



# **Newborn Early Warning System (NEWS) Chart**

Observe newborn in Postnatal/Recovery ward until discharge or transfer
Perform observations at 1 and 2 hours of age, and then every 4 hours until discharge,
Unless more frequent observations have been requested by a Dr/Pediatric nurse/DART

## Criteria to Request Evaluation by Dr/Pediatric Nurse/DART:

Birth weight below 2 kg or above 4 kg

Babies born to HIV/TB mothers, Hep B positive and syphilis positive mothers.

Any baby the midwife or obstetrician is concerned about:

- Mothers with bad obstetric history
- Teenage mothers
- Abnormal fetal scans
- Maternal mortality
- o Born at home or born before arrival

Maternal illicit drug use and alcohol

Babies who required any help or resuscitation at birth

Infant born to diabetic mothers

Hypoglycemia

Babies born to mothers who are Rhesus negative, Blood group O and G6PD deficient mothers.

Babies with congenital abnormalities.

Risk of sepsis (PROM >/=18hours, maternal temperature (>/= 38), chorioamnionitis)

Babies below 36 weeks of gestational age or >/= 41 weeks

Babies with meconium-stained liquor

Babies with SpO2 less than 92% after 10 minutes of life

Babies with an APGAR score less than 7 at 5 minutes

#### **Criteria for NICU Admission:**

## Birth weight less than 1.8 kg

Respiratory distress with the following;

- Lower chest indrawing,
- o Flaring of the nares,
- o Grunting,
- o Recurrent apnea,
- o SpO2 below 92%,
- o Respiratory rate more than 80 pm

Untreated/Inadequately treated syphilis

Babies who require bag and mask resuscitation

Babies who have jaundice within the first 24 hours of life

Major/Life threatening congenital abnormalities

Probable/confirmed sepsis (risk of sepsis, abnormal temp)

Babies with gestational age of below 35 weeks

Suspected/confirmed surgical cases

Moderate to severe birth asphyxia

Ambiguous genitalia

Babies with neonatal seizures

If any critical concerns with baby despite normal observations then call for medical review.

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Name:										LHIMS Patient ID No:										Unit:							
Hospital:				Date	of B	irth:			Time of Birth:					Birth Weight:					Circle: Breast milk / Formula								
DATE:		1 hr	2 hrs	ı			I		ı			ı			ı		ı						ı	ı			ı
TIME		after birth	after birth	6	10	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10	2
am/pm		D	2																								
INITIAL:  Daily Weight (+/-)		_								<u> </u>												<u> </u>					
Feeding			1	1					1			1			1		1						1	1			1
Urine																											
Stool																											
Temperature °C	38.0																										
	37.5 37.0																										
	36.5																										
	36.0 35.5																										
	Value																										
Respiratory Rate	80																										
	80																										
	70																										
	60																										
	F0																										
	50																										
	40																										
	30																										
	Value																										
Grunting																											
Heart Rate	190																										
	180 170																										
	160																										
	150 140																										
	130																										
	120 110																										
	100																										
	90 80																										
	70																										
	60																										
	Value																										
Oxygen Saturation	≥ 94 93 - 91																										
	≤ 90																										
Neuro	Alert																										
	Irritable Jittery																										
	Poor feed																										
	Floppy Seizures																										
Glucose Value																											
Glucose < 2.6																											
Bilirubin Level (TcB)																											

All observations in white -> Continue observations. No action.

1 observation in yellow -> Inform Dr/Pediatric nurse/DART/shift lead. Repeat observations in 30 minutes.
2 or more observation in yellow -> Immediately call Dr/Pediatric nurse/DART for urgent medical review.

1 or more observations in red -> Immediately call NICU for urgent admission.