



## National Early Warning Score (NEWS 2)

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## Policy On A Page

### **SUMMARY & AIM**

This Policy has been produced in order to provide Trust-wide best practice guidance to health care professionals in determining and identifying patients within our care who are at risk of becoming unwell or presenting with abnormal physiological status or in the early detection of sepsis.

### **KEY REQUIREMENTS**

NEWS 2 can be used in all adults aged 16 or over (with the exception of pregnant women) and across all healthcare settings. It is particularly useful when patients are transferred from one setting to another – to ensure there is a consistent clear understanding of the patient's clinical state, risk of deterioration and prognosis.

The following patients may be considered being at high risk of developing abnormal observations and it should be considered best practice to commence these patients on a NEWS 2 tool at the earliest opportunity. These include –

- New patients on caseload
- Unstable medical condition
- Diagnosed / suspected infection
- Confirmed infection for example each visit or before administering IV antibiotic therapy
- Recent fall/s, or sudden reduced mobility
- Sudden Altered mental state
- Acute / Sudden deterioration
- Clinical judgement that the patient is medically unwell

### **TARGET AUDIENCE:**

The target audience includes all health professionals (including bank staff) working in the community care group, specialist services, mental health and the prison services.

### **TRAINING:**

Clinical Skills training delivered by CLIC (physiological Observation of an adult patient )

E Learning - Royal College of Physicians NEWS 2, has been backed up with Cumbria Partnership NHS Trust Community services NEWS 2 presentation.

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## 1. INTRODUCTION

NEWS 2 is a tool developed by the Royal College of Physicians which improves the detection and response to clinical deterioration in adult patients and is a key element of patient safety and improving patient outcomes.

Since the launch of NEWS in 2012 there has been a widespread uptake across the NHS. At present around 70% of acute trusts in England are using NEWS, with other Early Warning Scores in place in other areas. The confusion caused by variation in practice can compromise patient safety, something that can be eliminated by use of a common tool. With this in mind, NHS England, with the support of NHS Improvement are endorsing NEWS 2, and are launching an ambition to increase its use to 100% of acute and ambulance settings by March 2019.

Through standardisation of NEWS 2 we can reduce the number of patients whose conditions deteriorate whilst in hospital and in community settings, and potentially save over 1800 lives a year.

NHS England have set up a Cross-System Working Group that will work to increase the uptake of NEWS 2 and ensure its standardised implementation. With representation from: NICE, CQC, AHSNs, clinicians and academics the group will seek to:

- Implement the national ambition to increase the uptake of NEWS2
- Develop and oversee a work programme to ensure all NEWS2-related activity is consistent with the national ambition and identify any barriers to standardised uptake.

In response to this national directive Cumbria Partnership Foundation Trust have recognised the need to develop a Community NEWS 2 scoring tool. This will support the clinician in decision making in recognising a deteriorating patient in the community setting thus resulting in improved patient outcomes. The Trust has embedded the 'Community Nursing Sepsis Screening and Action Tool' (UK Sepsis Trust) within the NEWS 2 tool to act as a prompt and to raise awareness of early Sepsis detection and management.

## 2. PURPOSE

This policy enables the Cumbria Partnership NHS Foundation Trust to adhere to the Royal College of Physicians National Early Warning Score (NEWS 2) standardising the assessment of acute illness severity in the NHS (2017) & NICE guidance NG51 'Sepsis recognition', diagnosis & early management July 2016.

This Policy has been produced in order to provide Trust-wide best practice guidance to health care professionals in determining and identifying patients within our care who are at risk of becoming unwell or presenting with abnormal physiological status or in the early detection of sepsis.

The target audience includes all health professionals (including bank staff) working in the community care group, specialist services, mental health and the prison services.

The document will set out to improve the quality of patient baseline observation and monitoring allowing for timely intervention or hospital admission.

The policy supports a multi-disciplinary team approach to ensure patients receive the right treatment at the right time in the right place.

### **3. STATEMENT OF INTENT**

National early warning score (NEWS 2 ) is most commonly used for the assessment of unwell patients – by using these simple observations it is possible to detect if a patient's condition requires a more intense escalated approach to observation and should act as a trigger for further investigation as early intervention can reduce mortality in unwell individuals (NICE 2007).

This tool promotes an integration of care – acting as a method for assessing the effectiveness of medical interventions and can ultimately reduce the need for unnecessary hospital admissions. The NEWS 2 tool is based upon physiological parameters and these observations should be recorded at an initial assessment, for unwell patients, or where a patient's medical status dictates i.e. heart rate, respiratory rate, altered level of consciousness and fluctuations in temperature (NICE 2007).

#### **3.1 Benefits of NEWS2**

- Provides a single standardised early warning system across the UK for early detection of the acutely unwell patient.
- Provides a standardised score to determine illness severity to support consistent clinical decision making & an appropriate clinical response.
- Provides a vehicle for the adoption of a standardised scoring system throughout the NHS & private sector, not solely in the context of acute clinical deterioration but also for continuous monitoring of all patients when necessary.
- Ensures a standardised means of identifying & responding to patients with anticipated acute deterioration in their clinical condition whilst under the care of health & social care teams.

#### **3.2. How the Tool Works**

NEWS 2 can be used in all adults aged 16 or over (with the exception of pregnant women) and across all healthcare settings. It is particularly useful when patients are transferred from one setting to another – to ensure there is a consistent clear understanding of the patient's clinical state, risk of deterioration and prognosis.

The NEWS 2 score is most useful when repeated measurements are taken over time to detect deviation from an established baseline.

Clinical judgement should always be used, even if the NEWS 2 is normal. Healthcare professionals should escalate deteriorating patients for review whenever they are concerned, even if the NEWS 2 appears to be reassuring. In addition the recommended frequency of observations and review/escalation should be increased if there is clinical concern that the patient appears to be more unwell than the recorded NEWS 2 Score.

The frequency of observations and review/escalation is based upon the aggregate NEWS 2 (as outlined in the Royal College Physicians guidance); however, this should be increased / escalated if there is concern (or 'gut feel') that the patient is deemed more unwell than they appear.

Community inpatient units will require twice a day NEWS 2 monitoring unless the clinical decision maker documents clear safe rationale why NEWS 2 was not to be recorded.

For community based patients – if they do not trigger the need for observation within a year then an annual set of observations should be performed at the patient's annual assessment using the NEWS 2 chart.

The following patients may be considered high risk of developing abnormal observations and it should be considered best practice to commence these patients on a NEWS 2 tool at the earliest opportunity:-

- New patients on caseload
- Unstable medical condition
- Diagnosed / suspected infection
- Confirmed infection for example each visit or before administering IV antibiotic therapy
- Recent fall/s, or sudden reduced mobility
- Sudden Altered mental state
- Acute / Sudden deterioration
- Clinical judgement that the patient is medically unwell

If patients are requiring neurological observations (neuro obs) these will be documented on the appropriate chart Royal Marsden Guidelines for Neurological Observations. This must be used alongside NEWS 2.

#### **When should NEWS 2 not be used?**

- Under 16 year old
- In patients who are Pregnant
- End of life patients as part of an MDT decision

Note to clinicians NEWS 2 may be unreliable in patients with spinal cord injury (especially tetraplegia or high level paraplegia), owing to functional disturbances of the autonomic nervous system. Use with caution.

**The National Early Warning Scores (NEWS 2) thresholds and triggers:** A score is allocated to each physiological parameter, the magnitude of the score reflecting how extreme the parameter varies from the norm. This score is an aggregated and forms the threshold and triggers for next steps:-

NEWS scores	Clinical risk
0	Low
Aggregate 1-4	Medium
Red score * ( Individual parameter scoring 3 )	
Aggregate 5-6	High
Aggregate 7 or more	

### 3.3. NEWS 2 Tool

Each community service have adopted the NEWS 2 Tool. Clinical responses to the NEWS 2 scores are specific to area of practice in the community i.e. Community , Community Hospitals, HMP Prison.

### 3.4 Community Hospital Based Nurses

The frequency of observations should be consistent with the clinical situation and history of the patient. In the inpatient setting the minimum standard for the assessment of vital signs, utilizing the NEWS 2 parameters, is every 12 hours (twice a day). NEWS 2 should be completed on admission/ transfer to the ward and 12 hourly from then on as a minimum. The frequency of patient observations must be reconsidered and modified according to changes in the patient's clinical condition by the medic or clinical decision maker on the unit. These variances will be clearly documented on the NEWS 2 chart and the patient's record. This clear plan needs to specify any changes in variance that maybe appropriate.

This needs to take into account:

- The patient's diagnosis
- Presence of co-morbidities
- Treatments prescribed e.g. IV therapy / medication administration

This will then initiate an agreed treatment plan which will be documented within the patients' medical records.

Trigger thresholds are nationally set and clearly set out on the NEWS 2 chart. A graded response strategy for patients identified as being at risk of clinical deterioration is an integral part of the NEWS 2 chart.

When patients NEWS 2 score requires a response that triggers an escalation of care, any action taken will be clearly documented within the patient record and on the NEWS 2 chart.

Use the Community Hospital NEWS see **Appendix 1**

### **3.5 Learning Disability and Mental Health in patient units**

Learning Disabilities and Mental Health will carry out the NEWS 2 for the first three days of the patients admission and then weekly when clinically required thereafter. Policy & Procedures for the Physical Examination & Wellbeing of Service Users within Mental Health & Learning Disability Services.CL/POL/001/012

Use the Community Hospital NEWS 2 see Appendix 1

### **3.6 Community Based patients**

NEWS 2 should be completed when the patient is admitted onto the community nursing / district nursing case load for those patient requiring ongoing care management (requiring more than three visits). If the patient remains medically stable then the NEWS 2 score should be repeated on an annual basis. However, if the patient's health deteriorates or there is a significant event e.g. the patient suffers a fall, develops an infection, sudden confusion etc. then the frequency of observations should be consistent with the clinical situation and history of the patient or 'gut' feel.

NEWS 2 should be used each time before administering Intravenous (IV) fluids and medications.

Use Community the NEWS 2 see **Appendix 2**

### **3.7 Minor Injuries and PCAS**

Community NEWS 2 should be used for any patient who is deemed by the assessing clinician as unwell, for example has:

- any symptoms suggesting fever or infection,
- has sustained a moderate or severe traumatic injury,
- or prior to the administration of any Intravenous (IV), Intramuscular(IM) medication,
- or is deemed systemically unwell,

This list is not exhaustive.

Further NEWS 2 scores should be repeated at defined intervals, decided by the senior clinician in the department, depending on the severity of the situation. These should be continued until discharged or transfer of the patient. If transferred to another health unit the NEWS 2 score charts should be copied and sent with the patient to allow the receiving team to continue the monitoring.

Use the Community the NEWS 2 see Appendix 2



### 3.8 HM Haverigg Prison

All prisoners will have a baseline NEWS 2 score completed during the second reception screening process.

If healthcare assistance is requested via the calling of a Code Red, Code Blue or medical assistance then a NEWS 2 assessment should be completed.

Ideally all patients that attend triage due to a clinical complaint/ illness should have a NEWS 2 score assessment. Some patients do attend triage for non-clinical reasons; clinical judgment can be used here.

The frequency of patient observations must be reconsidered and modified according to changes in the patient's clinical condition. These variances will be clearly documented on the NEWS 2 chart and the patient's record. This clear plan needs to specify any changes in variance that maybe appropriate. These variances will be clearly documented on the NEWS 2 chart and the patient's record.

This will then initiate an agreed treatment plan which will be documented within the patients' medical records taking into account: The patient's diagnosis and the presence of co-morbidities.

The NEWS 2 score and individual observations are trigger thresholds which have been nationally set out on the NEWS 2 chart. A graded response strategy for patients identified as being at risk of clinical deterioration is an integral part of the NEWS 2 chart and has been adapted to reflect the health care provision at HMP Haverigg.

When patients NEWS 2 score requires a response that triggers an escalation of care, any action taken will be clearly documented within the patient's record and on the NEWS 2 chart.

HM Prison will use adopted the Community NEWS 2 and have adopted the Triggers to fit the HM Prison service and access to resources see **Appendix 3**

## 4. TRAINING AND SUPPORT

Clinical Skills training delivered by CLIC (physiological Observation of an adult patient).

E Learning - Royal College of Physicians NEWS2, backed up with Cumbria Partnership NHS Trust Community services presentation.

All clinical staff caring for patients must be competent in the monitoring, measurement interpretation and prompt response to the acutely ill patient appropriate to the level of care they are providing.

All new clinical staff employed within the Trust will be familiarised with NEWS2 and policy.

Ward managers must ensure all staff have the knowledge, skills and competence with their role and responsibilities in assessing acutely ill patients within their clinical

area. NEWS 2 training should be incorporated into personal development plans and via the appraisal process/performance review.

All clinical and nursing staff who have patient contact and are involved in the measurement, recording and response to NEWS 2 scores must complete the NEWS 2 e-learning package.

## 5. PROCESS FOR MONITORING COMPLIANCE

The process for monitoring compliance with the effectiveness of this policy is as follows:

Aspect being monitored	Monitoring Methodology	Reporting		
		Presented by	Committee	Frequency
Use of NEWS 2	Periodic and systematic audit of staff implementation	Quality and Safety Team	Care Groups	Annual

Wherever the above monitoring has identified deficiencies, the following must be in place:

- Action plan
- Progress of action plan monitored by the Care Group committee minutes
- Risks will be considered for inclusion in the appropriate risk registers

## 6. REFERENCES:

National Institute for Health and Clinical Excellence (2007) acutely ill patients in hospital: Recognition of and response to acute illness in adults in hospital.  
www.nice.org.uk

Rees, J. E (2003) EARLY WARNING SCORES. World Anaesthesia, Issue 17  
Article 10.  
[www.nda.ox.ac.uk/wfsa/html/ul1710\\_01.htm](http://www.nda.ox.ac.uk/wfsa/html/ul1710_01.htm)

NHS England » National Early Warning Score (NEWS)  
<https://www.england.nhs.uk/nationalearlywarningscore/>

NICE Evidence Search | national early warning score  
<https://www.evidence.nhs.uk/search?q=national+early+warning+score>

Royal Marsden Guidelines for Neurological Observations.

Royal College of Physicians (2017) NEWS 2 e-learning

Royal Marsden Manual of Clinical Nursing Procedures 9th edition (2015)

## 7. ASSOCIATED DOCUMENTATION:

Appraisal Policy

Mental Capacity Act Multi-Agency Policy

Physical Examination & Wellbeing of Service Users within Mental Health & Learning Disabilities.

## **8. DUTIES (ROLES & RESPONSIBILITIES):**

Cumbria Partnership Foundation Trust (CPFT) aims to take all reasonable steps to ensure the safety and independence of its patients and service users to make their own decisions about their care and treatment.

In addition CPFT will ensure that:

- All employees have access to up to date evidence based policy documents.
- Appropriate training and updates are provided – includes Royal College of Physicians NEWS 2 e learning. <https://www.rcplondon.ac.uk/projects/outputs/national-early-warning-score-news-2>
- Access to appropriate equipment that complies with safety and maintenance requirements is provided.
- All staff participates in the appraisal process, including the review of competencies (appraisal policy).

### **8.1 Chief Executive / Trust Board Responsibilities:**

The Chief Executive and Trust Board jointly have overall responsibility for the strategic and operational management of the Trust, including ensuring that Trust policies comply with all legal, statutory and good practice requirements.

### **8.2 Executive Director of Nursing Responsibilities:**

All policies have a designated Executive Director and it is their responsibility to be involved in the development and sign off of the policies, this should ensure that Trust policies meet statutory legislation and guidance where appropriate. The Executive Director of Nursing must ensure the policies are kept up to date by the relevant author and approved at the appropriate committee.

### **8.3 Managers Responsibilities:**

Are responsible for making their staff aware of the NEWS 2 tool and Policy and are issued with the appropriate observation equipment to undertake NEWS 2. That staff are made aware and attend NEWS 2 training.

#### **8.4 Staff Responsibilities (including bank staff):**

Practice within their level of competency and within the scope of their professional bodies where appropriate.

- Read and adhere to CPFT policy.
- Identify any areas for skill update or training required.
- Participate in the appraisal process
- Ensure that all care and consent complies with the Mental Capacity Act (2007).

#### **The Non-Registered Practitioner – Assistant Practitioner (AP) and Health Care Assistant (HCA).**

- Take responsibility for their own actions.
- Take individual responsibility to ensure that their knowledge and skills in recording observations and calculating a NEWS 2 score are maintained

All registered nurses and non-registered health care assistants bank or locum must be proficient in the use of the NEWS scoring tool in order that appropriate and timely interventions are made to support decision making in the community, inpatient community settings, including prison environments.

The skills required to detect when a patient's condition is deteriorating lie within the domain of basic nursing assessment skills for registered nurses and medical staff. 6 simple physiological parameters form the basis of the scoring system

1. Respiration rate
2. Oxygen Saturation
3. Tympanic Temperature
4. Systolic Blood Pressure
5. Heart Rate
6. Level of Consciousness or new confusion

#### **8.5 Trust Wide Clinical Governance Group Responsibilities:**

The Chair of Trust Wide Clinical Governance Group will ensure the policy approval is documented in the final section of the Checklist for Policy Changes. The committee will agree the approval of the final draft of the policy.

## 9. ABBREVIATIONS / DEFINITION OF TERMS USED

National Early Warning Score (NEWS 2) is a tool developed by the Royal College of Physicians which improves the detection and response to clinical deterioration in adult patients and is a key element of patient safety and improving patient outcomes.

TERM USED	DEFINITION
Respiration rate	Is widely accepted as being the most sensitive basic observation in detecting deterioration in the patient's condition. Respiratory rate – normal rate 12-18 breaths per minute
Oxygen Saturation	Normal Oxygen saturation rate – above 90% NEWS 2 includes 2 separate scales for monitoring oxygen saturations (Sp O <sub>2</sub> ) <ul style="list-style-type: none"> <li>• Scale 1 – The non-invasive measurement of oxygen saturation by pulse oximetry- used for most patients.</li> <li>• Scale 2 – A dedicated Sp O<sub>2</sub> scoring scale is used for patients with prescribed oxygen saturation requirements of 88 – 92% (e.g. in patients with hypercapnic respiratory failure)</li> </ul> A weighting score of 2 should be added to the aggregate NEWS 2 score for any patient requiring supplemental oxygen.
Systolic Blood Pressure	Normal range, systolic 100-160mmHg, Diastolic 60-85mmHg
Pulse Rate	Normal heart rate is between 60-100 beats per minute. When taking the patient's pulse do this manually, as a machine will not detect volume or rhythm.
Level of Consciousness or new confusion.	The patient has new onset confusion, disorientation and /or agitation, where previously their mental state was normal- this may be subtle. The patient may respond to questions coherently but there is some confusion disorientation and / or agitation. This would score 3 on the NEWS 2 tool.
Tympanic (ear) Temperature.	The normal oral temperature is 37 degree centigrade. A tympanic (ear) temperature is 0.3 – 0.6 degree centigrade higher than an oral temperature. A tympanic temperature between 35.4 and 37.8 degree centigrade is classed as normal.

**APPENDIX 1 – NEWS ADAPTED FOR COMMUNITY HOSPITALS AND INPATIENT UNITS:**

Please tick one of the boxes:-  
 Patient is on SpO2 scale 1   
 SpO2 scale 2   
 Name of qualified clinician making scale 2 decision \_\_\_\_\_



**INPATIENT NATIONAL EARLY WARNING SCORING (NEWS) CHART**

NEWS key		FULL NAME		HOSPITAL / NHS NUMBER	
0	1	2	3		
		DATE OF BIRTH		DATE OF ADMISSION	
		YEAR			DATE
		DATE			DATE
		TIME			TIME
<b>A+B</b> Respirations Breaths/min	≥25			3	≥25
	21-24			2	21-24
	18-20				18-20
	15-17				15-17
	12-14				12-14
	9-11			1	9-11
≤8			3	≤8	
<b>A+B</b> SpO <sub>2</sub> Scale 1 Oxygen saturation (%)	≥96			1	≥96
	94-95			2	94-95
	92-93			3	92-93
<b>SpO<sub>2</sub> Scale 2*</b> Oxygen saturation (%) <small>Use Scale 2 if target range is 88-92%, eg in hypercapnic respiratory failure</small>	≥97 <small>on O<sub>2</sub></small>			3	≥97 <small>on O<sub>2</sub></small>
	95-96 <small>on O<sub>2</sub></small>			2	95-96 <small>on O<sub>2</sub></small>
	93-94 <small>on O<sub>2</sub></small>			1	93-94 <small>on O<sub>2</sub></small>
	≥93 <small>on air</small>				≥93 <small>on air</small>
	88-92				88-92
	86-87			1	86-87
	84-85			2	84-85
≤83%			3	≤83%	
<b>Air or oxygen?</b>	A=Air				A=Air
	O <sub>2</sub> Limin Device			2	O <sub>2</sub> Limin Device
<b>C</b> Blood pressure mmHg <small>Scored using systolic BP only</small>	≥220			3	≥220
	201-219				201-219
	181-200				181-200
	161-180				161-180
	141-160				141-160
	121-140				121-140
	111-120				111-120
	101-110			1	101-110
	91-100			2	91-100
	81-90				81-90
	71-80				71-80
<b>SYSTOLIC</b> ↑ <b>DIASTOLIC</b> ↓	61-70			3	61-70
	51-60				51-60
	≤50				≤50
	≥131			3	≥131
	121-130			2	121-130
	111-120				111-120
	101-110			1	101-110
	91-100				91-100
	81-90				81-90
	71-80				71-80
	61-70				61-70
51-60				51-60	
41-50			1	41-50	
31-40			3	31-40	
≤30				≤30	
<b>D</b> Consciousness <small>Score for ICU/ ward of confusion the score if drowsy</small>	Alert				Alert
	Confusion				Confusion
	V			3	V
	P				P
<b>E</b> Temperature °C	U				U
	≥39.1*			2	≥39.1*
	38.1-39.0*			1	38.1-39.0*
	37.1-38.0*				37.1-38.0*
	36.1-37.0*				36.1-37.0*
35.1-36.0*			1	35.1-36.0*	
≤35.0*			3	≤35.0*	
<b>NEWS TOTAL</b>					<b>TOTAL</b>
Blood Sugar					Blood Sugar
Fluid Balance Y/N					Fluid Balance Y/N
Pain Y/N					Pain Y/N
Registered HCP to initial					Registered HCP to initial
<small>(must be counter-signed)</small> CSW to initial					<small>(must be counter-signed)</small> CSW to initial
Monitoring frequency					Monitoring frequency
Escalation of care Y/N					Escalation of care Y/N





APPENDIX 2 – NEWS ADAPTED FOR COMMUNITY AND PCAS/MIU USE:

Please tick one of the boxes:-  
 Patient is on SpO2 scale 1   
 SpO2 scale 2   
 Name of qualified clinician making scale 2 decision  
 \_\_\_\_\_



COMMUNITY NATIONAL EARLY WARNING SCORING (NEWS) CHART

NEWS key		FULL NAME				HOSPITAL / NHS NUMBER								
0	1	2	3	DATE OF BIRTH				DATE OF ADMISSION						
		YEAR												
		DATE											DATE	
		TIME	Day	Clock									TIME	
<b>A+B</b> Respirations <small>Breath/min</small>	≥25													≥25
	21-24													21-24
	18-20													18-20
	15-17													15-17
	12-14													12-14
	9-11													9-11
≤8													≤8	
<b>A+B</b> SpO <sub>2</sub> Scale 1 <small>Oxygen saturation (%)</small>	≥96													≥96
	94-95													94-95
	92-93													92-93
	≤91													≤91
<b>SpO<sub>2</sub> Scale 2+</b> <small>Oxygen saturation (%)</small> Use scale 2 if target range is 98-100%, eg in hypercapnic respiratory failure  <small>*ONLY use scale 2 under the direction of a qualified clinician</small>	≥97 on O <sub>2</sub>													≥97 on O <sub>2</sub>
	95-96 on O <sub>2</sub>													95-96 on O <sub>2</sub>
	93-94 on O <sub>2</sub>													93-94 on O <sub>2</sub>
	≥93 on air													≥93 on air
	88-92													88-92
	86-87													86-87
	84-85													84-85
≤83%													≤83%	
<b>Air or oxygen?</b>	A=Air													A=Air
	O <sub>2</sub> L/min Device													O <sub>2</sub> L/min Device
<b>C</b> Blood pressure <small>mmHg</small> Score uses systolic BP only  SYSTOLIC ↕ DIASTOLIC	≥220													≥220
	201-219													201-219
	181-200													181-200
	161-180													161-180
	141-160													141-160
	121-140													121-140
	111-120													111-120
	101-110													101-110
	91-100													91-100
	81-90													81-90
	71-80													71-80
61-70													61-70	
51-60													51-60	
41-50													41-50	
31-40													31-40	
≤50													≤50	
<b>C</b> Pulse <small>Beats/min</small>	≥131													≥131
	121-130													121-130
	111-120													111-120
	101-110													101-110
	91-100													91-100
	81-90													81-90
	71-80													71-80
	61-70													61-70
	51-60													51-60
	41-50													41-50
31-40													31-40	
≤30													≤30	
<b>D</b> Consciousness <small>Score for NSW one of confusion (no score if chronic)</small>	Alert													Alert
	Confusion													Confusion
	V													V
	P													P
	U													U
<b>E</b> Temperature <small>°C</small>	≥39.1°													≥39.1°
	38.1-39.0°													38.1-39.0°
	37.1-38.0°													37.1-38.0°
	36.1-37.0°													36.1-37.0°
	35.1-36.0°													35.1-36.0°
≤35.0°													≤35.0°	
<b>NEWS TOTAL</b>														<b>TOTAL</b>
Blood Sugar														Blood Sugar
Fluid Balance Y/N														Fluid Balance Y/N
Pain Y/N														Pain Y/N
Registered HCP to initial														Registered HCP to initial
<small>(must be counter-signed)</small> CSW to initial														CSW to initial
Monitoring frequency														Monitoring
Escalation of care Y/N														Escalation



**THE UK SEPSIS TRUST**  
**Community Nursing Sepsis Screening and Action Tool**  
 To be applied to all non-pregnant adults and young people 12 years and over with fever (or recent fever) symptoms

**1. Are you worried your patient is sick?**  
 a.g. High or low temperature  
 Sudden deterioration  
 Unusually drowsy, confused or delirious  
 NEWS >3

**2. Are there signs/symptoms of infection?**  
 Yes, but source not obvious  
 Pneumonia/ likely chest source  
 Urinary tract infection  
 Abdominal pain or distension  
 Cellulitis/ septic arthritis/ infected wound  
 Device-related infection  
 Meningitis  
 Other (specify):

**3. Is ONE Red Flag present?**  
 New deterioration in GCS/AVPU or acute confusion  
 Systolic B.P. <90 mmHg (or <90 mmHg below norm 4)  
 Heart rate >130 per minute  
 Respiratory rate >25 per minute  
 Needs oxygen to keep SpO<sub>2</sub> >92% (room air core)  
 Non-blanching rash or mottled/ ashen/ cyanotic  
 Not passed urine in last 18 hours  
 Urine output less than 0.5 ml/kg/hr if on intravenous  
 Recent chemotherapy (within last 6 weeks)

**4. Is any ONE Amber Flag present?**  
 Relatives worried about mental state/ behaviour  
 Acute deterioration in functional ability  
 Immunosuppressed (if not recent chemotherapy)  
 Trauma, surgery or procedure in last 6 weeks  
 Respiratory rate 21-24 OR dyspnoeic  
 Systolic B.P. 91-100 mmHg  
 Heart rate 91-130 OR new dysrhythmia  
 Not passed urine in last 12-18 hours  
 Tympanic temperature <36°C  
 Clinical signs of wound, device or skin infection  
 If under 17 & immunly impaired treat as Red Flag Sepsis

**At risk of sepsis**  
 1. Same day assessment by GP / Community Matron  
 2. Is urgent referral to hospital required?  
 3. Agree and document on going management plan (including observations frequency, planned second review as agreed with GP / Community Matron)  
 4. Monitor urine output  
 Consider life threatening sepsis mimics e.g. Stroke

**Red Flag Sepsis!** This is a time critical condition, immediate action is required.  
 1. If appropriate\* dial 999, arrange blue light transfer  
 2. If available give O<sub>2</sub> to keep saturations >94% (room air core)  
 3. Consider if skills & competences allow  
 \*consider individual's advance plan if not for transfer consider appropriate limits of care

**Clinical Response to NEWS Triggers**

NEWS Score	Frequency of Monitoring / Clinical Response	Variants Patient Specific
Total score: 0	<ul style="list-style-type: none"> <li>Repeat physiological observations if one or more of the following:                             <ul style="list-style-type: none"> <li>New patient on to caseload*</li> <li>Unstable medical condition</li> <li>Diagnosed / suspected infection</li> <li>Recent falls</li> <li>Altered mental state (AVPU)</li> <li>Acute / Sudden deterioration</li> <li>Clinical judgement that the patient is medically unwell</li> </ul> </li> </ul>	*An exception to obtaining observations being an end of life patient
Total score: 1-4 (if 3 in one parameter, see box below)	<ul style="list-style-type: none"> <li>Inform the nurse in charge of NEWS score</li> <li>General Practitioner (GP) to be informed if nurse in charge feels this is required.</li> <li>Repeat observations as directed by nurse in charge, GP or as directed in patient specific care plan -</li> <li>Ensure patients elevated NEWS score and plan is discussed at handover</li> </ul>	
Total score: 5 or 6 or 3 in one parameter	<ul style="list-style-type: none"> <li>Complete community nursing sepsis screening and action tool</li> <li>Contact and inform GP, CHOC or NWAS of NEWS score and the health status of the patient using **SBARD handover</li> <li>Discuss the need for a home visit and treatment to manage underlying condition to prevent potential inappropriate hospital admission</li> <li>Clinically assess if there is a need to remain with the patient until treatment plan agreed and implemented</li> <li>Ensure patients elevated NEWS score is discussed at team handover with nurse in charge</li> </ul>	
Total score: 7 or more	<ul style="list-style-type: none"> <li>Complete community nursing sepsis screening and action tool</li> <li>Stay with the patient</li> <li>Immediately contact (9)999 using **SBARD handover for emergency ambulance – unless otherwise documented within patient records / care plan</li> </ul>	Consider individual's advance plan, if not for transfer consider appropriate limits of care

If a decision is made not to follow the clinical response guidance above, because of patient variation, this MUST be documented in the patient's record, with rational for the decision.

**\*\*SBARD Situation Background Assessment Recommendation Decision / Documentation**

Time & Date	NEWS	For patients triggering NEWS please document action taken	Signature







## DOCUMENT CONTROL

<b>Equality Impact Assessment Date</b>	As a national suggestion NEWS2 guide Green boxes in the clinical decision changed to grey. Otherwise Considered for EQIA not appropriate
<b>Sub-Committee &amp; Approval Date</b>	NEWS task and Finish Group – 05/09/2018 by teleconference representation all parties who will be using NEWS2

**History of previous published versions of this document:**

Version	Ratified Date	Review Date	Date Published	Disposal Date
1.0	10/04/2018	30/04/2019	25/04/2018	

**Statement of changes made from version 1.0**

Version	Date	Section & Description
1.1	September 2018	<ul style="list-style-type: none"> <li>Update old existing interim policy from NEWS to NEWS2</li> </ul>

**List of Stakeholders who have reviewed the document**

Name	Job Title	Date
Community Care Group	Quality and safety lead	5-9-2018
Specialist Services Care Group	Quality and Safety Lead	5-9-2018
Mental Health Care Group	Quality and Safety Lead	5-9-2018
Infection Prevention team	Team lead and also Resuscitation lead CPFT	5-9-2018
Acute Trust Governance leads	Not Applicable at this time until Joint policy, however close liaison with NCUHT Sepsis leads throughout review	June18-ongoing