

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

National Early Warning Score (NEWS) 2

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

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.

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--* 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.

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.**