

Outline clinical response to NEWS triggers

NEWS SCORE	FREQUENCY OF MONITORING	CLINICAL RESPONSE
0	Minimum 12 hourly	Continue routine News monitoring with every set of observations. Please increase frequency according to your knowledge of the resident and clinical judgement. Have changes to triggers been made in any parameter for any reason? E.g. a GP may have agreed that the SATS parameters for someone with COPD are 88%-92% and therefore don't score.
Total: 1-4	Minimum 4-6 hourly	Registered nurse to decide if increased frequency of monitoring is sufficient or escalation of clinical care is required. Commence dialogue on SBAR form. Continue to monitor observations.
Total: 5 or more or 3 in one parameter	Increased frequency of observations to a minimum of 1 hourly Sepsis screen	If no improvement in vital signs, or they have deteriorated or you are seriously concerned add further information to SBAR dialogue ensuring you record the most recent NEWS score. Consider 999 or re-escalate to out of hours Establish if a DNAR or advanced planning decisions are in place. Ring G.P, OOH or paramedics 999 if red flag.
Total: 7 Or more	Continuous monitoring of vital signs Sepsis screen	Is this becoming a BLUE LIGHT situation? 1 Red flag need ambulance 999.

Guidance notes

- N.B all residents need baseline assessment to establish what is normal NEWS for the resident.
- Compare current NEWS with what is normal for the individual.
- The early warning score is not intended to replace common sense and experience but to support these. The system is relevant particularly to residents whose condition has changed in an unexpected way.
- Remember, an out of hours doctor may be occupied miles from the patient so discussion of a deteriorating patient may involve over the phone guidance about nursing management or transfer to the acute sector.
- Remember, a DNAR decision does not preclude treatment for other serious medical problems.
- SBAR (to support clinical hand over if NEWS is raised).
- Situation. For example- Patient details, reason for concern.
- Background. For example-Significant medical history, medications, usual behaviour, what has changed? DNAR, Advanced planning decisions in place?
- Assessment. Vital signs, NEWS score, clinical impression or concern.
- Recommendation. Be specific, explain what you need, make suggestions, what do you think is happening, clarify expectations, confirm actions to be taken.
- Remember to add your conversation and the outcome to the SBAR documentation.

National Early Warning Score (NEWS)*

PHYSIOLOGICAL PARAMETERS	3	2	1	0	1	2	3
Respiration Rate	≤8		9 - 11	12 - 20		21 - 24	≥25
Oxygen Saturations	≤91	92 - 93	94 - 95	≥96			
Any Supplemental Oxygen		Yes		No			
Temperature	≤35.0		35.1 - 36.0	36.1 - 38.0	38.1 - 39.0	≥39.1	
Systolic BP	≤90	91 - 100	101 - 110	111 - 219			≥220
Heart Rate	≤40		41 - 50	51 - 90	91 - 110	111 - 130	≥131
Level of Consciousness				A			V, P, or U

*The NEWS initiative flowed from the Royal College of Physicians' NEWS Development and Implementation Group (NEWSDIG) report, and was jointly developed and funded in collaboration with the Royal College of Physicians, Royal College of Nursing, National Outreach Forum and NHS Training for Innovation



Royal College
of Physicians



Training for Innovation

Please see next page for explanatory text about this chart.