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

<table>
<thead>
<tr>
<th>Physiological parameter</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>Score</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiration rate (per minute)</td>
<td>≤8</td>
<td>9–11</td>
<td>12–20</td>
<td></td>
<td></td>
<td>21–24</td>
<td>≥25</td>
<td></td>
</tr>
<tr>
<td>SpO₂ Scale 1 (%)</td>
<td>≤91</td>
<td>92–93</td>
<td>94–95</td>
<td>≥96</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SpO₂ Scale 2 (%)</td>
<td>≤83</td>
<td>84–85</td>
<td>86–87</td>
<td>≥93 on air</td>
<td>88–92</td>
<td>93–94 on oxygen</td>
<td>95–96 on oxygen</td>
<td>≥97 on oxygen</td>
</tr>
<tr>
<td>Air or oxygen?</td>
<td>Oxygen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Systolic blood pressure (mmHg)</td>
<td>≤90</td>
<td>91–100</td>
<td>101–110</td>
<td>111–219</td>
<td></td>
<td></td>
<td></td>
<td>≥220</td>
</tr>
<tr>
<td>Pulse (per minute)</td>
<td>≤40</td>
<td>41–50</td>
<td>51–90</td>
<td>91–110</td>
<td>111–130</td>
<td></td>
<td></td>
<td>≥131</td>
</tr>
<tr>
<td>Consciousness</td>
<td>Alert</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temperature (°C)</td>
<td>≤35.0</td>
<td>35.1–36.0</td>
<td>36.1–38.0</td>
<td>38.1–39.0</td>
<td></td>
<td></td>
<td></td>
<td>≥39.1</td>
</tr>
</tbody>
</table>

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Your guide to NEWS2 for **normally well patients** (not pregnant or under 16 years old)

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**3**

**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.

---

**5**

**reFer**

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

The patient needs an **urgent** medical review in an acute care setting. The RCP recommends **hourly** observations by an acute clinician: consider whether escalation for critical care is required.

---

**7**

**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 probable transfer to a high dependency setting.

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**Think sepsis** in all patients with a NEWS2 of 5 or more who have a known or suspected infection, or those at risk of infection. **Check for red flags.**