued review of the physically deteriorating patient at ward, clinical area or individual clinician using Ward Floor Plans or Site using EWS / Deteriorating Patient overview board.
The procedure includes the use of electronic recording with NHS Lothian's Trak Electronic Patient Record.

This is applicable to all clinical staff including registered and (competent) non-registered nursing staff and all grades of doctors.

The Procedure:

1.0 Introduction

This pertains to all clinical staff, registered and skilled non-registered practitioners that have been deemed competent in the skills of undertaking and recording clinical observations and is applicable to all patients under your clinical care.

2.0 Key Objectives

2.1 To ensure NHSL compliance with the Essentials of Safe Care published by Health Improvement Scotland, specifically Safe Clinical and Care Processes
2.2 To ensure NHSL compliance with SIGN 139
2.3 To ensure NHS Lothian compliance with Royal College of Physicians (RCP) 2017 recommendations & Additional Implementation Guidance – updated March 2020
2.4 To reduce Significant Adverse Events associated with acute deterioration

3.0 Scope

Physical observations and scoring must be completed on admission for all patients, except for those patients who due to their deteriorating Mental Health / stress and distress are unable to co-operate with this procedure at the time of admission. A clear rationale must therefore be documented within TRAK with a baseline set of observations taken at the next safest opportunity.
A Registered Nurse should carry out initial baseline observations.
To commence electronic observations within the Trak Early Warning Score, maintenance of patient safety must first be prioritised by ensuring observation trend is recognised. If the patient due to commence NEWs on Trak and has a paper NEWS 2 monitoring chart, the last

documented set of observations must be compared to the first set of observations entered on TRAK to enable trend analysis.

Where a patient is moved from NEWs on Trak to an area not using the electronic system a paper PDF of the patient's Trak Early Warning Score record must be printed and accompany the patient as part of transfer documentation. These patients will have their observations continued on a paper NEWS2 chart in their new care destination.

TRAK System Failure

In the event of TRAK failure staff should revert to using paper NEWS2 charts to record patient observations and the Business Continuity app must be used to refer to previous observations.

ALL Wards / units should continue to use current storage contingency' i.e. paper NEWS 2 charts held locally. The Royal Edinburgh Hospital paper contingency is stored in the Royal Edinburgh Building reception.

Although NEWS on Trak have not been appropriate to introduce to West Lothian HSCP, all other aspects of care of patients who deteriorate are applicable.

4.0 Definitions

4.1 NHSL – NHS Lothian
4.2 SIGN – Scottish Intercollegiate Guidelines Network
4.3 NEWS2 – National Early Warning Score Version 2
4.4 SBAR-D – Situation, Background, Assessment, Recommendation, Decision.
4.5 EPR – Electronic Patient Record
4.6 EWS – Early Warning Score
4.7 EOL – End of Life

5.0 Responsibilities

Staff undertaking and recording clinical observations should have a sound knowledge of the normal range of physical observations and be confident about taking appropriate action to escalate care if results are abnormal.

Staff must have completed an appropriate programme of education and be deemed competent in the use of TRAK, NEWS2 and SBAR-D. The minimum standard is the NEWS2 TURAS Learn module appropriate to role. In addition, face to face NEWS2/SBAR-D training is provided.

All clinical staff will complete 2 yearly face to face training in basic life support at a minimum.

Practice must always be in accordance with local policies and procedures.

All staff are accountable for their practice.

Staff should refer to guidance on the electronic NEWS2 chart to determine the monitoring frequency of observations and agreed with the clinical team on an individual patient basis.

Hardware must be available to record and view patients' information related to observations and management e.g. Computers on Wheels, PCs or laptops

6.0 Specific Procedure

To commence observations within the TRAK Early Warning Score, maintenance of patient safety must first be prioritised by ensuring trend observation. If the patient due to commence NEWS on Trak observations has a paper NEWS 2 monitoring chart, the last documented set of observations must be compared to the first set of observations entered on TRAK to enable trend analysis.

For accurate scoring all sections of NEWS2 should be completed. Each parameter score entered into the Trak Early Warning Score will be automatically added together to form a NEWS2 total.

6.1 Accessing the Early Warning Scores Chartbook

There are 5 ways users can access the EWS chartbook

1. EPR >> Early Warning Score (Adults Only) or PEWS (0-16 years)
2. Patient Episode >> Patient Banner icons
3. Floor Plan >> interactive EWS related icons for patient
4. Via the EWS Deteriorating Patient Overview Board (interactive NEWS2 total icons and special instructions icon)
5. The Structured Ward Round questionnaire - The latest NEWS score from TRAK (If available) will be displayed along with the NEWS recorded date and time.
6. The Hospital at Night questionnaire – The latest NEWS score from Trak (if available) will be displayed along with the NEWS recorded date and time. Special Instructions will also display (if available)

6.2 Viewing the NEWS2 Graphs

1. Navigate to the NEWS2 Graph tab
2. Scroll down to view observations, NEWS total score, and any additional observations recorded
3. Hover the mouse over each observation to find out more information about that observation
4. Filter using the Date From and Date To, limited to past 30 days

6.3 Physical Observations required include

- Respiratory rate: Oxygen saturations plus inspired supplemental oxygen. The Air / Oxygen Device field is mandatory on the NEWS Data Entry screen to ensure that an additional 2 is always added to the total NEWS score if the patient is on an Oxygen device. If this is not completed the user will be alerted in the Special Instructions / Escalation / Monitoring Frequency section with the text 'Missing: Air/Oxygen device' and the pop-up message 'Save with incomplete observation items'. If a device has been added the initials of the device will display with the additional (2) in brackets to indicate the extra 2 which has been added to the NEWS total.
- Systolic Blood pressure
- Pulse
- Conscious level (Alert, New Confusion, Verbal, Pain, Unresponsive)
- Temperature

Additional parameters that may be relevant include urine output, blood glucose level, pain score, nausea score and motor block score. **Please note** these should not be counted in the scoring but do require further action if outside normal limits.

The National Early Warning Score observations chart is colour coded to identify when a clinical observation is outside the normal range. A physical observation score of 0-3 is allocated to each parameter.

There is an 'Entered in error' checkbox on the EWS data entry screen. If NEWS observations have been entered in error, users can tick this box which will remove this NEWS score from the graph.

NEWS Graph episode dividers

A striped column within the NEWS graph divides NEWS between patient episodes. This ensures it is clear that NEWS scores relate to a specific episode of care.

Colour	Description
	Change of Episode
	NEWS Observation Not Taken
	NEWS Observation Unrecordable

A NEWS total of 0 requires a minimum of 12 hourly observations, 4 hourly observations are required in admission areas. Routine NEWS monitoring should be continued.

A NEWS total of 1-4 requires a minimum of 4 – 6 hourly observations. A registered nurse should be informed of this scoring and assess the patient. They should review the

frequency of observations and if there is ongoing concern, should escalate to the medical team. A fluid balance chart should be considered.

A NEWS total of 3 in a single parameter requires a minimum of 1 hourly observations. This patient may be acutely ill**.** A registered nurse assessment is required with accompanying medical assessment. A management plan for this patient should be discussed with a senior trainee or above and a fluid balance chart should be considered.

A NEWS TOTAL of 5 - 6 requires a minimum of 1 hourly observations. This patient is potentially acutely ill. A registered nurse assessment is required with accompanying urgent medical assessment. A management plan for this patient should be discussed with a senior trainee or above and a senior review should be considered if the NEWS total does not improve following initial medical assessment. The level of monitoring required should be considered, anticipatory care planning should be considered. A fluid balance chart should be commenced.

A NEWS score of 7 or more requires continuous monitoring of vital signs and activates the emergency response threshold. This patient is potentially acutely ill. A registered nurse assessment and medical assessment completed by a senior trainee or above are required immediately. This patient should be discussed with the supervising consultant. If appropriate critical care should be contacted for review and anticipatory care planning should be considered. A fluid balance chart should be commenced.

Staff should always use clinical judgement when interpreting the NEWS TOTAL and trends in observations. Physical observation scores should **NOT** replace sound clinical judgement.

Bell Icons

The News 2 monitoring frequency with grace period:

- The amber bell icon will stay for the entire duration of the grace period
- The red bell icon will show if observations have not been completed by the end of the amber bell icon duration.
- The monitoring frequencies of ‘continuous’, 15 minutes, ‘EOL – No observations’ and ‘No observations required unless clinically indicated’ do not have bell icons on the floor plan.

Monitoring Frequency	Obs Done	Amber Bell	Obs Due	Red Bell	Grace Period
Continuous Monitoring	09:00	N/A - No Bells	Continuous	N/A - No Bells	N/A - No Bells
15 Minutes	09:00	N/A - No Bells	09:15	N/A - No Bells	N/A - No Bells
30 Minutes	09:00	09:20	09:30	09:30	No Grace Period
Minimum 1 Hourly	09:00	09:50	10:00	10:15	15 Minutes
2 Hourly	09:00	10:50	11:00	11:15	15 Minutes
4 - 6 Hourly	09:00	12:50	15:00	15:00	No Grace Period
12 Hourly	09:00	20:50	21:00	23:00	2 Hours
Daily	09:00	08:50 Next Day	09:00 Next Day	00:00	Any time on the next calendar day
Weekly	09:00	08:50 8th Day	09:00 8th Day	00:00	Any time on the 8th calendar day
No observations required unless clinically indicated	N/A - No Obs	N/A - No Bells	N/A - No Obs	N/A - No Bells	N/A - No Bells
EOL - No Observations	N/A - No Obs	N/A - No Bells	N/A - No Obs	N/A - No Bells	N/A - No Bells

6. 4 Entering NEWS2 Observations - Recognition

1. Navigate to EWS Data Entry tab within the Early Warning Score chartbook
2. Enter the mandatory (bold) observation fields
3. Ensure SpO_2 scale is correct
4. Additional observations can be entered including pain and nausea score, GCS, circulation, and sensation. These are not mandatory
5. Additional guidance can be found by hovering over any icons
6. Once all necessary observations are entered, scroll down to the Special Instructions/ Escalation/ Monitoring Frequency section
7. NEWS2 total is automatically calculated and displayed. Escalation required & Monitoring frequency is automatically populated based on NEWS2 total and can be altered using the spyglass

Escalation

Physical patient escalation must always take priority over Trak documentation of escalation. A Trak indicator of required escalation will **NOT** auto-escalate a patient to appropriate medical staff. Patient escalation continues to follow NHSL existing escalation procedure.

Escalate immediately if there is clinical concern, a NEWS total of 5 or more, a NEWS score of 3 in any single parameter or if observations cannot be obtained.

A NEWS of 7 or more requires immediate assessment by a senior trainee or above.

A new 'EWS Escalation Not Started' flashing icon will display to indicate if a patient's NEWS has been set to 'Escalation required' or PEWS has been set to 'Escalate to Medical / Nurse Practitioner' but the Escalation has not been documented in the Escalation questionnaire on TRAK

A 'EWS Escalation Not Started' flashing icon will display in the following areas - Patient Banner, Within the patient bedspace in ward floorplan, when hovering over the patient's bedspace in ward floorplan and EWS Overview Board

Escalation Response Levels within Acute Hospitals (see speciality NEWS2 escalation protocols to follow)

First Response:

08:00 – 21:00 Inform nurse in charge and FY1/FY2 doctor response

21:00 – 08:00 HAN team

If no response is received within 15 minutes or if there is ongoing clinical concern following review, escalate to next response level.

Second Response:

08:00 – 21:00 Immediate assessment by senior trainee doctor

21:00 – 08:00 Re-contact HAN team

If no response is received within 15 minutes or if there is ongoing clinical concern following review, escalate to next response level.

Third Response:

08:00 – 21:00 Call 2222 and appropriate consultant

21:00 – 08:00 Call 2222 and appropriate consultant

Speciality NEWS2 escalation protocols / boards

REAS

REAS NEWS2 escalation v1 Feb23

Edinburgh H&SCP

EHSCP Escalation Board Final V2 14012

East Lothian Community Hospital

ELCH Escalation Protocol v1.0 (Final)

Escalation Board NEWS 2- RFU June 23

Escalation Board NEWS 2- v1 June 23

Mid Lothian Community Hospital

MLCH Escalation Protocol v2.0 (Final).

SBAR-D

When escalating patient whether based on NEWS of 5 or more or clinical concern staff should use the SBAR-D format.

- **S**ituation: Patient details identify reason, describe your concern
- **B**ackground: Reason for admission, significant medical history, medications, investigations or treatment
- **A**ssessment: Physical observations, clinical impression/concerns
- **R**ecommendations: Be specific; explain what you need, make suggestions, clarify expectations, and confirm actions to be taken
- **D**ecision: What you have agreed with the Doctor/the plan set by the clinical team

Trak documentation requires to be completed once a patient is escalated. Regardless of the NEWS total, always escalate if concerned about a patient's condition.

1. Navigate to Escalation tab
2. At top of screen, previous EWS details can be viewed along with Treatment Escalation Plan information
3. Navigate down to Escalation section within the tab
4. Select appropriate field of NEW Escalation | Response Initiated | RESPONSE Completed/Reset | Re-escalate
5. For NEW Escalation record the Grade escalated to, the reason for escalation, and enter comments if any in the text box
6. Upon Apply/Update, a clinical note will be created with 'Escalation Note' type. These will display at the bottom of tab as well clinical notes within EPR.

Response and Review

1. Select RESPONSE initiated once the medical review is in progress.
2. Select RESPONSE completed once the appropriate medical review is complete.
3. Re-Escalate if the escalation has not been responded to or - as required. This will create an additional note in Escalation Notes.

6.5 Special instructions

It may be necessary for the Medical Team to alter the monitoring and escalation plan or the SpO2 scale for an individual patient. Special Instructions should only be used to address chronically altered physiology or finalised changes to anticipatory care. It should not be used to alter the escalation process during acute dynamic situations.

Due to the risks of not following the Standard NHS Lothian Escalation Policy the special instructions should only be completed under the direction of a senior member of the medical team.

A senior member of the medical team would usually be an ST3 or above, qualified advanced nurse practitioner, respiratory nurse specialist, a senior non-training grade doctor or consultant. Each department will decide which team members are allowed to alter the observation/escalation plan.

Entering Special Instructions

Only to be completed only under direction of a senior member of the medical staff.

1. Navigate to the **Special Instructions** tab
2. Enter the parameter with special instructions using the spyglass along with the acceptable value/ score and click 'Add'. This includes if the patient is on supplementary oxygen, recording what is acceptable if the patient is asleep / awake or both. Multiple parameters can be added/removed
3. Enter acceptable EWS total, monitoring frequency and Expiry Date can also be included. The only mandatory field within Special Instructions is 'Directed by'
4. If Special Instructions within NEWS have been entered and has an expiry date and time, the following message will display to alert users when the special instructions have expired. A 'Restore Previous Values' button to reinstate the Special Instructions is available if need be. The user should enter a new Expiry Date and time if applicable.

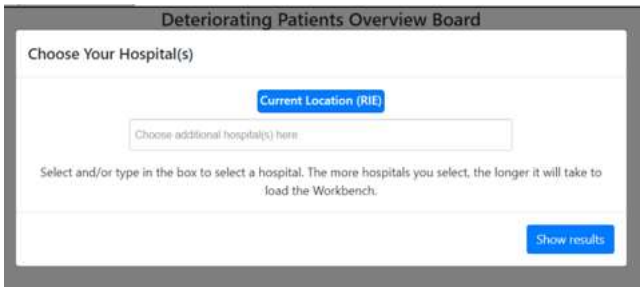
Adjusting SpO_2 Scale

Only qualified clinicians have the authority to amend the scale.

1. Navigate to **SPO2 Scale** tab
2. Choose Scale 1 or 2
3. Enter who authorised change. This is mandatory. If care provider not on look-up, choose 'Other' and complete the 'If Other, Specify' text field

6.6 EWS / Deteriorating Patients overview board

An overview board is available to view deteriorating patients across all NHS Lothian locations. The user's current login location will display which can be selected and then click on Show results.



Within each site, individual wards can be selected, and the board will show all patients in that ward. There are links to the patients EPR, NEWS Chartbook, TEP questionnaire and the Risk Assessments. NEWS total and relevant icons are displayed.

The board will reload itself automatically every 2 minutes.

Associated materials/references:

NEWS2 associated Materials

NEWS 2 Guidelines NEWS 2 GUIDELINES Dec 2018 - FINAL.pdf	**SBAR-D poster** SBARD POSTER AUGUST 2017 with re
Process for Ordering NEWS2 Escalation Boards Process for ordering NEWS2 Escalation Bo	**Process for Ordering NEWS2 Escalation Boards** Process for ordering Escalation Boards.pdf

NEWs On Trak Associated materials (last updated January 2025)

Quick User Guide THP_SM_PO_TRG_TMAT_NEWS2_Quick_l	**User Guide Full Version** THP_SM_PO_TRG_TMAT_NEWS2_User_G
eObs Checklist	**'Deteriorating Patients Overview Board' Quick User Guide**

Standard Operating Procedure for Clinical Escalation for the Physically Deteriorating Patient – General NEWS2 on TRAK & Early Warning Scores

NEWS on Trak checklist v3.0.pdf	THP_SM_PO_TRG_TMAT_NEWS2_User_G NEWS on TRAK Demo video

Education and Training Requirements

TRAK training	Courses bookable via eHealth, please see eHealth training via NHSL Intranet via the following link: eHealth Training (scot.nhs.uk) Please note a completed NHS Lothian User ID request form will be required to book any TRAK training courses available via the following link: eHealth - Technical Services Policy 005 - NHS Lothian User ID Request Form.pdf (scot.nhs.uk)
NEWS2 and SBAR-D	TURAS Learn modules to be completed and updated every 24months and can be found via the following link: Search Results | Turas | Learn
Basic Life Support	TURAS Learn to be completed and updated every 24months and can be accesses via the following link: Search Results | Turas | Learn Face to face practical session to be attended every 24 months, places are bookable via eESS through the following link https://eess.mhs.scot.nhs.uk/ Attendance of practical element and LearnPro element should be alternated to ensure that staff receive a refresher in basic life support every 12months.
Adding a Skill to eRoster	 Adding a skill on eroster.pdf Guidance for addition of TRAK Early Warning Scores training completion to eRoster is available within the PDF guide above.

Governance and Sign-off Control

Date	Reason for sign-off	Version	Sign-off by Whom
Governance			
29/05/2023	REAS Escalation processes	V4.1	Dep. Chief Nurse, AMD, REAS SMT, AMH SMT.  REAS eObs NEWS Governance May23.pdf
	ELHSCP (East Lothian Community Hospital)		
06/06/2025	ML HSCP (Midlothian Community Hospital)	V5.1	Still in discussion with Clinical Lead MLCH, Clinical Director Lothian Unscheduled Care (LUCS) & Chief Nurse MLCH
24/04/24	EHSCP (Liberton, Ellens Glen, Finlay House, Ferryfield House, Astley Ainslie, Robert Fergusson Unit)	V5.0	 EH&SCP NEWS on TRAK benefits risks ar
	Royal Infirmary of Edinburgh		
09/06/25	Western General Hospital	V5.1	 NEWS on TRAK benefits risks and gov
09/06/25	St John's Hospital	V5.1	 202501300928.pdf
09/06/25	Hospital at Home (Edinburgh, East, Mid, West Lothian)	V5.1	Escalation Process currently in discussion