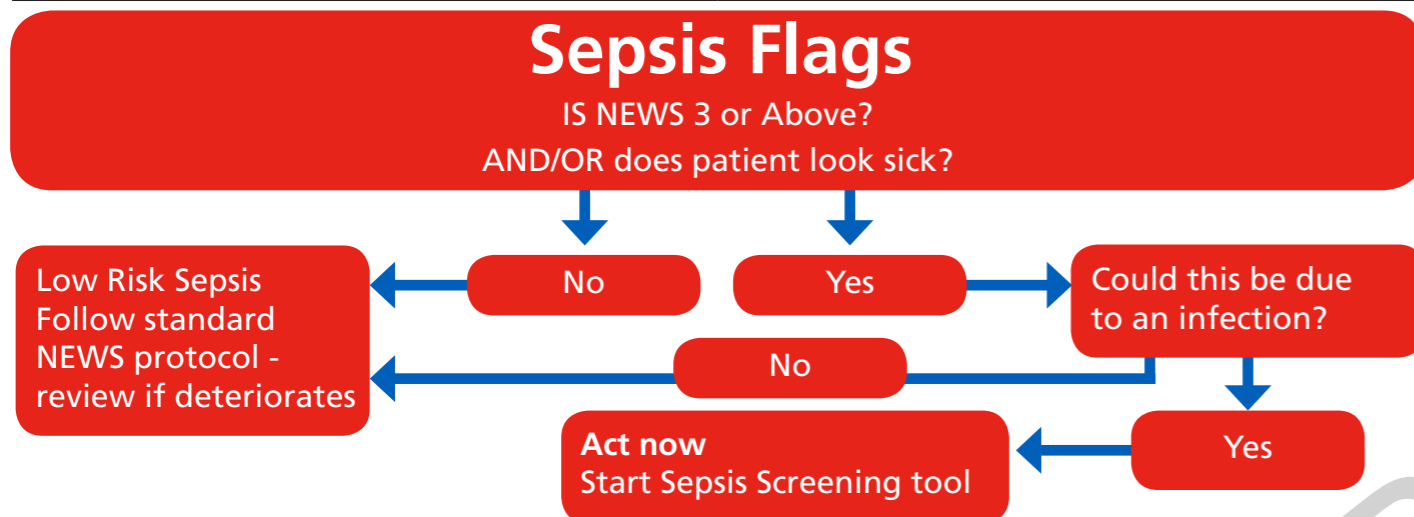


National Early Warning Score (NEWS 2) chart

Surname :	Ward :
First Name :	Consultant :
NHS No./Reg No:	Date of Birth :



S Situation:
 I am (name), (X) nurse on ward (X). I am calling about (patient X)
 I am calling because I am concerned that...
 (e.g. BP is low/high, pulse is XX temperature is XX, early warning score is XX).

B Background:
 Patient (X) was admitted on (XX date) with (e.g. MI/chest infection)
 They have had (X operation/procedure/investigation)
 Patient (X)'s condition has changed in the last (XX mins)
 Their last set of observations were (XX). Patient (X)'s normal condition is..
 (e.g. alert /drowsy/confused/pain free).

A Assessment:
 I think the problem is (XXX) and I have... (e.g. given O₂/analgesia, stopped the infusion)
 OR I am not sure what the problem is but patient (X) is deteriorating OR I don't know what's wrong but I am really worried.

R Recommendation:
 I need you to... come to see the patient in the (XX minutes) AND is there anything I need to do in the mean time? e.g. stop the fluid/repeat the observations

Ask receiver to repeat key information to ensure understanding

THINK SEPSIS

NEWS score	Frequency of monitoring	Clinical response
0	Minimum 12 hourly	<ul style="list-style-type: none"> Continue routine NEWS 2 monitoring
Total 1-4	Minimum 4-6 hourly	<ul style="list-style-type: none"> The Registered nurse must assess the patient and recheck observations including a manual pulse. The Registered nurse has to decide whether frequency of monitoring and/or escalation of care is required.
3 in single parameter	Minimum 1 hourly	<ul style="list-style-type: none"> Registered nurse to contact the doctor and inform them of the patients condition and need for review, who will review and decide whether escalation of care is necessary.
Total 5 or more Urgent response threshold	Minimum ½ hourly	<ul style="list-style-type: none"> The registered nurse to contact doctor and inform them of the patients condition and need for review (Use SBAR below). Increase frequency of observations to half hourly including fluid balance chart. In hospital setting Junior Doctor should consider contacting a Senior Doctor. Intermediate Care and Respite settings may consider transfer to an acute setting if appropriate.
Total 7 or more Emergency response threshold	Continuous monitoring of vital signs	<ul style="list-style-type: none"> The registered nurse to contact Doctor and inform of need for urgent review. In hospital setting, junior doctor must contact the senior doctor/consultant. Nurse to continuously monitor vital signs including ½ hourly urine output. Contact the Senior Nurse Consider transfer of care to an acute setting.

Universal pain assessment tool

The pain assessment tool is intended to help patient care providers asses pain according to individual patient needs. Explain and use 0-10 scale for patient self-assessment. Use the faces or behavioral observations to interpret expressed pain when patient cannot communicate his/her pain intensity.

Verbal descriptor scale



Wong-Baker facial grimace scale



Activity tolerance scale



Codes for recording oxygen delivery on the NEWS2 observations chart

A (breathing air)	RM (reservoir mask)
N (nasal canula)	TM (tracheostomy mask)
SM (simple mask)	CP (CPAP mask)
V (venturi mask and percentage_) eg V24, V28, V35, V40, V80	H (humidified oxygen and percentage) eg H28, H35, H40, H60
NIV (patient on NIV system)	OTH (other, specify).....)

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 Email: BC.HC.GraphicDesign@BhamCommunity.nhs.uk • Ref: 00153 • 20.12.2018

For continued observation charts - Registered Nurse to circle scale as per initial medical assessment. Please cross through scale not in use and sign across.

NEWS 2 altered threshold _____

Page No:

Prefix Label
Patient Name
NHS Number
Ward
Date of Birth

	DATE TIME																						DATE TIME	
A+B Respirations Breaths/min	≥25																						≥25	
	21-24																							21-24
	18-20																							18-20
	15-17																							15-17
	12-14																							12-14
	9-11																							9-11
≤8																							≤8	
A+B SpO ₂ Scale 1 Oxygen saturation (%)	≥96																						≥96	
	94-95																						94-95	
	92-93																						92-93	
	≤91																						≤91	
A+B SpO ₂ Scale 2† Oxygen saturation (%) <small>Use Scale 2 if target range is 88-92%, eg in hypercapnic respiratory failure</small>	≥97 on O ₂																						≥97 on O ₂	
	95-96 on O ₂																						95-96 on O ₂	
	93-94 on O ₂																						93-94 on O ₂	
	≥93 on air																						≥93 on air	
	88-92																						88-92	
	86-87																							86-87
	84-85																							84-85
≤83%																							≤83%	
A Air or oxygen?	A=Air																						A=Air	
	O ₂ L/min																						O ₂ L/min	
	Device																						Device	
C Blood pressure mmHg <small>Score uses systolic BP only</small>	≥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		
≤50																						≤50		
C Pulse Beats/min	≥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		
D Consciousness <small>Score for NEW onset of confusion (no score if chronic)</small>	Alert																						Alert	
	Confusion																						Confusion	
	V																						V	
	P																						P	
	U																						U	
E Temperature °C	≥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°		
NEWS TOTAL																								
Pain Score																								
Monitoring frequency																								
Escalation of care Y/N																								
Initials																								

NEWS key

3	2	1	0
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Monitoring	
Escalation	
Initials	