

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	

What NEWS2 means for your patient: your guide to NEWS2 for **normally well patients**

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



Think sepsis! In a patient with a NEWS2 score of 5 or more and a known infection, signs and symptoms of infection, or at risk of infection, think 'Could this be sepsis?' and escalate care immediately.

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
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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.



Is referral appropriate?

NEWS2 is not to be applied to patients under the age of 16 or pregnant women. Escalation must be appropriate to a patient's care plan – consider end of life care.

Oxygen saturation scale2 should only be used for patients with hypercapnic (often termed type 2) respiratory failure (usually due to COPD) who have clinically recommended oxygen saturation of 88–92%. If scale-2 has been used this should be clearly and explicitly documented on the patient clinical record.