W.

A	ddressograph
Name:	
DOB:	
CHI:	

NEWS of 5 or more?

Think Sepsis!

In a patient with a NEWS 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.

Special Instruction Only to be completed		n of a senior member of the medical team										
A total NEWS of	or individual	parameter of										
	is acceptable for this patient because											
Please escalate if												
Print	Sign	Designation										
Date		(only valid if signed and dated)										

*Regardless of NEWS always Escalate if concerned about a patient's condition. Escalate immediately if clinical observations cannot be obtained

NEWS TOTAL	Monitoring Frequency	Clinical Response Document concerns/decisions in patients clinical notes
0	Minimum 12 hourly/ 4 hourly in admission areas	continue routine NEWS monitoring
Total 1 - 4	Minimum 4-6 hourly	inform registered nurse registered nurse assessment review frequency of observations if ongoing concern, escalate to medical team consider fluid balance chart
3 in single parameter	Minimum 1 hourly	registered nurse assessment medical assessment management plan to be discussed with senior trainee or above consider fluid balance chart
Total 5 - 6 Urgent response threshold	Minimum 1 hourly	registered nurse assessment urgent medical assessment management plan to be discussed with senior trainee or above consider senior trainee review if NEWS does not improve following initial medical assessment consider level of monitoring required consider anticipatory care planning (ACP) start fluid balance chart
Total 7 or more Emergency response threshold	Continuous monitoring of vital signs	registered nurse to assess immediately immediate assessment by senior trainee or above discuss with supervising consultant if appropriate contact Critical Care for review consider anticipatory care planning (ACP) start fluid balance chart

	Codes	for recording oxygen delivery on the	NEWS2	2 observations chart												
	Α	breathing air	RM	reservoir mask												
	N	nasal cannula (document in litres)	TM	tracheostomy mask												
	SM	simple mask	CP	CPAP mask												
	V	venturi mask and percentage (e.g device = V, % = 40)	Н	humidified oxygen and percentage (e.g device = H, L/min or % = 40)												
	NIV	patient on NIV system	ОТН	Other specify												
ſ	Data /	T:														
[Date /	Time														

Circulation Sensation

Movement

NEWS Key	Date:														Τ							Date
0 1 2 3	Time:																					Time
	≥25												3									≥25
A+B	21-24												2									21-24
	18-20												_									18-20
Respirations	15-17																					15-17
Breaths/min																						12-14
	12-14																					
	9-11												1									9-11
	<u><</u> 8								1				3									<u>≤</u> 8
SpO ₂ Scale 1 Oxygen saturation (%)	≥96																					≥96
SpO ₂ Scale 1	94-95												1									94-95
Oxygen saturation (%)	92-93												2									92-93
Use Scale 1 if target range is 94-98%	<u><</u> 91												3									<u><</u> 91
SpO ₂ Scale 2*	≥97 on O ₂												3									\geq 97 on O_2
Oxygen saturation (%)	95-96 on O ₂												2									95-96 on O ₂
Use Scale 2 if target range is 88-92% eg. in hypercapnic	93-94 on O ₂												1									93-94 on O ₂
88-92% eg. in hypercapnic respiratory failure	≥93 on air																					≥93 on air
* ONLY use Scale 2 under	88-92																					88-92
the direction of a qualified clinician	86-87												1									86-87
Tick box if using SpO ₂ Scale 2	84-85												2									84-85
Sign:	<u><</u> 83												3									<u><</u> 83
Air or Oxygen?	A = Air																					A = Air
	O² L/min or %												2									O ² L/min or %
Oxygen is a drug and prescribed by target range	Device												-									Device
													2									
C	<u>≥</u> 220												3									≥220
	201-219																	-				201-219
Blood Pressure	181-200																					181-200
mmHg	161-180																					161-180
Score uses	141-160																					141-160
Systolic BP only	121-140																					121-140
If manual BP	111-120																					111-120
mark as M	101-110												1									101-110
IIIdik as ivi	91-100												2									91-100
	81-90																					81-90
	71-80																					71-80
	61-70												3									61-70
	51-60																					51-60
	<50																					<u>≤</u> 50
	≥131												3									<u>≥</u> 131
C	121-130												3									121-130
													2									111-120
Pulse	111-120																					101-120
Beats/min	101-110												1									
	91-100																					91-100
Manual pulse	81-90																	-				81-90
	71-80																					71-80
	61-70																					61-70
	51-60																					51-60
	41-50												1									41-50
	31-40												3									31-40
	<u>≤</u> 30																					≤30
D	Alert																					Alert
	New Confusion																					New Confusion
Consciousness	V																					V
Score for new onset of	Р												3									Р
confusion (no score if chronic)	U																					U
	≥39.1°												2									≥39.1°
E	38.1-39.0°												1									38.1-39.0°
Temperature	37.1-38.0°																					37.1-38.0°
	36.1-37.0°	†																				36.1-37.0°
°C	35.1-36.0°												1									35.1-36.0°
	≤35.0°												3									≤35.0°
N	EWS TOTAL																					Total
Monit	toring frequency	†	İ	Ì	Ì	Ì	Ì	Ì	1	Ì	İ			<u> </u>	Ì	Ì	†	İ	Ì	Ì		Monitoring
	tion of care Y/N	1				1																Escalation
	Initials																					Initials
	ut recorded Y/N																					Urine output
Blood Gluc	ose level or N/A																					Blood Glucose
	ain score (0-10)	-	_					-		-					-	-	<u> </u>	-		-		Pain
Motor Block on	usea score (0-3) core (0-4) or N/A		-												-		-					Nausea Motor Block
I WIOLOI DIOCK SC	,5.5 (5- 7) 51 14/A	 										ш									ш	INIOIOI DIOCK