National Early Warning Score 2 (NEWS2) Chart – Guidelines for completion

Remember: as with any other scoring or screening tool, it is important to use NEWS2 as an adjunct to clinical judgment in the recognition of deteriorating patients. It is crucial you carry out observations 24/7.

Escalate immediately if:
You are clinically concerned, a patient has a score of 5 or more, 3 in any one parameter or observations cannot be obtained

Date and time
- Record for each set of observations

Respirations
- Document rate using number

SpO_2 - Scale 1 or Scale 2*
- Document oxygen saturation (%) using number
- The majority of patients will use Scale 1 – SpO_2 target range 94-98%
- SpO_2 Scale 2 is for use in patients with hypercapnic respiratory failure (usually due to COPD) who have a clinically recommended oxygen saturation of 88-92% *(NB the decision to use Scale 2 should be made by the Medical Team and recorded on the chart by ticking and signing the SpO2 scale 2 box)*
- The scale not being used should be clearly crossed out

Air or Oxygen
- If breathing room air document as 'A'
- If receiving additional inspired Oxygen document L/min **or** %
- Record type of device using appropriate code for recording oxygen delivery *(refer to codes on NEWS2 chart)*

Blood Pressure
- Use arrows to accurately document systolic and diastolic pressures. If doing a manual BP, then please indicate by annotating with the letter **M**

Pulse
- Use a dot to record and join these up to form a graph for easy identification of trends. If a value falls within the coloured areas, then also document the number

Conscious Level
- Indicate using A, V, P or U. Also indicate if new confusion (C) is present or existing confusion (C) is worsening

Temperature
- Use both a dot and number to form a graph for easy identification of trends

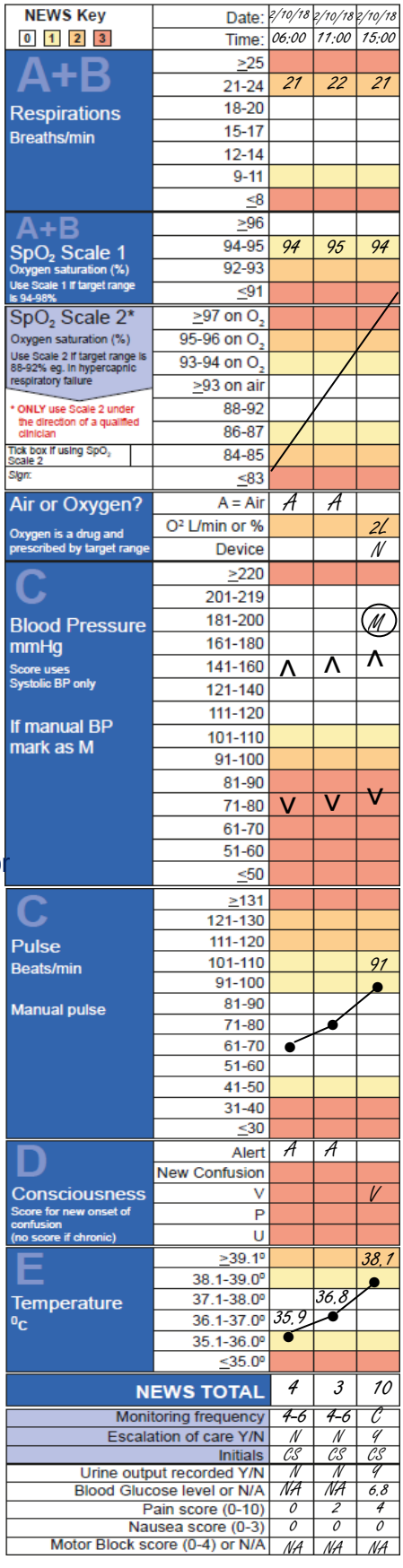
NEWS TOTAL
- Add up the scores for each of the six physiological parameters and add 2 for any used of supplemental oxygen to derive the final NEW score. Also check the previous score is correct

Monitoring frequency
- Indicate e.g. 4-6 hourly – refer to the monitoring frequency on NEWS2 chart for recommended frequency based on the NEWS total

Escalation of care
- Indicate whether patient required escalation using Y/N; clinical concern, NEWS 5 or more, 3 in any one parameter or observations cannot be obtained

Initials – record on completion

Additional parameters
Please complete as required - urine output recorded, blood glucose, pain, nausea, and motor block score



If asked to monitor a specific parameter e.g. temperature, please complete a full set of observations i.e. all 6 parameters plus inspired O_2 to ensure an accurate NEWS TOTAL

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Checklist
Check a patient addressograph label is in place on both sides of the chart
Date chart was commenced documented
Chart number documented
Complete Date *(day/month/year)* and Time with each set of observations and initial on completion
Complete all six parameters (Respiratory rate, O_2 saturations, HR, BP, temp, AVPU (including New Confusion), plus inspired Oxygen
Calculate the NEWS TOTAL (be aware of the individual parameters which make up the total score)
Document frequency of observations - patient observations should be carried out 24/7 including overnight unless “special instructions” have been completed by the Medical Team.
Escalate using SBAR-D as indicated by the graded clinical response guide on the chart, unless special instructions have been documented for the patient
Document escalation in clinical notes as per local policy and commence fluid balance chart, if indicated
Additional information
Documentation on chart should be neat and legible so as not to obscure identifiable graph trends
Annotations can be used to indicate start and finish time of procedure e.g. blood transfusion / deterioration / theatre / out of ward
Adolescent patients (14-16 years) on an adult ward NEWS2 can be used Paediatric ward settings PEWS is used
Use knowledge of normal adult parameters, patient’s baseline recordings and clinical judgement, as well as the NEWS score, when increasing frequency of observations and escalating concerns
When escalating be able to breakdown NEWS TOTAL into individual parameters e.g. NEWS TOTAL = 6: RR 26 (Score 3) TEMP 38.1 (Score 1) HR 115 (Score 2)
Closely observe trends on charts and escalate if there are any clinical concerns
The “special instructions” box allows the Medical Team to alter the monitoring and escalation plan for an individual patient. The special instructions box should be used to document any: • alterations to standard observation frequency • alterations to NEWS score escalation plan The reasons for any alteration should also be documented within the box. 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 Plan, the special instructions box 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.
New confusion is a change in a patient’s baseline cognitive function
Use SBAR – D to escalate and document appropriately