

## STANDARD OPERATING PROCEDURE DIGITAL NATIONAL EARLY WARNING SCORE ON SYSTMONE (NEWS2)

Document Reference	SOP22-010		
Version Number	1.1		
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Date Instigated:	June 2022		
Date Last Reviewed:	18 April 2024		
Date of Next Review:	April 2027		
Consultation:	Ward Manager / Band 6s		
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Approved by:	Community Clinical Network Group		
	18 April 2024		
Name of Trust Strategy / Policy / Deteriorating Patient Policy / Protocol			
Guidelines this SOP refers to:			

#### **CHANGE RECORD**

Version	Date	Change details
1.0	14 June 2022	New SOP – Approved PHMD Group (14 June 2022).
1.1	18 April 2024	Reviewed – Minimal changes to first page. Approved at Community Clinical
		Network Group (18 April 2024).

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## **1** INTRODUCTION

The digital National Early Warning Score (NEWS2) chart was developed in parallel to support the transition from the paper NEWS2 charts to a fully digital system. The objective was to mirror the official NEWS2 chart enable users to make the switch seamlessly and minimise the risk to patients.

This SOP will be used across all Community service inpatient units within Humber Teaching NHS Foundation Trust. It includes both registered and unregistered staff that are permanent, temporary, bank and agency staff on commencement of working within the community services inpatient units.

## 2 PURPOSE & SCOPE

This SOP explains the process to follow when using the NEWS2 template on SystmOne to ensure continuity of observations and promote patient safety (See appendix 1). (NEWS 2 is commonly used for the assessment of unwell patients – A NEWs score of 5 or more is the key trigger threshold for urgent clinical review and action or a score of 3 in any one parameter as early intervention can reduce mortality in unwell individuals (NICE 2007) Royal College of Physicians 2017.

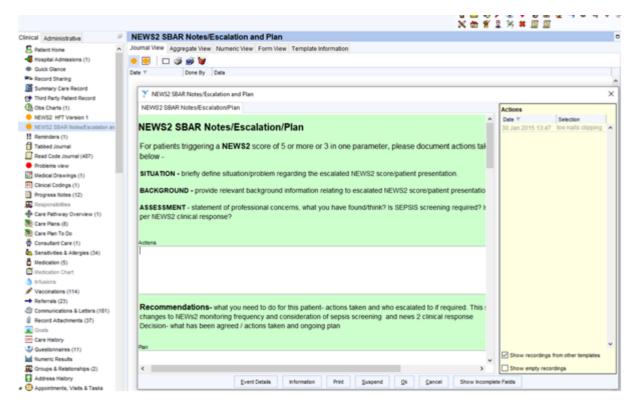
This procedure should be read in conjunction with- Deteriorating Patient Policy (including the Recognition and Escalation of Suspected Sepsis) (N-062) and protocol 527. The template captures clinical data on an electronic device in real-time at the point of care. It enables analysis and charting of the captured clinical data on the patients SystmOne notes. It improves the safety of identifying the deteriorating patient. It is designed to improve the daily clinical processes of observation-taking, early warning scoring and appropriate timely escalation, alongside improving timely documentation.

## 3 DUTIES AND RESPONSIBILITIES

Service Managers, Modern Matrons and appropriate clinical/ professional leads will ensure dissemination and implementation of the Local SOP within the sphere of their responsibility. They should also ensure staff are supported in attending relevant training and that time is dedicated to the provision and uptake of training and sign off competencies. (Competencies: Vital signs monitoring, NEWS2 and Sepsis)

Matrons/Service managers//Ward Managers have responsibility for ensuring the quality of clinical interventions and record keeping by their staff, and monitoring compliance with this local SOP and procedure through the supervision process.

All relevant clinical staff working in the inpatient setting will familiarise themselves and follow the agreed SOP and associated guidance and competency documents. They will use approved documentation on SystmOne as seen on next page.



They will make their line managers aware of barriers to implementation and completion.

#### **Registered Practitioners are responsible for:**

- Determining the frequency of patient observations
- Accurate recording and documentation of patient observations on systmOne
- The registered practitioner in-charge of the clinical area must ensure that staff recording patient observations report NEWS2 scores to a senior member of staff
- Appropriate documentation to be completed when observations fall within the trigger area for a response due to physiological changes.
- Ensuring they have completed e-learning provided by the informatics systems team.-
- Ensuring they have passed clinical competencies for the deteriorating patient

#### Unregistered clinical staff are responsible for:-

- Responsible for accurate recording and documentation of patient observations, NEWS2 score and following NEWS2 graded response. They must also inform the registered practitioner of each individual patients NEWS2 score above 0.
- Ensure they have completed e-learning provided by the digital team
- Ensure they have passed clinical competencies for the deteriorating patient.

#### Medical staff are responsible for:

Responding to calls by practitioners to review a patient's clinical condition according to NEWS2 graded response and (rarely, i.e. end of life situations) authorising the discontinuation of NEWS2, making 'do not attempt cardiopulmonary resuscitation' (DNACPR) decisions (if appropriate) and initiating end of life care pathway (if appropriate).

## 4 PROCEDURE

#### **Recording of Observations:**

Each patient must have a set of standard observations taken regularly, as dictate by their clinical condition. These consist of pulse rate, temperature, blood pressure, respiratory rate, conscious level (ACVPU score), oxygen saturation (SpO2).

When all parameters are entered into systmOne on the NEWS2 tool the NEWS2 score will be automatically calculated by the system using the individual scores for temperature, pulse rate, respiration rate, blood pressure, oxygen saturation, supplemental oxygen needs and conscious level (ACVPU score). The tool has a dedicated section (SpO2 Scale 2) for use in patients with hypercapnic respiratory failure (usually due to COPD) who have clinically recommended oxygen saturation of 88–92%.

The NEWS2 score assists in the identification of deteriorating patients by tracking physiological observations The importance of considering serious sepsis in patients with known or suspected infection, or at risk of infection, is emphasised.

## 5 MONITORING COMPLIANCE AND EFFECTIVENESS

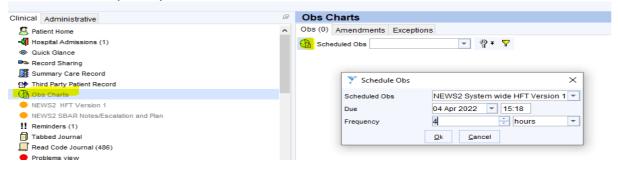
Processes of audit and monitoring effectiveness of the policy will be performed by local audit of compliance within community hospitals

Reproduced from: Royal College of Physicians. National Early Warning Score (NEWS) 2: Standardising the assessment of acute-illness severity in the NHS. Updated report of a working party. London: RCP, 2017

## Appendix A - SystmOne Community Hospital Inpatients – NEWS2 Observations

## New patient on NEWS2

- 1. Select Obs Chart from Clinical Tree at the bed side of the patient.
- 2. Click Scheduled Obs Icon and complete scheduled obs, due date and time and frequency and click OK



The scheduled OBS will now show with the due date and time and a blank chart is generated ready for use. There is a toolbar to the right hand side as per the screen prints below – click on **Spanner icon** to see the options available or Click Record OBSERVATIONS icon to record observations now

Clinical Administrative	Obs Charts
S Patient Home	Obs (1) Amendments Exceptions
- Hospital Admissions (1)	🚳 Scheduled Obs NEWS2 System wide HFT Version 1 Due: 04 Apr 2022 16:05 🕗 🗛 😰 🖓 🤹 👔
Quick Glance	
Record Sharing	Chart Graph Grid Record Observations
Summary Care Record	Date Record Unscored Observations
P Third Party Patient Record	Time Amend
Obs Charts (1)	Total Skip Observations
NEWS2 HFT Version 1	
NEWS2 SBAR Notes/Escalation an	Respiratory rate Stop Observations
Reminders (1)	
Tabbed Journal	>= 25 a
Read Code Journal (486)	21-24 = 8
Problems view	18-20 'ㅎ 열
Medical Drawings (1)	>= 25 21-24 18-20 15-17 12-14 9-11
Clinical Codings (1)	
Progress Notes (12)	
Responsibilities	
A Care Pathway Overview (1)	=< 8 2
X Care Plans (8)	SpO2 scale 1
XX Care Plan To Do	
Consultant Care (1)	>= 96 8
Sensitivities & Allergies (34)	94-95 준 평
Medication (5)	94-95 '''' 🖉 👘 👘 👘 👘 👘 👘 👘 👘
( <sup>m</sup>	>= 96 94-95 94-95 94-95 94-95 94-95 94-95



The NEWS2 template is opened – Please note: you will not see the final score until you have finished recording the template and receive warnings or the score when complete.

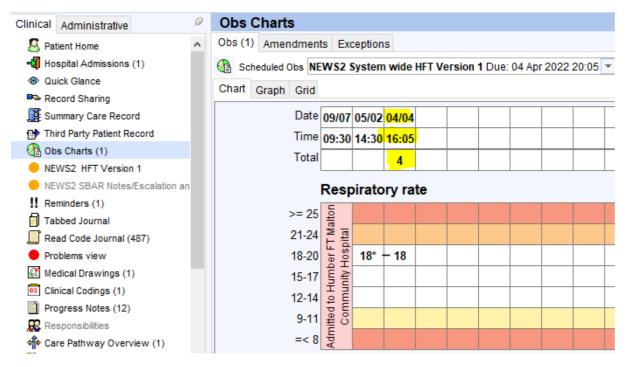
NEWS2 HFT Version 1		
A + B		
NATIONAL EARLY	WARNING SCORE (NEW	/\$2)
A + B		
Respiratory rate	breath/min	Physiological Score parameter 3 2 1 0 1 2 3
,		Respiration rate (perminute)         ≤8         9–11         12–20         21–24         ≥25
SpO2 on Air	%	Physiological Score Score 3 2 1 0 1 2 3
		SpO <sub>2</sub> Scale 1(%) =91 92-93 94-95 ≥96
		Physiological Score
		parameter         3         2         1         0         1         2         3           Air or oxygen?         Oxygen         Air         Image: Compare the system of th
Use Scale 2 if target SpO	2 range is 88-92%, e.g. in hyperca	
**ONLY use Scale 2 unde	r the direction of a qualified clinic	ian**
NEWS2 SpO2 Scal	le view cannot be shown when pr	eviewing a template
		v
*NEWS2 SpO2 Scale		Physiological     Score
SpO2 on Oxygen	%	parameter 3 2 1 0 1 2 3
		SpO2 Scale 2(%)         #83         84–85         86–87         88–92 ±93 on air         93–94 on oxygen         95–96 on oxygen         ±97 on oxygen
*Delivered oxygen flow rate		
Oxygen device	Nasal cannula     Non-invasive ventilation     HOME CPAP	
	Venturi Mask	
	Reservoir Mask     Tracheostomy mask	
Increase and a second se		
Inspired oxygen concentration	70	
VEWS2 HFT Version 1		×
A + B		Respiratory rate
BP & PULSE		Date 🔨 breath
Pulse Rate		
Pulse rate	bpm	Physiological <u>Score</u> 3 2 1 0 1 2 3
		Pulse (per minute) <40 41-50 51-90 91-110 111-130 a131
		Physiological Score parameter 3 2 1 0 1 2 3
BP	mmHg	Systolic blood pressure (mmHg) 91–100 101–110 111–219 220
		No previous values
		Physiological 9 2 5 core 9 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Sitting BP		Systelic blood #90 91-100 101-110 111-219 #220
Sitting BP	mmHg	
Lying BP		
Lying BP	mmHg	
Standing BP		
Standing BP	mmHg	×
CONSCIOUSNES	S	
Conscious level		Physiological parameter         3         2         1         0         1         2         3           3         2         1         0         1         2         3         2         5
<		Consciousness Alert Vite Vite Show recordings from other templates
	Info	ormation Print Suspend Ok Cancel Show Incomplete Fields

		po	arometer	3	2	1	0	1	2	3	1
Temperature	degC	Te	mperature ("C)	≤35.0		35.1-36.0	36.1-38.0	38.1-39.0	≥391		
Unscored News	Fields										
Pain at rest	<ul> <li>Severe pain at rest (Y1da3)</li> <li>Moderate pain at rest (Y1da</li> <li>Mild pain at rest (Y1da5)</li> <li>No pain at rest (Y1da6)</li> </ul>										
Pain on movement	Severe pain on movement ( Moderate pain on movement Mild pain on movement (Y1d No pain on movement (Y1d	t (Y1da9) daa)									
Level of sedation	<ul> <li>Level of sedation: Unresport</li> <li>Level of sedation: Respond:</li> <li>Level of sedation: Respond:</li> <li>Level of sedation: Awake a</li> </ul>	s to pain ful stimuli s to verbal comma	nd (Y1daf)								
Level of nausea	<ul> <li>Level of nausea: Vomited ()</li> <li>Level of nausea: Moderate</li> <li>Level of nausea: Mild (Y1db</li> <li>Level of nausea: No nausea</li> </ul>	(Y1db3) 04)									
Level of motor block: Level of Motor Block: Unable to move limbs (Y1db7) Level of Motor Block: Able to wiggle toes / unable to bend knee Level of Motor Block: Able to bend knees / unable to lift legs (Y Level of Motor Block: No motor block / able to lift legs (Y1dba)											
Remember to complete the NEWS2/SBAR Notes, Escalation and Plan Template											
<											>
		Information	Print	Suspend	Ok	<u>C</u> anc	el S	Show Incom	plete Fields		

**The Outcome is displayed** – you can amend frequency and reason for amending now or you can amend later when you have discussed with registered nurse or medical staff. Escalation guidance can be viewed here as can the history.

				,								
Clinica	Administra	rative Sobs Charts										
🔏 Р	Patient Home	Obs.(1) Amondmente Excentions										
- 🖏 н	lospital Admiss	Outcomes X										
@ C	Quick Glance		4									
Pres R	Record Sharing		4									
[ 🖉 s	Summary Care I											
🔁 T	Third Party Patie		NEWS2 System wide HFT Version 1									
- 🐴 o	Obs Charts (1)	LOW NEWS2 SCOR	LOW NEWS2 SCORE (1-4), patient to be assessed by a registered nurse or medical staff, who should decide whether a change to									
	NEWS2 HFT Ve		nonitoring or an escalation of clinical care is required and documented.									
💛 N	NEWS2 SBAR N											
!! R	Reminders (1)	Scheduled Obs	NEWS2 System wide HFT Version 1	<b>T</b>								
	abbed Journal		04 Apr 2022 👻 20:05									
E R	Read Code Jour	Frequency	Frequency 4 ÷ hours v									
	Problems view			<b></b>								
🐼 N	ledical Drawin	,,										
02 C	Clinical Codings		Ok Cancel Escalation Guidance View History									
🖺 P	Progress Notes	(12)	9-11									
R R	Responsibilities											
🔺 🔶 C	Care Pathway (	Overview (1)	=< 8 p									

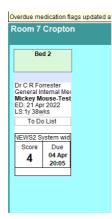
The NEWS 2 score and date and time of observation is now visible above the chart which has populated with the NEWS2 Score



## The NEWS2 will be displayed in the tabbed journal



# You must SAVE the record – once the record is saved the NEWS2 score will be visible on the Ward View



For patients triggering a NEWS2 score of 5 or more or 3 in one parameter, you must document your actions and plan and escalation etc. using the NEWS2 and SBAR Notes/Escalation/Plan Template so that all relevant information is recorded.

		×.				
Clinical Administrative	NEWS2 SBAR Notes/Escalation and Plan					
S Patient Home	Journal View Aggregate View Numeric View Form View Template Information					
- Hospital Admissions (1)						
Quick Glance	Date T Done By Data					
Record Sharing		^				
Summary Care Record						
Third Party Patient Record	TNEWS2 SBAR Notes/Escalation and Plan	×				
🖓 Obs Charts (1)	NEWS2 SBAR Notes/Escalation/Plan Actions					
NEWS2 HFT Version 1	Date ⊽ Selection					
NEWS2 SBAR Notes/Escalation an	NEWS2 SBAR Notes/Escalation/Plan 30 Jan 2015 13:47 toe nails clipping	~				
Reminders (1)						
Tabbed Journal	For patients triggering a <b>NEWS2</b> score of 5 or more or 3 in one parameter, please document actions tal					
Read Code Journal (487)	below -					
Problems view						
🛃 Medical Drawings (1)	SITUATION - briefly define situation/problem regarding the escalated NEWS2 score/patient presentation.					
Clinical Codings (1)						
Progress Notes (12)	BACKGROUND - provide relevant background information relating to escalated NEWS2 score/patient presentatio					
Responsibilities	ASSESSMENT - statement of professional concerns, what you have found/think? Is SEPSIS screening required? Is					
reare Pathway Overview (1)	per NEWS2 clinical response?					
Care Plans (8)						
🔆 Care Plan To Do						
A Consultant Care (1)	Actions					
Sensitivities & Allergies (34)						
Medication (5)						
Medication Chart						
) Infusions						
Vaccinations (114)						
Referrals (23)						
Communications & Letters (181)	Recommendations- what you need to do for this patient- actions taken and who escalated to if required. This :					
Record Attachments (37)	changes to NEWs2 monitoring frequency and consideration of sepsis screening and news 2 clinical response					
Goals	Decision- what has been agreed / actions taken and ongoing plan					
GMS Care History						
Questionnaires (11)	Plan					
ht Numeric Results	Show recordings from other templates					
Groups & Relationships (2)	< > Show empty recordings					
Address History						
Appointments, Visits & Tasks	Event Details Information Print Suspend Qk Gancel Show Incomplete Fields					