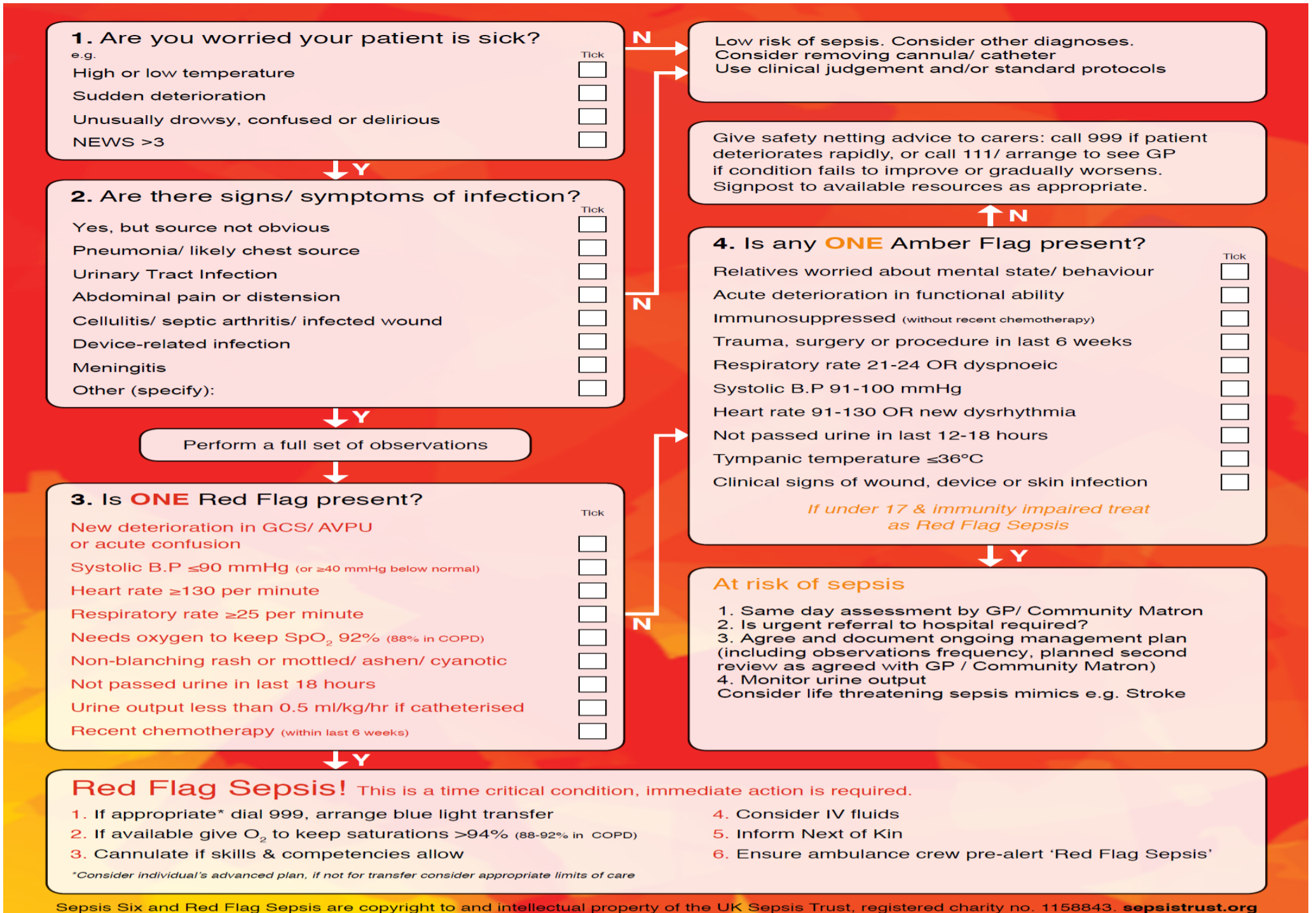


INPATIENT

National Early Warning Score (NEWS2) Chart

NEWS key		FULL NAME										NHS NUMBER											
0	1	2	3																				
		DATE OF BIRTH										DATE OF ADMISSION											
		DATE					TIME					DATE					TIME						
A+B Respirations <small>Breaths/min</small>	≥25											3											≥25
	21-24											2											21-24
	18-20											1											18-20
	15-17											0											15-17
	12-14											0											12-14
	9-11											1											9-11
≤8											3											≤8	
A+B SpO ₂ Scale 1 <small>Oxygen saturation (%)</small>	≥96											1											≥96
	94-95											2											94-95
	92-93											3											92-93
	≤91											3											≤91
SpO₂ Scale 2[†] <small>Oxygen saturation (%)</small> Use Scale 2 if target range is 88-92%, eg in hypercapnic respiratory failure <small>[†]ONLY use Scale 2 under the direction of a qualified clinician</small>	≥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											0											≥93 on air
	88-92											0											88-92
	86-87											1											86-87
	84-85											2											84-85
≤83%											3											≤83%	
Air or oxygen?	A=Air											0											A=Air
	O ₂ L/min											2											O ₂ L/min
	Device											0											Device
C Blood pressure <small>mmHg</small> Score uses systolic BP only	≥220											3											≥220
	201-219											3											201-219
	181-200											3											181-200
	161-180											3											161-180
	141-160											3											141-160
	121-140											3											121-140
	111-120											3											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 <small>Beats/min</small>	≥131											3											≥131
	121-130											3											121-130
	111-120											2											111-120
	101-110											1											101-110
	91-100											1											91-100
	81-90											0											81-90
	71-80											0											71-80
	61-70											0											61-70
	51-60											0											51-60
	41-50											1											41-50
	31-40											3											31-40
≤30											3											≤30	
D Consciousness <small>Score for NEWS onset of confusion (no score if chronic)</small>	Alert											0											Alert
	Confusion											3											Confusion
	V											3											V
	P											3											P
	U											3											U
E Temperature <small>°C</small>	≥39.1°											2											≥39.1°
	38.1-39.0°											1											38.1-39.0°
	37.1-38.0°											0											37.1-38.0°
	36.1-37.0°											0											36.1-37.0°
	35.1-36.0°											1											35.1-36.0°
≤35.0°											3											≤35.0°	
NEWS TOTAL												0											TOTAL
Monitoring frequency												0											Monitoring
Escalation of care Y/N												0											Escalation
Initials												0											Initials

Sepsis Screening Tool



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News	Monitoring Frequency	Clinical response
0	Routine monitor	Continue routine NEWS2 monitoring with every set of observations.
Total Score 1-4 Parameter	Minimum 4-6 hourly	LOW NEWS2 score (1-4), patient to be assessed by a registered nurse or medical staff, who should decide whether a change to frequency of clinical monitoring or an escalation of clinical care is required and documented.
A single RED score	Escalate immediately	A single RED score must prompt an urgent review by a clinician with competencies in the assessment of acute illness to determine the cause, decide on the frequency of monitoring, or transfer to an acute hospital – Seek senior nursing and or medical advice immediately.
SICK Total 5-6	Increased frequency to a minimum of one hourly. Consider Sepsis red flags	Medium NEWS2 score (5-6) – ‘think sepsis’, the patient must be urgently reviewed by a clinician with competencies in the assessment of acute illness. Unless a ward based doctor is available immediately, the patient should be transferred to an acute hospital for an urgent clinical review (<u>unless</u> the patient has a longstanding long term condition) where higher NEWS2 maybe usual for the patient, or the patient is palliative or at end of life.
ACT NOW! NEWS 7 or more	Continuous monitoring of vital signs	High NEWS2 score (7 or more) should prompt an emergency assessment by staff within critical care competencies, a patient must be transferred via 999 to an acute hospital, unless as above.

For patient triggering NEWS2 score of 5 or more, or 3 in one parameter, please document action taken in the patient record using the SBARD tool below.

Situation	<ul style="list-style-type: none"> Give your name and designation, state where you are calling from Describe who you are calling about Describe the reason for your concern 	Codes for recording oxygen delivery A = air N = nasal cannula SM = simple mask V = venture mask and % (e.g. V24) NIV = non-invasive ventilation RM = reservoir mask TM = tracheostomy mask CP = CPAP mask H = humidified oxygen and % (e.g. H28) OTH = other (please specify)
Background	<ul style="list-style-type: none"> Give the date and reason for the admission Describe the patient's diagnosis, mental health act status, relevant treatments, treatment plans and co-morbidities Describe the patient's usual presentation 	
Assessment	<ul style="list-style-type: none"> Have all the information to hand, describe the findings of your assessment of the patient Physical observations to include temperature, pulse, respirations, blood pressure, level of consciousness and oxygen saturation levels Describe what you think the problem is, or state you are not sure what is wrong but that you are concerned 	
Recommendation	<ul style="list-style-type: none"> State what you would like to happen Determine timeframes State what you will do in the meantime, for example - increase observation levels 	
Decision	<ul style="list-style-type: none"> Summarise and record what has been agreed - checking understanding of both yourself and the person you contacted. Agree call back if needed Record name and contact details of person contacted Record date and time of contact 	