INTEGRATED ADULT OBSERVATION POLICY (INCORPORATING NATIONAL EARLY WARNING SCORE – NEWS2)

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'During the COVID19 crisis, please read the policies in conjunction with any updates provided by National Guidance, which we are actively seeking to incorporate into policies through the Clinical Ethics Advisory Group and where necessary other relevant Oversight Groups'

DOCUMENT HISTORY

(Procedural document version numbering convention will follow the following format. Whole numbers for approved versions, e.g. 1.0, 2.0, 3.0 etc. With decimals being used to represent the current working draft version, e.g. 1.1, 1.2, 1.3, 1.4 etc. For example, when writing a procedural document for the first time – the initial draft will be version 0.1)

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July 2021	5.1		Chief Nurse including Midwifery and Allied Health Professionals	Policy review undertaken and amendments made	
30 July 2021	5.1	30 July 21	Chief Nurse including Midwifery and Allied Health Professionals	Draft policy to be approved at	Clinical Standards Group

NB This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust

Contents

1 Executive Summary

This policy outlines the process of monitoring, recording and responding to adult observations within the acute hospital, ambulance, community and mental health environment within the Isle of Wight NHS Trust (also covering in-patient mental health services).

This policy outlines members of staff roles and responsibilities in monitoring, recording and responding to Adult observations within these environments.

The adult observation chart incorporates the updated NEWS2 (National Early Warning System) undertaken by the Royal College of Physicians and stakeholders (RCP 2017).

This policy clearly defines what physiological observations should be monitored and recorded every time observations are undertaken on an adult in acute hospital, ambulance, community and mental health environment within the Trust.

This policy clearly outlines the process for escalating support for the sick and deteriorating patient and the responses expected of staff working within the Isle of Wight NHS Trust.

Compliance with this policy will be monitored monthly and reported electronically on the 22nd of every month by each clinical area.

The impact of the NEWS2 Policy will be monitored against defined key performance indicators on an annual basis identified within this policy.

2 Introduction

Any patient in hospital, ambulance, community and mental health may become acutely unwell. Therefore the accurate recording, documentation, interpretation and communication of physiological vital signs, also called patient observations (i.e. respiratory rate, heart rate, blood pressure etc.) is key to the early recognition of clinical deterioration. The recording of physiological parameters has been reordered to align with the Resuscitation Council (UK) ABCDE sequence.

Variation in practice with regards to the recording, documentation, interpretation and communication of patient observations can lead to a delay in the recognition of acute illness, avoidable admissions to critical care, increase in cardiorespiratory arrests and unnecessary patient deaths, especially when the initial standard of care is sub-optimal.

The National Institute for Health and Clinical Excellence (NICE) clinical guideline ‘Acutely ill patients in hospital – Recognition of and response to acute illness in hospital’ recommends the use of physiological observation ‘track and trigger’ systems to help clinical practitioners to identify patients demonstrating physiological deterioration and respond appropriately.
This recommendation plus a series of adverse clinical incidents has prompted the Trust to adopt the NEWS2. This system will provide a robust, and standardised interdisciplinary approach to bring about early recognition of the acutely ill patient and a timely appropriate clinical response.

The NEWS2 system is for use in adult patients only and does not incorporate the system used within paediatrics. It does not incorporate the system used within Maternity as this system is also different due to altered physiology during pregnancy.

3 Definitions

- NEWS2 – (National Early Warning Scoring System) is a tool which enables the recognition and response to sick and deteriorating patients in the acute care setting. This is used on all adults.

- ADULT – Person over the age of 18 years or over

- MEOWS - (Modified Early Obstetric Warning Score) is a tool which enables the recognition and response to sick and deteriorating obstetric patient.

- COAST – (Childrens Observation And Severity Score) this tool enables recognition and response to sick children of a variety of ages.

- S.B.A.R. - Situation, Background, Assessment, Recommendation

- S.B.A.R.D. – (Situation, Background, Assessment, Recommendation and Decision). This is a communication tool to support the accurate verbal and written communication between professionals in critical situations.

- AOC – Adult Observation Chart

- FY1 – Foundation Year one doctor

- FY2 – Foundation Year two doctor

- AIM – Acute Illness Management Course

- ILS – Immediate Life Support Course

- AVPU - Alert, responds to Voice, responds to Pain, Unresponsive. An assessment tool for conscious level.

- ACP – Advanced Clinical Practitioner

- CPOD - Chronic Obstructive Pulmonary Disease

4 Scope

Hospital

The Adult Observation Chart (AOC) will be the sole observation chart for all adult patients (18 years of age and over) within in-patient areas at St Mary's Hospital, in-patient areas in Mental Health and Learning Disabilities, *EXCEPT*:

Emergency Department: The Emergency Department will enter the first set of observations on the electronic Symphony system and the AOC, any subsequent observations while in the department will be recorded on the AOC.

Intensive Care Unit: The Intensive Care Observation Chart will be used until the patient is ready to be transferred to the ward, at which point the AOC will be started pre-discharge from ICU.

Operating Theatres and Recovery: Patients undergoing surgery will have their observations recorded on the Surgical Care Plan/Anaesthetic Chart, during their time in theatre and theatre recovery. The final set of recovery observations, will be documented on the AOC by the recovery staff, and following the transfer of the patient back to the ward, the AOC will be used. The AOC must therefore be sent to theatres with the patient.

Community

This policy applies to all staff working in or for the Integrated Community Nursing Team and other Service within the Community Division for the Isle of Wight NHS Trust.

The NEWS2 scoring system and chart will be the only ones in use for adults on the Community Service caseloads.

Ambulance

Ambulance staff will score all patients against the NEWS2 criteria. This scoring will be handed over to either the receiving hospital or primary care provider, or will form part of the non-conveyance form documentation.
Separate NEWS2 guidance in respect of pre alert is provided within the ambulance national guidance from the Joint Royal College Ambulance Liaison Committee (JRCALC).

4.1 Enhanced Recovery Patients and the AOC and NEWS2:

- Patients on the Enhanced Recovery Programme (which will be clearly indicated on the patient medical notes) may have physiological parameters that lie outside the standard NEWS2 scoring.
- The limits that will be set differently are urine output and blood pressure.
- The tolerated levels of these parameters will be clearly documented on the patient's epidural chart, which form part of the AOC.
- If urine output or blood pressure fall outside these specifically documented levels on the epidural chart then the ward based team should contact the nurse in charge and surgical registrar of the responsible team or the on-call surgical registrar.
- Observations should be recorded on the Adult Observation Chart that incorporates NEWS2.

4.2 Maternity Unit: This policy does not apply to Maternity Unit. The Maternity Unit use their specific observation chart and trigger system called MEOWS.

4.3 Children's Ward: This policy does not apply to Maternity Unit. The Children's Ward uses their specific observation chart and trigger system called COAST.

4.4 End-of-Life Care Pathway Hospital: NEWS2 scoring is inappropriate for patients on the 'End-of-Life Care Pathway' and the AOC and NEWS2 should be signed off by the patient's Consultant or Registrar following the escalation process or appropriately trained Advanced Care Practitioner / Consultant Nurse.

4.5 End-of-Life Care Pathway in Community: Occasionally, NEWS2 scoring will be inappropriate (i.e. end of life situations) and patient observations should be discontinued. This decision should be discussed with the team and GP and documented by a Senior Nurse / ACP / Matron or GP. A Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) / Ceiling of Treatment form should be completed if NEWS2 scoring is to be discontinued.

4.6 Contingency beds: Patients being cared for in contingency beds will have observations recorded as in other in-patient adult areas using the NEWS2 policy. The response and escalation will be via the ward based cover team allocated to that area and via the on-call team out of hours.

4.7 NEWS2 Plus: The NEWS2 Plus is the second part of the observation chart. These parameters are not scored, but should be utilised with clinical need and judgement.
Pain score is applicable for any patient experiencing pain; this will enable the monitoring of pain control and evaluation of analgesia effectiveness.
Sedation score is applicable for all patients receiving opioids.
Urine output is an important marker of deterioration and should be considered in all acutely ill patients. Any patients passing less than 0.5mls/kg/hr, may be acutely critically ill and should be escalated to the relevant team immediately.
Glascow Coma Scale should be recorded in the NEWS2 Plus area of the observation chart. If/when this is no longer applicable for the patient, this can be discontinued.
Patients receiving Epidural should have their target blood pressure documented in the NEWS2 Plus. Once the epidural is discontinued, this parameter is no longer applicable to the patient.
Patients receiving Non-Invasive Ventilation (BiPAP or CPAP) should have the settings recorded on the NEWS2 Plus area of the Chart. Once this is discontinued, this is documented in the patient's notes and this area of the NEWS2 chart is no longer applicable.

This policy applies to all clinical staff involved in the care of acutely ill adults within the Isle of Wight NHS Trust. Please refer to specific areas of practice within this policy.

5 Purpose

The purpose of the policy is to define the process of the correct monitoring of adult patients in-hospital, community, ambulance and mental health. It provides a tool to support the early recognition of acute illness or deterioration and response to actual and potential critical illness.

Within the policy the response strategy to acute illness is defined and the expected response to ensure safe, effective and timely care is provided to manage the condition and prevent further deterioration.

6 Roles and Responsibilities

6.1 Executive Director of Nursing and Executive Medical Director

- Ensure there is an early warning track and trigger system in place for detecting, monitoring and responding to the deteriorating adult patient in line with NICE Guideline 50.

6.2 Matrons and Ward/Department Leaders

- Ensure all new staff are educated in using the NEWS2 Policy.
- Undertake monthly audit to ensure clinical area is compliant with this Policy.
- Performance manage staff as per the Capability and Disciplinary policy if staff do not work within the framework of the AOC Policy.

6.3 Registered Practitioners (i.e. Registered Nurses and Operating Department Practitioners)

Responsible for:

- determining the frequency of patient observations
- accurate recording and documentation of patient observations
- accurate recording and documentation of NEWS2 score following NEWS2 graded response, and initiating emergency assessment and treatment of airway, breathing, circulation, disability and exposure (ABCDE).
- The registered practitioner in-charge of the clinical area must ensure that staff recording patient observations report NEWS2 scores of 0 or greater to them.
- Appropriate documentation to be completed when observations fall within the trigger area for a response from other practitioners due to physiological changes.
- Ensure they have completed e-learning.
- Ensure they have passed clinical competencies for the deteriorating patient.

6.4 Health Care/Nursing Assistants

- Responsible for accurate recording and documentation of patient observations, NEWS2 score and following NEWS2 graded response. They must also inform the registered practitioner of each individual patients NEWS2 score above 0.
- Ensure they have completed e-learning.
- Ensure theyr have passed clinical competencies for the deteriorating patient.

6.5 Junior Medical Staff (FY1 and FY2)

- Responsible for regular review of patient observations (i.e. during ward rounds) and responding to calls by Registered Practitioner to review a patient's clinical condition according to NEWS2 graded response and in-line with the responder process when deterioration occurs.

6.6 Senior Medical Staff (CT, ST, Staff Grades, Associates Specialists and Consultants)

- Responsible for regular review of patient observations (i.e. during ward rounds), responding to calls by practitioners to review a patient's clinical condition according to NEWS2 graded response and (rarely, i.e. end of life situations) authorising the discontinuation of NEWS2, making 'do not attempt cardiopulmonary resuscitation' (DNACPR) decisions (if appropriate) and initiating end of life care pathway (if appropriate).
- Act in line with the responder process as second responder if initial assessment and management by first responder has not improved the patient's clinical condition.

6.7 Critical Care Outreach Service

- Implement the tracking element of the NEWS2 system and evaluate the effectiveness of the NEWS2 system.
- Send daily completed NEWS2 tracking of at risk patients electronically to the night Co-ordinators.
- Monitor NEWS2 scores of patients deemed high risk with actual or potential deterioration daily and out of hours by Hospital at Night Advanced practitioner to ensure deterioration is detected, escalated and responded to appropriately.
- Handover at risk patients at the daily Hospital at Night meeting to the oncoming night team.
- Monitor the performance of NHS IOW in managing adult deteriorating patients by supervising the ward based audits.

- Deliver formal and informal education to all clinical staff relating to deteriorating patients. Support delivery of the NEWS2 education via the AIM course and Time to ACT representatives.
- Support clinical staff in caring for and managing at risk patients and facilitating the escalation process to ensure appropriate and timely outcomes for sick patients.
- Respond to NEWS2 scores of 7 and above.

6.8 Night Co-ordinator

- Work within this policy for managing deteriorating patients out of hours working with the Hospital at Night Advanced Clinical Practitioner.

6.9 Resuscitation Service

- The resuscitation service will support NEWS2 and AOC education via life support training programme.

6.10 Locality and Team Leaders (Community)

- Ensure all new staff are educated in using the Adult Observation Policy.
- Undertake monthly audit to ensure clinical area is compliant with the Policy.
- Performance Manage staff as per the Capability and Disciplinary policy if staff do not work within the framework of the AOC Policy.

6.11 Community ACP / Matron

- Responsible for accepting referrals of concern and assessing / reviewing within the agreed timeframe.
- Conduct a holistic review to include consideration of Sepsis and Acute Kidney Injury.
- Immediate clinical decisions, actions and communications as necessary to prioritise safety and prevent further deterioration.

6.12 Registered Practitioners in Community

- Responsible for determining the frequency of patient observations (according to guidance), accurate recording and documentation of patient observations and NEWS2 score, following NEWS2 escalation. The registered practitioner in-charge of the clinical area must ensure that staff recording patient observations report and escalate NEWS2 scores appropriately.
- Appropriate documentation of escalation conversations using SBARD.

6.13 Unregistered Practitioners in Community

- Responsible for accurate taking, recording and documentation of patient observations as per regime, calculation of NEWS2 score and following escalation procedure if indicated. They must also inform the registered practitioner of each individual patients NEWS2 score above 0.

6.14 Paramedics

- Ambulance staff will be expected to score all patients against the NEWS2 criteria. This scoring will be handed over to either the receiving hospital or primary care provider, or will form part of the non-conveyance form documentation.

7 Policy detail/Course of Action in Hospital

7.1 Adult Observation Chart Format in Hospital

The Adult Observation Chart in hospital is a folded 6 page document providing clear details for use on the front of the chart (see appendix B).

On opening, the chart has coloured areas to assist in the early visual recognition of observations falling within NEWS2 parameters. The NEWS2 score to be allocated can be seen on the colour coded sections of the chart inside.

The frequency of patient observations will depend upon the patient's condition. It is the responsibility of the practitioner in charge of the patient's care to assess each individual patient and make an appropriate decision about the frequency of observations required. The chart number during the patient's admissions must be recorded to enable audit trail.

The chart has a table on which to record when escalation takes place to aid tracking of the patient's condition overtime and serves as a tool to audit.

Identification on the chart should be made using a pre-printed patient label. This label is placed on the front of the chart. Where a label is not used three patient identifiers should be used. There is also a space for patient's demographics on the top of the inside of the chart above where the clinical observations are recorded.

Record in the table on back of the chart, the date and time of transfers between clinical areas, ward/clinical areas name and admission date. It is important to note on the chart the date and time of transfers between wards and departments.

7.4 On Admission to hospital

All charts must be labelled correctly with the patient's details, including name, date of birth, age, Isle of Wight number and/or NHS number, chart number during current admission, clinical area, and consultant in charge of the patients care.

All patients will have a complete set of patient observations (respiratory rate, inspired oxygen concentration, oxygen delivery device, oxygen saturations (SpO2%), blood pressure, pulse, level of consciousness using AVPU, temperature) recorded on their Adult Observation Chart upon admission to hospital and a NEWS2 score calculated and documented.

Emergency admissions via:

Emergency Department (ED): The Emergency Department will enter the first set of observations on the electronic Symphony system and the AOC. All observations while in the department will be recorded on the AOC, in line with in-patient areas.

Medical Assessment Unit (MAU): If the patient enters hospital via the MAU, the AOC will be used to record initial and all ongoing observations / NEWS2 Scores. The AOC will then accompany the patient to the ward once a decision is made to admit to hospital.

Direct Admissions from GPs: If the patient enters hospital directly from a GP surgery to a Ward area, the patient will have a full set of observations and NEWS2 score reported on referral and an initial set checked and recorded on the AOC on admission.

Chemotherapy Suite: Patients receiving chemotherapy on the chemotherapy suite and requiring admission to hospital will have their observations recorded on an AOC prior to transfer to ED or receiving ward.

Elective admissions via:

General Surgical, Orthopaedic and Medical Wards: If the patient is admitted directly to the ward, the AOC will be used to record initial and all ongoing observations / NEWS2 scores.

Day Surgery Unit: Patients undergoing general anaesthetic in DSU will have observations recorded on the AOC during recovery. The AOC will not be used for patients receiving local anaesthetic.

Patient observations will be:

- Respiratory rate, (respirations/minute)
- Oxygen saturations (SpO2%)
- Percentage (%) of supplementary oxygen being administered (if none then leave blank)
- Oxygen delivery device
- Blood pressure
- Pulse rate **(*Should be taken manually and not via the pulse oximetry)***
- Level of consciousness (using A(C)VPU) (where C represents confusion)
- Temperature

On complete recording of the observations, the practitioner will calculate the NEWS2 score then date, time and initial the chart clearly.

The practitioner responsible for the patient will determine the frequency of observations according to the clinical needs of the patient and the NEWS2 score. The practitioner will then document this on to the AOC, for example 4 hourly = 4 ˚.

7.5 Documenting Ongoing Observations and Calculating NEWS2 Scores

Each time clinical observations are performed, a complete set of observations **MUST** be recorded on the adult observation chart. This will then enable a NEWS2 score to be calculated. A **complete** (NEWS2) set of observations will consist of:

- Respiratory rate, (respirations/minute)
- Oxygen saturations (SpO2%)
- Percentage (%) of supplementary oxygen being administered (if none then leave blank)
- Oxygen delivery device
- Blood pressure
- Pulse rate **(*Should be taken manually and not via the pulse oximetery)***
- Level of consciousness (using A(C)VPU) (where C represents confusion)
- Temperature

A NEWS2 score MUST be calculated each time observations are recorded.

To calculate a NEWS2 score, a complete set of patient observations must be recorded and for each of these physiological parameters a score is allocated according to the NEWS2 observation parameters (see below):

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	

7.6 National Early Warning System (NEWS2) Observation Score Parameters

The sum of the individual scores for each of the physiological parameters are then recorded in the appropriate boxes within the 'NEWS TOTAL' section of the chart.

The practitioner recording the observations must then sign their initials clearly so that it can be identifiable and document their clinical grade at the bottom of the observation column. All professionals entering data on the chart must print and sign at the front of the chart on the designated area.

If the patient observations are abnormal and generate a score above 5, the SBAR escalation of concern must be completed and placed into the patient's notes.

The failure of the patient's observations to improve means that the registered practitioner responsible for their care and the first responder must escalate to the next level (registrar or consultant) to ensure the management plan is reviewed.

Target saturations

The NEWS2 chart has a dedicated section (SpO2 Scale 2) for use in patients with hypercapnic respiratory failure (usually due to COPD) who have clinically recommended oxygen saturation of 88–92%.

When supplemental oxygen is being used to maintain the desired oxygen saturation, the rate of oxygen delivery (L/min) and the delivery system/device should be documented on the NEWS2 chart using the British Thoracic Society oxygen delivery device codes.

For patients confirmed to have hypercapnic respiratory failure on blood gas analysis on either prior or their current hospital admission, and requiring supplemental oxygen, it's recommended (i) a prescribed oxygen saturation target range of 88–92%, and (ii) that the dedicated SpO2 scoring scale (Scale 2) on the NEWS2 chart should be used to record and score the oxygen saturation for the NEWS2.

The decision to use SpO2 scale 2 should be made by a competent clinical decision maker and should be recorded in the patient's clinical notes.

In all other circumstances, the regular NEWS2 SpO2 scale 1 should be used.

For the avoidance of doubt, the SpO2 scoring scale not being used should be clearly crossed out across the chart.

Oxygen delivery device

All patients receiving supplementary oxygen should have the delivery device documented on the NEWS2 chart using the following approved abbreviations (which can be found within the NEWS2 chart):

Abbreviations for oxygen devices for use on bedside charts Adapted from British Thoracic Society (BTS)	
KEY	**DESCRIPTION**
N	Nasal Cannulae
V	Venturi
H	Humidified
SM	Simple Face Mask
RM	Reservoir Mask
HFN	High-Flow Nasal Cannula (optiflow)
NIV	Non-Invasive Ventilation
TM	Tracheostomy Mask

Neurological Observations:

Patients requiring neurological observations should be monitored using the AOC with the Glasgow Coma Score being completed at each set of observations as well as observation of pupils. This is in addition to the standard eight observations.

Indications for neurological Observation Monitoring:

- Head injury
- Altered state of consciousness or risk of altered state i.e.: meningitis
- Acute Stroke patients as per the stroke care pathway
- Medical instruction to monitor patients neurological condition
- Unwitnessed patient fall

The NEWS2 and new confusion:

The inclusion of 'new confusion' (including disorientation, delirium or any acute reduction in GCS score) as part of the assessment of consciousness on the NEWS2 chart. The AVPU term has been amended to A(C)VPU, where 'C' represents new confusion.

New confusion scores 3 on the NEWS2 chart, i.e. a red score for a single score of 3, indicating that the patient requires urgent assessment.

If it is unclear whether a patient's confusion is 'new' or their usual state, the altered mental state/confusion should be assumed to be new until confirmed to be otherwise.

The NEWS2 and Sepsis

It's recommended that in any patient with a known infection, signs or symptoms of infection, or in patients at high risk of infection, and a **NEWS2 score of 5 or more. 'Think sepsis'.**

It is recommended that patients with suspected infection and a NEWS2 score of 5 or more require urgent assessment and intervention by a clinical team competent in the management of sepsis and urgent transfer to hospital or transfer to a higher-dependency clinical area within hospitals, for ongoing clinical care. Please refer Trust's Integrated Sepsis Policy available via the intranet.

7.7 Clinical Response to NEWS2 Scores in hospital

Once the total NEWS2 score has been calculated, the practitioner will respond according to the 'NEWS2 graded response' system on the front of the AOC (see below).
If a patient scores 3 in one parameter only, this should be considered significant and managed as medium risk.

We recommend that these triggers should determine the urgency of the clinical response and the clinical competency of the responder(s).

NEW score	Clinical risk	Response
Aggregate score 0–4	Low	Ward-based response
Red score Score of 3 in any individual parameter	Low–medium	Urgent ward-based response*
Aggregate score 5–6	Medium	Key threshold for urgent response*
Aggregate score 7 or more	High	Urgent or emergency response**

* Response by a clinician or team with competence in the assessment and treatment of acutely ill patients and in recognising when the escalation of care to a critical care team is appropriate.
**The response team must also include staff with critical care skills, including airway management.

• **A low NEWS2 score** (0–4) should prompt assessment by a competent registered nurse or equivalent, who should decide whether a change to frequency of clinical monitoring or an escalation of clinical care is required.

• **A single red score** (3 in a single parameter) is unusual, but should prompt an urgent review by a clinician with competencies in the assessment of acute illness (usually a ward-based doctor) to determine the cause, and decide on the frequency of subsequent monitoring and whether an escalation of care is required.

• **A medium NEWS2 score** (**5–6) is a key trigger threshold** and should prompt an urgent review by a clinician with competencies in the assessment of acute illness – usually a ward-based doctor or acute team nurse, who should urgently decide whether escalation of care to a team with critical care skills is required (i.e. critical care outreach team). ***THINK SEPSIS!***

Patients who have a NEWS2 score of 5 or above should not be moved from the ward they are in unless it is for clinical reasons. The NEWS2 score should be considered a "RED FLAG" which prevents them being moved. It is well observed that moving patients between wards for non-clinical reasons means they lose consistency in their care which can be detrimental if they are acutely unwell.

• **A high NEWS2 score** (7 or more) **is a key trigger threshold** and should prompt emergency assessment by a clinical team / critical care outreach team with critical care competencies and may transfer of the patient to a higher-dependency care area.

7.8 NEWS2 monitoring

The NEWS2 should be used to inform the frequency of clinical monitoring, which should be recorded on the NEWS2 chart.

For patients scoring 0, the minimum frequency of monitoring should be 12 hourly, increasing to 4–6 hourly for scores of 1–4, unless more or less frequent monitoring is considered appropriate by a competent clinical decision maker.

The frequency of monitoring should be increased to a minimum of hourly for those patients with a NEWS2 score of 5–6, or a **red score** (i.e. a score of 3 in any single parameter) until the patient is reviewed and a plan of care documented.

- ***The use of professional judgment may be used by the Registered Practitioner for patients with a NEWS2 score of 5-6 and it may be deemed safe to repeat the observations in another 2 or 3 hours, rather than 1 hour. If this is the case this decision making must be documented in the patients care plan to evidence how and when the decision and judgement was made.***

Continuous monitoring and recording of vital signs for those with an aggregate NEWS2 score of 7 or more.

NEWS2 Score	Frequency of Monitoring	Clinical Response
0	Minimum 12 hours	Continue routine NEWS2 monitoring
Total 1 - 4	Minimum 4 – 6 hourly	Inform registered nurse, who must assess the patient Minimum 4–6 hourly • Registered nurse decides whether increased frequency of monitoring and/or escalation of care is required
3 in a single parameter	Minimum 1 hourly	Registered nurse to inform medical team caring for the patient, who will review and decide whether escalation of care is necessary
Total 5 or more Urgent response threshold	Minimum 1 hourly	Registered nurse to immediately inform the medical team caring for the patient Registered nurse to request urgent assessment by a clinician or team with core competencies in the care of acutely

		ill patients Provide clinical care in an environment with monitoring facilities
Total 7 or more Emergency response	Continuous monitoring of vital signs	Registered nurse to immediately inform the medical team caring for the patient – this should be at least at specialist registrar level Emergency assessment by a team with critical care competencies, including practitioner(s) with advanced airway management skills – CCOS on bleep 006

If escalation has taken place to the relevant team and an inadequate response was received, escalation to consultant should take place to avoid further deterioration and lack of management plan.

NEWS2 score 0 - 4 – Low risk

- The frequency of further observations will be decided by the practitioner in charge of the patients' care and will depend upon their clinical condition.

- The *minimum* observation frequency for all patients will be 12 hourly unless they have been 'signed-off' NEWS2

NEWS2 score 5 – 6 OR scoring 3 in one parameter only – Medium risk

- The person recording the observations must inform the practitioner in charge.
- Alert the first responder (FY1 as a minimum) for assessment and continue to escalate if no improvement in one hour.

- The first responder will undertake a systematic 'A.B.C.D.E' assessment (airway, breathing, circulation, disability and exposure). This must be documented in the patients' medical notes using the SBAR form.

- The Completed SBAR pro-forma must be placed in the patients notes. This will be used to evidence the processes followed when a patient is deteriorating and should see the episode of illness through to the outcome i.e.: improvement / escalation to ICU, etc.

- Observations MUST be repeated within one hour.

- ***The use of professional judgment may be used by the Registered Practitioner for patients with a NEWS score of 5-6 and it may be deemed safe to repeat the observations in another 2 or 3 hours, rather than 1 hour. If this is the case this decision making must be documented in the patients care plan to evidence how and when the decision and judgement was made.***

NEWS2 score 7 or above – High Risk

- The person recording the observations must inform the practitioner in charge.

- A systematic 'A.B.C.D.E' assessment (airway, breathing, circulation, disability and exposure) must be performed and life threatening problems treated as they are identified which must be then documented in the patients' medical notes.

- Completion of the Response SBAR pro-forma to be placed in the patients notes. This will be used to evidence the processes followed when a patient is deteriorating and should see the episode of illness through to the outcome i.e.: improvement / escalation to ICU (Registrar / Consultant / CCOS).

- Call the Critical Care Outreach Service – Bleep 006 (7 days, 24/7) who will undertake a full assessment.

- Observations MUST be repeated within 15 minutes.

- The consultant responsible for the patient should make decisions with regard to the appropriate treatment, referral for expert advice for example an Intensive Care Opinion or make a decision not to escalate care/treatment and consider a Do Not Attempt Resuscitation Order.

Patients who are high risk due to neutropenic sepsis may not score high on NEWS2 but should be considered high risk and treated as such.

Dial 2222 for the Adult Emergency Team if at any time the patient is a U on their AVPU score. If at any time the patients clinical condition deteriorates and the patient is considered at risk of cardiac arrest, the adult emergency team should also be activated by dialling 2222.

7.9 Hospital Response to Deterioration SBAR escalation of concern form

The SBAR form will provide documented evidence when episodes of deterioration occur and should be completed for NEWS2 scores of 5 or more. It can be completed by either the nurse or doctor assessing the patient. Once completed, the SBAR form should be placed in the main medical notes for each episode of deterioration. This will allow also for frequency of episodes to be clearly seen and monitored.

The structure follows an appropriate response depending on the clinical condition of the patient. The initial assessment should be carried out by the Foundation Year 1 or 2 doctor (Primary responder who will have appropriate skills to assess the unwell adult) after they have been alerted to the NEWS2 of 5 or more. Appropriate interventions should be put in place depending on the presentation of the patient.

If there is worsening acute illness and the initial management plan does not improve the clinical condition of the patient within 1 hour, the care should be escalated to the second responder (registrar or above) to ensure appropriate decisions are made regarding the patient's management and preventable deterioration is avoided.

These patients must also be handed over between out of hours and in hour's teams to ensure continuity of approach and management of the un-well patient.

7.10 NEWS2 Score response in the Emergency Department:

As the ED has immediate access to senior medical and nursing staff, the ED will use NEWS2 BUT their response to NEWS2 scores will be different to the Ward Areas. The response to NEWS2 in ED is outlined below and this information is displayed within the ED on posters for clinical staff to access.

NEWS2 Score	Action
1-4	Repeat patient observations within 1 Hour
5-6	Repeat patient observations within 30 minutes, Request urgent medical review
7 +	Request urgent medical review and consider move to Resus. Refer to CCOS if the patient hasn't improved after one hour of treatment from the ED team unless there is an urgent identified need for critical care involvement regardless of NEWS2 score.

All adult patients in ED should have a NEWS2 score calculated following primary assessment and throughout their stay, each time their core observations are performed.
Critical Care Outreach should be contacted for patients with a NEWS2 score of 7 or above **IF** the patient's condition has not improved following initial management of the presenting illness to facilitate potential escalation of care to ICU / HDU.
If the patient is in ED and has been referred and accepted by a speciality, it is the speciality doctor's responsibility to attend to changes in the patient's condition and respond appropriately. If however there is an emergency with the patient, ED medical staff would be expected to respond while the patient is still in the department.
Patients that have a high NEWS2 score can be moved from within the ED department to the Acute Admissions Unit (AAU) but they must have a management plan and be clerked immediately. Consideration must be given to if the patient requires on-going monitoring and the bed location of the patient should be considered to ensure appropriate sighting by staff.
Same Day Emergency Care (SDEC) will also use NEWS2 as a reduced version of the chart. Patients that deteriorate within SDEC will be moved to AAU and admitted under the appropriate speciality.

7.11 Escalation of call for medical assistance

When medical staff are called to review the patient with NEWS2 of 5 or more, the doctor is expected to attend the patient within 15 minutes.

If the doctor is already dealing with a critical situation and is unable to attend the patient within 15 minutes, he/she must advise the practitioner to contact the next grade of medical staff. Where possible the doctor must offer advice to assist the practitioner in managing the patient in the interim period.

If the doctor called does not review the patient within 15 minutes, the practitioner must call the next level of medical staff, escalating (if required) to consultant level (FY1 – FY2 – CT, Specialist Registrar (or equivalent) – Consultant).

The Consultant has ultimate responsibility for the patient's management.

Practitioners can also call the Critical Care Outreach Service for immediate support if needed. (7 days a week, 24/7) on bleep 006.

Practitioners should contact the ward/dept. Leader or Matron (in-hours) or Site Co-ordinator and Critical Care Outreach (out-of-hours) if experiencing difficulty accessing medical assistance and the patient is at risk.

Whilst awaiting medical assistance, a member of clinical staff should stay with the patient.

7.12 Calling for medical assistance in-hospital

When medical staff are called to review the patient with a NEWS2 of 5 or more (or a single parameter score of 3) it is expected that:

- The practitioner will give a succinct history to highlight the important issues to be addressed

- The doctor will give the practitioner an expected time for his/her arrival on the ward/dept. This MUST be within 15 minutes

- The doctor must give advice where possible to assist the practitioner in the interim period.

When the Adult Emergency Team is called to attend the patient, it is expected that:

- The Adult Emergency Team will attend immediately.
- The ward FY2 or SpR will be called to attend immediately in hours. The patients on going management plan will be decided in conjunction with the patient's responsible medical team. The emergency team will leave the patient in the care of the ward based team once the patient has stabilised to a satisfactory point or transfer of care to a higher dependency area has taken place.
- The practitioner should ensure that the patient's medical notes, x-rays, current treatment charts and recent haematology/pathology results ready for teams' arrival.

7.13 Discontinuation of NEWS2 scoring in hospital

Occasionally, NEWS2 scoring will be inappropriate (i.e. end of life situations) and patient observations should be discontinued.

Authorising the discontinuation of NEWS2 monitoring is a decision that can ONLY be made by a Consultant, SpR or Advanced Care Practitioner / Consultant Nurse. A Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) / Ceiling of Treatment form should be completed if NEWS2 scoring is to be discontinued. NEWS2 scoring is inappropriate for patients on the 'End-of-Life Care Pathway'.

The Critical Care Outreach Team will work closely with the Palliative and End of Life Team to ensure early referral is made and appropriate management is in place. The Standard Operating Procedures for each service should be referred to.

Please also refer to the DNACPR Policy to support decision making.

7.14 NEWS2 observations recording and calculation in mental health:

Within Mental Health services, the Older Person's wards and Psychiatric Intensive Care ward will be undertaking the observations and recording in the NEWS2 charts at a minimum of once in 24 hours but more if indicated.

Within Woodlands Rehabilitation Unit and Osborne Ward, the standard is weekly unless indicated otherwise, due to the nature of the admissions in these areas.
Any person receiving rapid tranquillisation will be expected to have physical observations completed after administration as per the Trust Rapid Tranquillisation Policy.

8 Policy detail/Course of Action in Community Nursing

8.1 Documentation format in Community Nursing

Within the Community Division, Observations and NEWS2 score may be recorded on a paper chart within the patient's home **and** electronically in their SystmOne patient record.

The paper chart in use is the RCP (2017) published version, and has coloured areas to assist in the early visual recognition of observations falling within NEWS2 parameters. The NEWS2 score to be allocated can be seen on the colour coded sections of the chart.
The paper chart must contain the patient's name, Date of Birth and NHS number and should be filed in the Paper-lite folder, where used, to be kept in the patient's home. It is imperative that this is kept up to date in case of the involvement of other healthcare professionals in the home.

Within SystmOne accurate values should be entered for each observation where prompted and then an indication of the NEWS2 score and the range for escalation purposes, and treatment decisions. These must be entered in the correct location (NEWS2 Template), to be easily identifiable for patient review and audit purposes.

8.2 Frequency of Observations in Community Services

The frequency of patient observations will depend upon the patient's condition. It is the responsibility of the registered practitioner to assess each individual patient and make an appropriate decision about the frequency of observations required and to document and communicate that decision. Where no other indications, concerns or instructions exist the following guidance should be applied:

Expected Frequency for Recording Observations of Vital Signs

- On admission to caseload / initial assessment
- If you observe, or the person verbalises any soft signs or symptoms of being unwell.
- At the minimum frequency specified by the service involved – This may range from "at every visit" to "as required" or "3 monthly minimum" depending on the nature of the service provision and patient need.

8.3 Observations to include

Six simple physiological parameters form the basis of the NEWS2 scoring system and these should ALL be included in every set of observations in order to calculate a NEWS2 score:

1. respiration rate
2. oxygen saturation
3. blood pressure
4. pulse rate (taken manually – not with pulse oximeter)
5. level of consciousness (using AVPU scale) or new confusion
6. temperature

Additional observations may be helpful in providing important physiological information in the deteriorating patients, but do not contribute to NEWS2 score.

- Urine output
- Capillary Blood Glucose
- Pain score

The additional importance of "nurse concern" as a factor in predicting deterioration should not be underestimated and any member of staff who is concerned about a patient should not hesitate to escalate concerns.

8.4 Calculation of NEWS2 in Community Nursing

A NEWS2 score MUST be calculated each time observations are recorded.

To calculate a NEWS2 score, a complete set of patient observations must be recorded and for each of these physiological measurements a score is allocated according to the NEWS2 observation parameters (see below):

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	

***Oxygen saturations should be recorded as Scale 1 unless otherwise documented by a Senior Nurse/ ACP/ or Matron.**

The scores for each parameter are then added together to give a total (aggregate) NEWS2 score. This should be recorded accurately in the Total box.

8.5 Escalation of concerns

Once the total NEWS2 score has been calculated, the practitioner will respond according to the Community Escalation Plan (see below). Where escalated to an ACP or Matron their reassessment of the patient should include consideration of Sepsis and Acute Kidney Injury (AKI).

If a patient scores 3 in one parameter only, this should be considered significant and managed as medium risk.

If unable to reach the first line response i.e. the senior nurse, the practitioner should move onto the second line e.g. Matron / ACP / GP.

Total NEWS2 Score	Suggested Action	Likely expectation
0-2	Observe routinely as per minimum local policy. Escalate if any clinical concerns regarding "soft signs" or symptoms of illness. Discuss changing frequency of visits as clinically indicated.	Likely amenable to community management
3-4	Refer urgently to Senior Nurse for triage and possible escalation. Plan for Senior Nurse/ ACP / Matron or GP review in the same day.	May need secondary care assessment
5-6	Immediate referral to senior team for triage and aim for review **within 1 hour**. Consider 111 / 999 escalation if ACP, Matron, GP unable to review **within 1 hour.** If necessary, remain with patient and repeat NEWS every 15 mins, until reviewer arrives.	Likely to require transfer to hospital. **Admission to Hospital should be in line with any appropriate, agreed and documented plan of care.**
7+	Call 999 for emergency transfer to hospital. Remain with patient and repeat NEWS every 15 minutes, until Ambulance arrives.	

8.6 Discontinuation of NEWS2 scoring in Community Nursing

Occasionally, NEWS2 scoring will be inappropriate (i.e. end of life situations) and patient observations should be discontinued.

This decision should be discussed with the team and GP and documented by a Senior Nurse / ACP / Matron or GP.

A Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) / Ceiling of Treatment form should be completed if NEWS scoring is to be discontinued.

NEWS scoring is inappropriate for patients on the 'End-of-Life Care Pathway', although certain clinical observations (e.g. respiratory rate) may still be required.

Please also refer to the DNACPR Policy to support decision making.

9 Policy detail/Course of Action in Ambulance

9.1 Adult Observation Chart Format in Ambulance

Within the Ambulance Service, the observations checked will be entered in an electronic form, using the electronic system adopted by the Ambulance Service and the NEWS2 added automatically. Paramedics will also carry with them a pocket size card with the NEWS2 scoring and a pocket pad will be available if a manual record of the observations is necessary.

9.2 Clinical Response to NEWS2 score in Ambulance

The frequency of patient observations will depend upon the patient's condition. It is the responsibility of the registered practitioner to assess each individual patient and make an appropriate decision about the frequency of observations required and to document and communicate that decision correctly. It is the responsibility of the attending paramedic to pre alert the hospital as necessary using the JRCALC ambulance guidance, local guidance (appendix as attached) and clinical judgement.

Ambulance staff will be expected to score all patients against the NEWS2 criteria. This scoring will be handed over to either the receiving hospital or primary care provider, or will form part of the non-conveyance form documentation.

10 Consultation

This policy has been consulted and shared with both Medical and Nursing professionals who are using and implementing this policy via a working group. It has been out for consultation to the relevant medical directors and Heads of Nursing who have shared the policy with relevant professionals within the Clinical Business Units. The policy is in-line with up-to date evidence on which NEWS2 is based.

11 Training

Training will be delivered via e-learning, workshops and face-to-face in all areas integrated in this policy.

11.1 In Hospital

This AOC and NEWS2 Policy has a mandatory training requirement which is detailed in the Trust's mandatory training matrix and is reviewed on a yearly basis.

Deteriorating Patient competencies – this should be completed on-line using the trusts Deteriorating patient e-learning module and via attendance of registered staff to an Immediate Life Support Course or Acute Illness Management Course. Practical assessment must take place within the ward setting to ensure competence in taking observations, documenting and escalating.

Unregistered staff must complete the deteriorating patient e-learning module for unregistered professionals.

The Critical Care Outreach Service will deliver informal education to staff as requested.
The Critical Care Outreach Team Lead will be responsible for the delivery of the AIM course.
The Resuscitation Service will be responsible for the delivery of the Immediate Life Support Course.

Doctors will receive NEWS2 education via AIM course as well as annual teaching sessions.

11.2 In Community

The Community NEWS2 policy has a mandatory training requirement which is detailed in the Trust's mandatory training matrix and is reviewed on a yearly basis.

Deteriorating Patient competencies – this should be completed on-line using the Trust Deteriorating patient e-learning module and signed off in practice by a senior nurse.
Unregistered staff must complete the deteriorating patient e-learning module for unregistered practitioners and be competency assessed in practice by a registered nurse.

The ACPs/ Matrons / Community Practice Educator will deliver informal training on an ad-hoc basis, and skills and escalation plan will be recapped at annual Basic Life Support training.

11.3 In Ambulance

Ambulance initial training will consist of an ambulance specific module developed by Health Education England and available to staff via the health education and learning management website.
A NEWS2 online training package has been created and is available to all staff. It takes about 30 minutes to complete, and successful candidates will receive a certificate for their CPD. This is available at:
https://tfinews.ocbmedia.com/
Clinical Support Officers within the Ambulance Service will deliver the training and support to clinical staff.

12 Monitoring Compliance and Effectiveness

12.1 In Hospital

All adult patients will have observations; recorded, monitored and responded to as per this Policy.

Monthly audits will be undertaken in all clinical areas which use the AOC and NEWS2 Policy to ensure compliance within the Ward Audit Schedule. This will be undertaken via the Mediaudit system and each area must audit at least 15 charts per month.

The compliance with NEWS2 within each clinical area will be reported and reviewed at the Quality and Performance Reviews each month.

To measure the impact of this policy the following Key Performance indicators will be reviewed by the Critical Care Outreach Team to quantify impact:

- Reduction in cardiac arrests in ward areas.
- Reduced serious incidents requiring investigation relating to failure to recognise and respond to the deteriorating hospital patient.
- Reduction of adverse clinical incidents reported via Datix pertaining to failure to recognise and respond to the deteriorating adult hospital patient.
- NHS IOW compliant with NICE 50 guidelines annually audited by CCOS

Any cases of failure to rescue within the Trust will be investigated and within this, compliance with this policy will be examined.

12.2 In Community Nursing

Compliance with this policy will be measured by monthly audit of paper-lite notes in patient homes and by batch reporting from SystmOne. Team Leaders will be responsible for those audits with support from the Information Management Team (IMT)

13 Links to other Organisational Documents

Resuscitation Policy
Integrated Sepsis Policy
Do Not Attempt Cardio-Pulmonary Resuscitation Policy
Patient Safety Strategy
Capability and Disciplinary Policy
Appraisal Policy
Blood Transfusion Policy
Patient Group Directions for Oxygen and Sodium chloride 0.9%
Standard Operating Procedure for the Critical Care Outreach Service
Disengagement from Abusive/Threatening Patients (Ambulance Service)
Rapid Tranquilisation Policy

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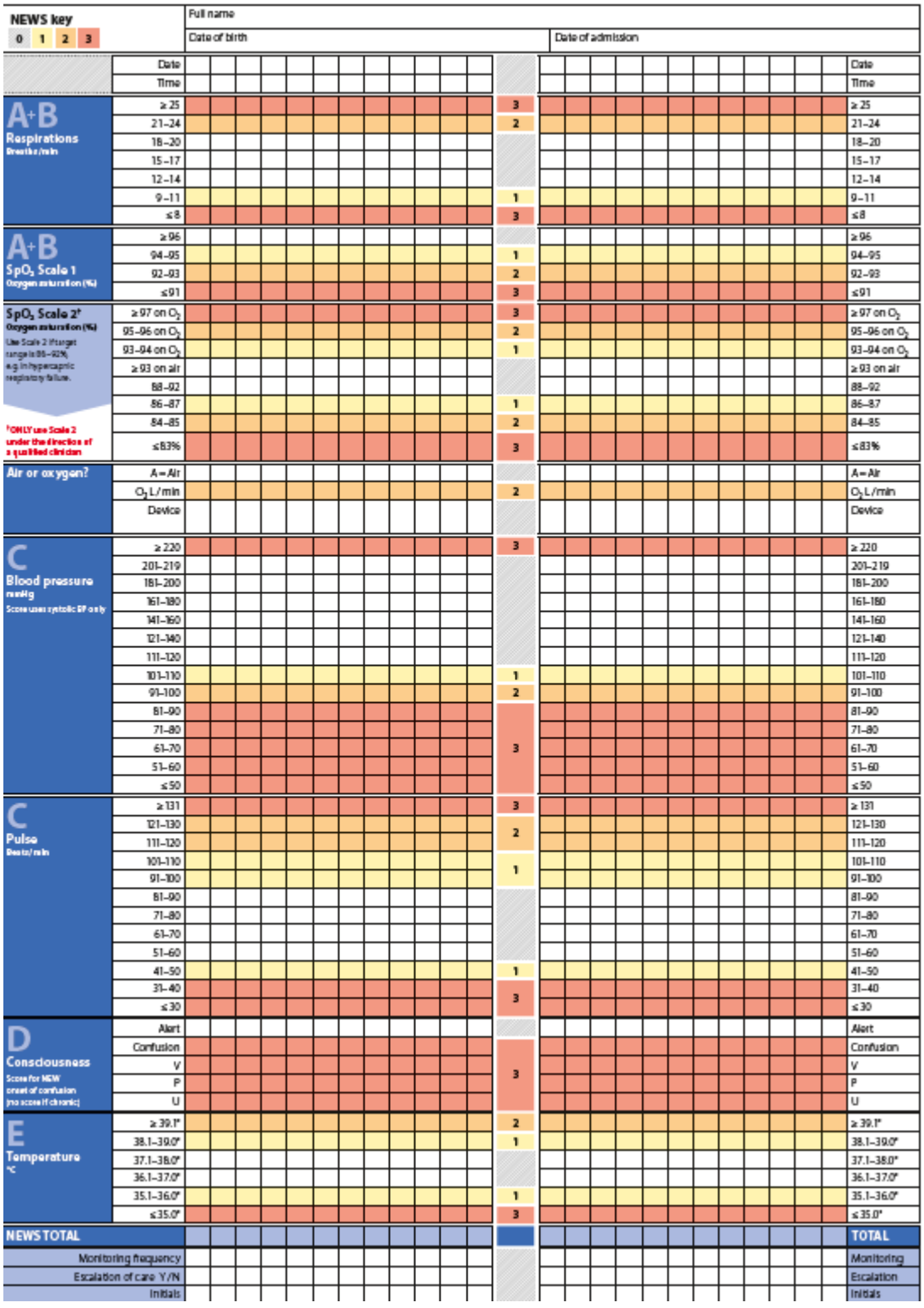
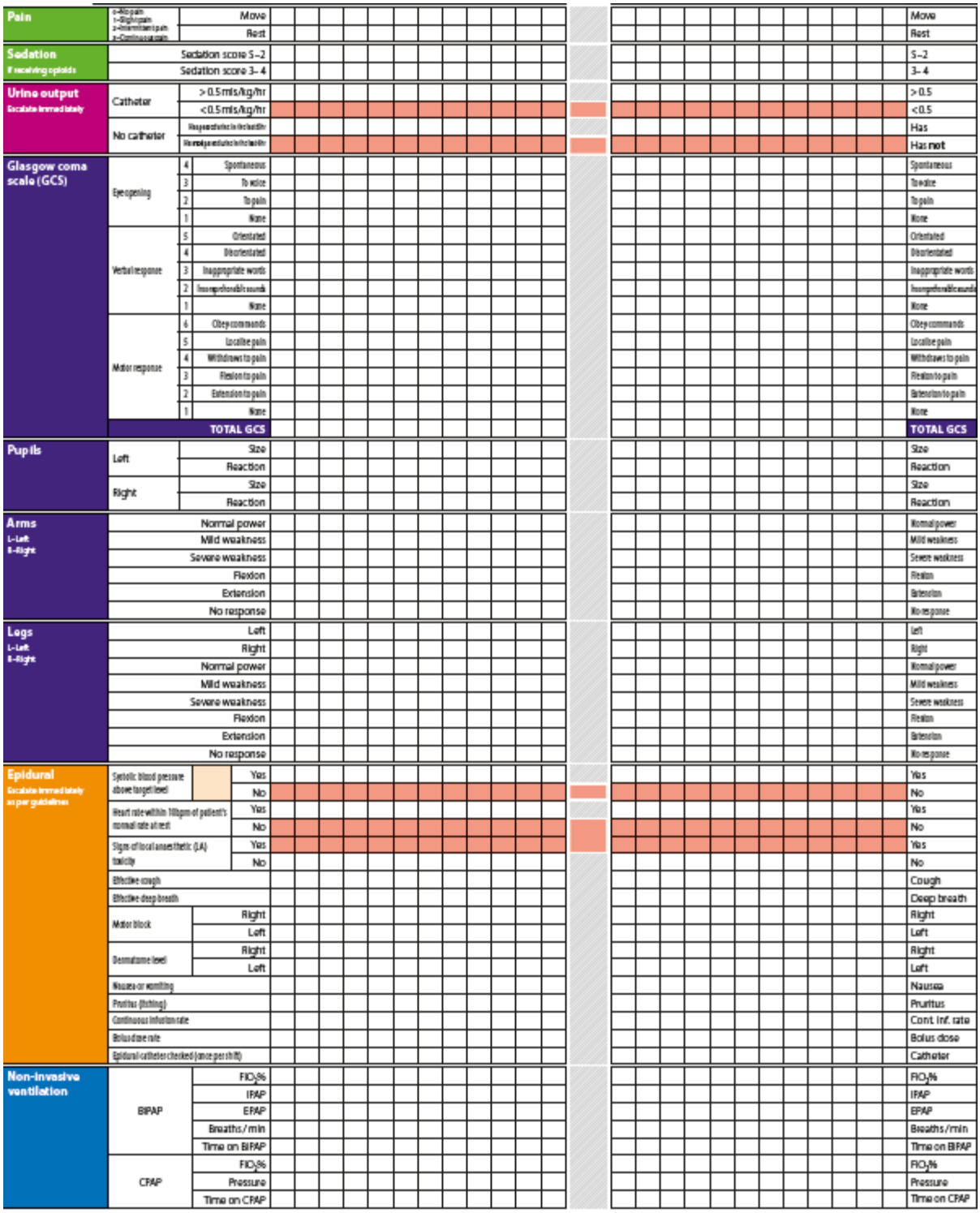
15 Appendices

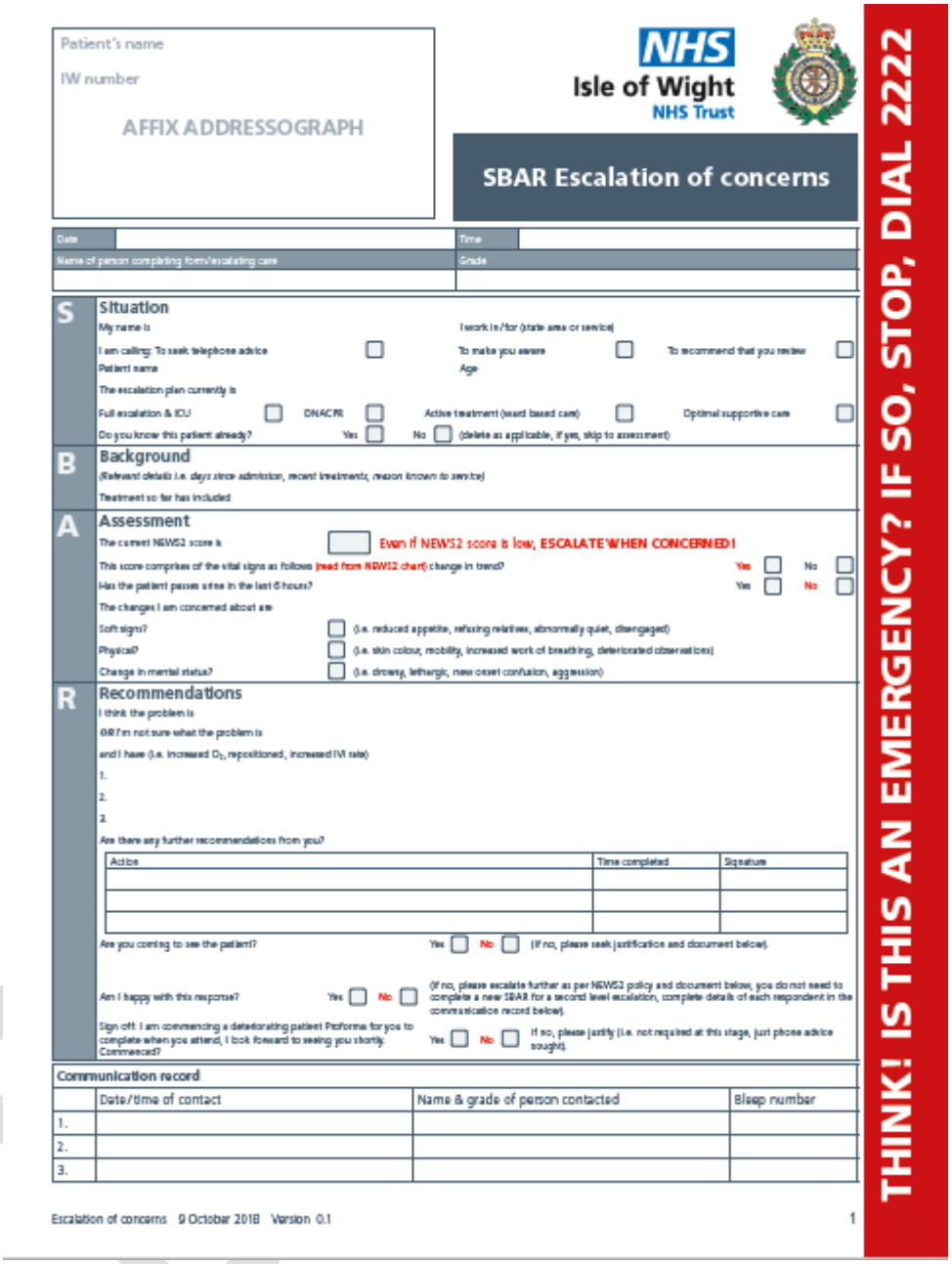
Appendix A

ADULT OBSERVATION CHART


NEWS key
0 1 2 3
Full name
Date of birth
Date of admission
Date
Time
A+B
Respirations
Breaths/min
≥ 25
21–24
18–20
15–17
12–14
9–11
≤ 8
A+B
SpO2 Scale 1
Oxygen saturation (%)
≥ 96
94–95
92–93
≤ 91
SpO2 Scale 2†
Oxygen saturation (%)
Use Scale 2 if target range is 88–92%, e.g. in hypercapnic respiratory failure.
†ONLY use Scale 2 under the direction of a qualified clinician
≥ 97 on O2
95–96 on O2
93–94 on O2
≥ 93 on air
88–92
86–87
84–85
≤ 83%
Air or oxygen?
A = Air
O2 L/min
Device
C
Blood pressure
mmHg
Score uses systolic BP only
≥ 220
201–219
181–200
161–180
141–160
121–140
111–120
101–110
91–100
81–90
71–80
61–70
51–60
≤ 50
C
Pulse
Beats/min
≥ 131
121–130
111–120
101–110
91–100
81–90
71–80
61–70
51–60
41–50
31–40
≤ 30
D
Consciousness
Score for NEW onset of confusion (no score if chronic)
Alert
Confusion
V
P
U
E
Temperature
°C
≥ 39.1°
38.1–39.0°
37.1–38.0°
36.1–37.0°
35.1–36.0°
≤ 35.0°
NEWS TOTAL
TOTAL
Monitoring frequency
Escalation of care Y/N
Initials
Monitoring
Escalation
Initials


Pain
0=No pain
1=Slight pain
2=Uncomfortable pain
3=Continuous pain
Move
Rest
Sedation
If receiving opioids
Sedation score 5–2
Sedation score 3–4
Urine output
Escalate immediately
Catheter
> 0.5 mls/kg/hr
< 0.5 mls/kg/hr
No catheter
Has
Has not
Glasgow coma scale (GCS)
Eye opening
4 Spontaneous
3 To voice
2 To pain
1 None
Verbal response
5 Orientated
4 Disorientated
3 Inappropriate words
2 Incomprehensible sounds
1 None
Motor response
6 Obey commands
5 Localise pain
4 Withdraws to pain
3 Flexion to pain
2 Extension to pain
1 None
TOTAL GCS
Pupils
Left
Right
Size
Reaction
Arms
L=Left
R=Right
Normal power
Mild weakness
Severe weakness
Flexion
Extension
No response
Legs
L=Left
R=Right
Left
Right
Epidural
Escalate immediately as per guidelines
Systolic blood pressure above target level
Yes
No
Heart rate within 10bpm of patient's normal rate at rest
Signs of local anaesthetic (LA) toxicity
Effective cough
Effective deep breath
Motor block
Dermatome level
Nausea or vomiting
Pruritus (itching)
Continuous infusion rate
Bolus dose rate
Epidural catheter checked (once per shift)
Cough
Deep breath
Nausea
Pruritus
Cont. inf. rate
Bolus dose
Catheter
Non-invasive ventilation
BIPAP
CPAP
FiO2%
IPAP
EPAP
Breaths/min
Time on BIPAP
Pressure
Time on CPAP

SBAR



Patient's name

IW number

AFFIX ADDRESSOGRAPH

NHS
Isle of Wight
NHS Trust

SBAR Escalation of concerns

Date		Time	
Name of person completing form/escalating care		Grade	

S Situation

My name is | I work in /for (state area or service)

I am calling: To seek telephone advice ☐ | To make you aware ☐ | To recommend that you review ☐

Patient name | Age

The escalation plan currently is

Full escalation & ICU ☐ | DNACPR ☐ | Active treatment (ward based care) ☐ | Optimal supportive care ☐

Do you know this patient already? Yes ☐ No ☐ (delete as applicable, if yes, skip to assessment)

B Background

(Relevant details i.e. days since admission, recent treatments, reason known to service)

Treatment so far has included

A Assessment

The current NEWS2 score is ☐ Even if NEWS2 score is low, ESCALATE WHEN CONCERNED!

This score comprises of the vital signs as follows (read from NEWS2 chart) change in trend? Yes ☐ No ☐

Has the patient passed urine in the last 6 hours? Yes ☐ No ☐

The changes I am concerned about are

Soft signs? ☐ (i.e. reduced appetite, refusing relatives, abnormally quiet, disengaged)

Physical? ☐ (i.e. skin colour, mobility, increased work of breathing, deteriorated observations)

Change in mental status? ☐ (i.e. drowsy, lethargic, new onset confusion, aggression)

R Recommendations

I think the problem is

OR I'm not sure what the problem is

and I have (i.e. increased D_2, repositioned, increased IVI rate)

1.

2.

3.

Are there any further recommendations from you?

Action	Time completed	Signature

Are you coming to see the patient? Yes ☐ No ☐ (If no, please seek justification and document below).

Am I happy with this response? Yes ☐ No ☐ (If no, please escalate further as per NEWS2 policy and document below, you do not need to complete a new SBAR for a second level escalation, complete details of each respondent in the communication record below).

Sign off: I am commencing a deteriorating patient Proforma for you to complete when you attend, I look forward to seeing you shortly. Commenced? Yes ☐ No ☐ If no, please justify (i.e. not required at this stage, just phone advice sought).

Communication record

	Date/time of contact	Name & grade of person contacted	Bleep number
1.			
2.			
3.			

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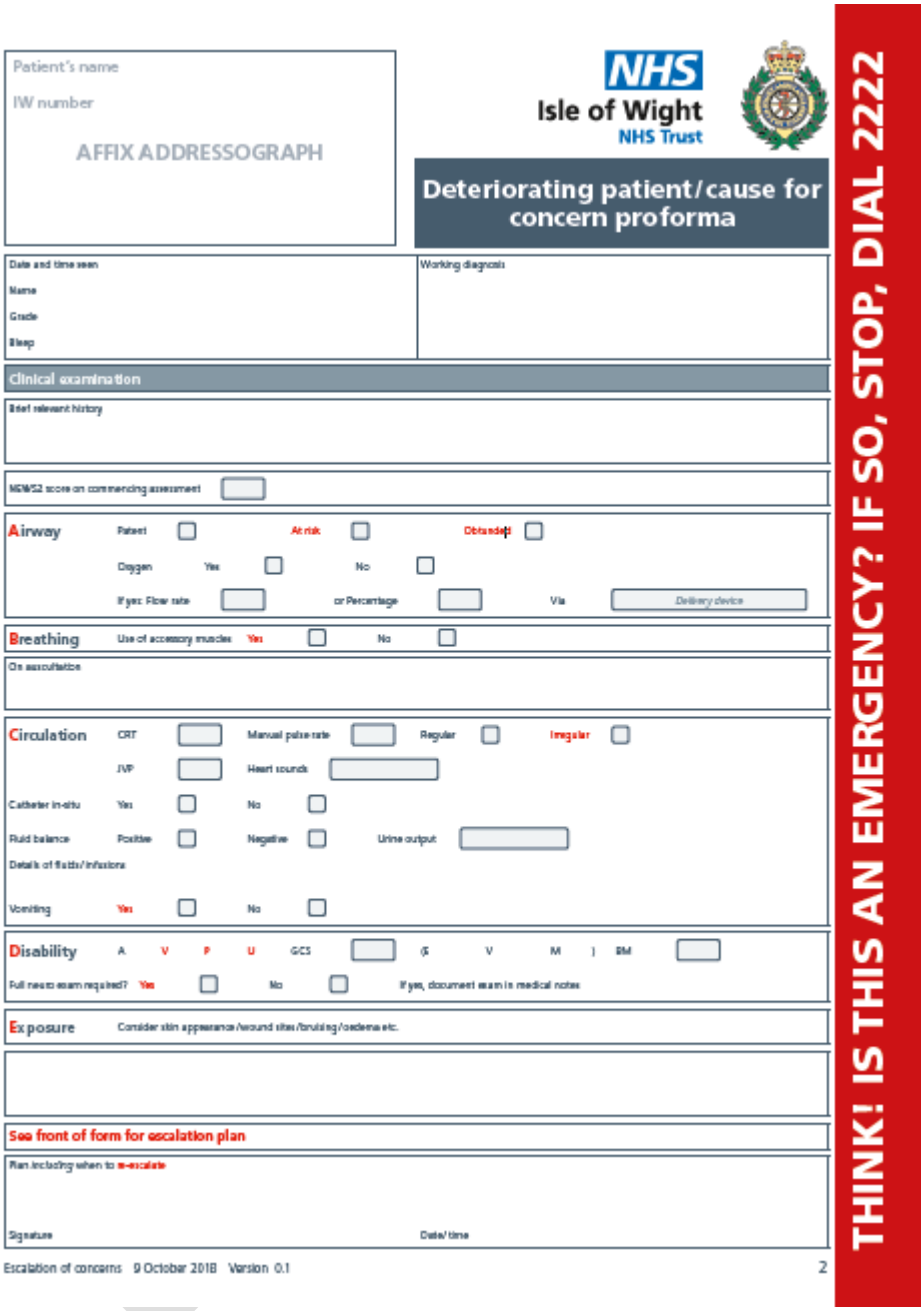
THINK! IS THIS AN EMERGENCY? IF SO, STOP, DIAL 2222



Patient's name

IW number

AFFIX ADDRESSOGRAPH

NHS
Isle of Wight
NHS Trust

Deteriorating patient/cause for concern proforma

Date and time seen
Name
Grade
Bleep

Working diagnosis

Clinical examination

Brief relevant history

NEWS2 score on commencing assessment

Airway Patent At risk Obstructed

Oxygen Yes No

If yes: Flow rate or Percentage Via Delivery device

Breathing Use of accessory muscles Yes No

On auscultation

Circulation CRT Manual pulse rate Regular Irregular

JVP Heart sounds

Catheter in-situ Yes No

Fluid balance Positive Negative Urine output

Details of fluids/infusions

Vomiting Yes No

Disability A V P U GCS (E V M) RM

Full neuro exam required? Yes No If yes, document exam in medical notes

Exposure Consider skin appearance/wound sites/bruising/oedema etc.

See front of form for escalation plan

Plan including when to re-escalate

Signature Date/ time

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THINK! IS THIS AN EMERGENCY? IF SO, STOP, DIAL 2222

Appendix D

Financial and Resourcing Impact Assessment on Policy Implementation

NB this form must be completed where the introduction of this policy will have either a positive or negative impact on resources. Therefore this form should not be completed where the resources are already deployed and the introduction of this policy will have no further resourcing impact.

Document title	**Adult Observation Chart Policy**

Totals	**WTE**	**Recurring £**	**Non Recurring £**
Manpower Costs	Time to allocate staff to complete competencies and attend AIM Course		
Training Staff	Completion of mandatory training module. Attendance of 7.5 hour study day for ILS/AIM course yearly for all clinical registered staff		
Equipment and Provision of resources	Wards already resource their own core observation chart and the cost of the new NEWS Chart would not be any more expensive		

Summary of Impact:
Training of staff in the use of this policy will occur through local induction to clinical areas and through already established mandatory training such as Adult Basic Life Support, Trust Induction, ILS/AIM and yearly mandatory training. This training is provided by the Resuscitation Service and Critical Care Outreach Service.
The cost of the AOC and stickers will be to each individual ward.

Risk Management Issues:

This policy document is designed to support effective risk management across the Trust by decreasing the risk of patient harm by failure to rescue and is an important element of the risk management of patients in this Organisation.

Benefits / Savings to the Organisation:

Reduced unplanned admissions to the Intensive Care Unit.
Reduced Cardiac arrests
Reduced Serious Incidents Requiring Investigation relating to failure to recognise and respond to the sick hospital patient.
Reduced length of stay.
Contribute to achieving the patient safety agenda and strategic priorities of the Trust.
Evidence Based Care
Approprioately trained workforce

Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.

Manpower	**WTE**	**Recurring £**	**Non-Recurring £**
Operational running costs			
Totals:			

Staff Training Impact	**Recurring £**	**Non-Recurring £**
Totals:		

Equipment and Provision of Resources	**Recurring £ ***	**Non-Recurring £ ***
Accommodation / facilities needed	NA	
Building alterations (extensions/new)	NA	
IT Hardware / software / licences	NA	
Medical equipment	NA	
Stationery / publicity	NA	
Travel costs	NA	
Utilities e.g. telephones	NA	
Process change	NA	
Rolling replacement of equipment	NA	
Equipment maintenance	NA	
Marketing – booklets/posters/handouts, etc	NA	
Totals:		

- Capital implications £5,000 with life expectancy of more than one year.

Funding /costs checked and agreed by finance:	
Signature and date of financial accountant:	
Funding / costs have been agreed and are in place:	
Signature of appropriate Executive or Associate Director:	

Appendix E

Equality Impact Assessment (EIA) Screening Tool

Document Title:	Adult Observation Policy – NEWS2
Purpose of document	To standardise physiological observations and escalation in line with national recommendations.
Target Audience	All acute wards, community and Ambulance.
Person or Committee undertaken the Equality Impact Assessment	NEWS2 Working Group

1. To be completed and attached to all procedural/policy documents created within individual services.

2. Does the document have, or have the potential to deliver differential outcomes or affect in an adverse way any of the groups listed below?

If no confirm underneath in relevant section the data and/or research which provides evidence e.g. JSNA, Workforce Profile, Quality Improvement Framework, Commissioning Intentions, etc.

If yes please detail underneath in relevant section and provide priority rating and determine if full EIA is required.

		Positive Impact	Negative Impact	Reasons
Gender	Men	*No*	*No*	
	Women	*No*	*No*	
Race	Asian or Asian British People	*No*	*No*	
	Black or Black British People	*No*	*No*	
	Chinese people	*No*	*No*	
	People of Mixed Race	*No*	*No*	

	White people (including Irish people)	*No*	*No*	
	People with Physical Disabilities, Learning Disabilities or Mental Health Issues	*No*	*No*	
Sexual Orientation	Transgender	*No*	*No*	
	Lesbian, Gay men and bisexual	*No*	*No*	
Age	Children	*No*	*No*	
	Older People (60+)	*No*	*No*	
	Younger People (17 to 25 yrs)	*No*	*No*	
Faith Group		*No*	*No*	
Pregnancy and Maternity		*No*	*No*	
Equal Opportunities and/or improved relations		*No*	*No*	

Notes:
Faith groups cover a wide range of groupings, the most common of which are Buddhist, Christian, Hindus, Jews, Muslims and Sikhs. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

3. Level of Impact

If you have indicated that there is a negative impact, is that impact:			
		YES	**NO**
Legal (it is not discriminatory under anti-discriminatory law)			
Intended			

If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.

3.1 Could you minimise or remove any negative impact that is of low significance? Explain how below:

3.2 Could you improve the strategy, function or policy positive impact? Explain how below:	
3.3 If there is no evidence that this strategy, function or policy promotes equality of opportunity or improves relations – could it be adapted so it does? How? If not why not?	
Scheduled for Full Impact Assessment	Date:
Name of persons/group completing the full assessment.	
Date Initial Screening completed	