

3 **Threat**

5 **reFer**

7 **SEVere**

National Early Warning Score (NEWS)

Track and trigger the deteriorating patient



The Royal College of Physicians (RCP) has led the development of the National Early Warning Score (NEWS) to standardise the assessment of adult acute-illness severity.

NEWS is based on a simple scoring system in which a score is allocated to the six physiological measurements that make up the routine vital signs recording of an adult patient.

A score is allocated to each physiological parameter, reflecting the magnitude of disturbance to each of the physiological parameters. The score is then aggregated. The score is uplifted for people requiring oxygen.

The patient's journey and tracking starts with You.

NEWS is a Track-and-Trigger tool. By recording the NEWS the trends in the patient's physiological parameters can be tracked to provide early warning of potential clinical deterioration and provide a trigger for escalation of clinical care.

NEWS is intended to support, not replace, your clinical judgement. NEWS trends are important in guiding clinical decision making. Help your patients by starting their NEWS tracking early on their journey.

Concern about a patient should lead to escalation, regardless of the score.

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

What NEWS means for your patients:

Your guide to NEWScores for normally well patients:

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Threat

the patient's vital signs are indicating they may not be physiologically at full health and there is a risk they could deteriorate. Consider whether acute referral is required or whether the patient can be safely monitored at home.

* or a score of **3** in any individual parameter

5

reFer

* the patient needs an **urgent** medical review in an acute care setting. The RCP recommends **hourly** observations by an acute clinician and consideration as to whether escalation for critical care is required.

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SEVere

the patient needs an **emergency** medical review in an acute care setting. The RCP recommends **continuous** monitoring by an acute critical care team.

In an acute setting this should prompt escalation to a critical care outreach team and often transfer to a high dependency area.

Is referral appropriate?

NEWS is not to be applied on patients under the age of 16 or pregnant women

Escalation to be appropriate to a patient's care plan – consider end of life care

Chronic conditions such as COPD will affect the aggregate score. Monitor the patient's observations appropriately.

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Why NEWS is relevant for GPs:

GPs will be asked for a NEWScore when referring patients to urgent and emergency acute care to start the tracking of a patient's acuity in a prehospital setting, as an aid to clinical assessment as the patient transitions between care interfaces.

Why? **Because the patient's journey and tracking starts with You.**

NEWS trends are important in guiding clinical decision making. Help your patients by starting their NEWS tracking early on their journey.



At University Hospitals Bristol Emergency Department over the course of 2 weeks, only 9% of all majors patients had a score of >5. If your patient is normally well, and they score a 5, they are very unwell in the context of population accessing urgent care and they should be prioritised.

NEWS in practice -- August 2016

North Somerset patient



4.30pm -- A 64 year old man attended an urgent appointment with his GP with cellulitis. The patient didn't appear at all well so the GP used NEWS to assess the patient's acuity. The patient's NEWS was 7 with hypoxia, tachycardia, a high fever and mild tachypnoea. With this score, the GP knew immediately that he required emergency hospital admission and dialled 999 with the confidence to communicate to ambulance trust that an emergency response was required.



4.59pm -- The ambulance crew arrived. The patient was hooked up to the clinical monitoring equipment in the ambulance which continuously records the patient's vital signs, automatically calculates the patient's NEWS and records all this data in the electronic Patient Clinical Record (ePCR). The patient's NEWS in the ambulance was 8, indicating that he was deteriorating. The ambulance conveyed the patient directly to the Emergency Department (ED)



5.55pm -- The patient was triaged by an ED Nurse. His vital signs were taken and his NEWS was calculated. It was 9 and he was assessed as having suspected sepsis.



6.19pm -- The patient was seen by an ED Consultant who reviewed the current and previous NEWS which traced the patient's acuity, assessed the rate of the patient's deteriorating and instructed IV antibiotics and fluids in line with the sepsis treatment pathway.



Despite the treatment, the patient continued to deteriorate. At **7:15pm** his score was 11 but by **7:50pm** it was back down to 9.

By **9pm** it was down to 3. The patient was admitted to an inpatient ward and made a full recovery. He was home within 3 days of admission.

Within 5 hours of first being seen by his GP, the patient's sepsis had been identified and appropriately and rapidly treated, avoiding a likely ITU admission and possibly a fatal outcome.



Tools

To assist you in the calculation of the score, you may find it helpful to download the NHS Scoland NEW/ Sepsis screening app (free). Search in the Apple or Android app stores. Other resources including implementation toolkits and podcasts are available through the West of England Academic Health Science Network website at www.weahsn.net

Your local contacts:

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