**NEWS2 RT Protocol- Physical Health Observations**



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| **Frequency: EVERY 15 MINUTES, FOR AT LEAST ONE HOUR.** Further monitoring beyond 1 hour should be considered if deemed clinically appropriate (scoring is **above 3** for single parameter or **total above 4**). |
| **If you are unable to carry out Physical Health observations, or the patient refuses you must complete Non-Contact Observations of respiratory rate and level of consciousness using AVPU and record these on this chart.** |









n their clinical judgement.

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| **NEWS** | **Frequency of Monitoring** | **Clinical Response** | **Variants - Patient Specific** |
| **0** | Routine monitoring of physical observations | * Continue routine NEWS monitoring with every set of physical health observations
 | Please specify frequency of monitoring physical observations: |
| **Total score 1 - 4 (if 3 in one parameter, see below)** | Twice daily physical observations & discuss with Medical Team | * Inform Registered Nurse who must assess the patient;
* Registered Nurse to decide if increased frequency of monitoring and / or escalation of clinical care is required;
* Discuss with Medical Team / Out Of Hours *(guidance required)*
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| **SICK!****Total NEWS 5-6 or 3 in one parameter *Consider sepsis red flag signs*** | Increase frequency of physical observations to a minimum of 1 hourly & discuss urgently with the Medical Team. .............................................................**SEPSIS RED FLAG SIGNS** **S**lurred speech**E**xtreme shivering/muscle pain **P**assing no urine (in a day)**S**evere breathlessness**I** feel like I might die**S**kin mottled/discoloured | * Registered Nurse to urgently inform the Medical Team caring for the patient.
* Urgent assessment by Medical Team (give handover using the **\*SBARD tool**)
* Assess if transfer of the patient is required
* Consider 999 call for ambulance assistance if doctor is unable to assess within 20 minutes / or if concerns remain over the patient’s Physical Wellbeing.
* **• CONSIDER SEPSIS SCREENING TOOL**
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| **ACT NOW!****Total NEWS 7 or more** | Continuous monitoring of patient’s Physical Observations & Initiate an emergency call | * Registered Nurse to **immediately** inform the Medical Team caring for the patient – again out of hours;
* 999 call for emergency ambulance assistance to transfer patient to the nearest District General Hospital
* Contact patient’s Consultant / nominated Deputy
* **CONSIDER SEPSIS SCREENING TOOL**
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**Escalation Protocol SBARD**

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| **S****Situation** | Your name / designation / ward The patient’s name is .. I am concerned because … The NEWS score trigger is. |
| **B****Background** |  Treatment DateBrief history Admission Date MHA Status Medication / therapy  |
| **A****Assessment** | AAirway | Is the patient talking? Any airway noises; e.g. gurgling/stridor |
| BBreathing | Respiratory Rate (RR)? Any respiratory noises e.g. wheeze? Is breathing laboured? Oxygen saturation levels (SpO2)? |
| C Circulation | Heart Rate (HR)? Capillary Refill Time (CRT)? Blood Pressure (BP)? Temperature? |
|  | D Disability | Level of consciousness (AVPU)? Blood sugar levels? Pupil reactions? |
| EExposure | Exposure & environment Bleeding / rashes, etc.? Any other abnormal signs?  |
|  |  |
| **R****Recommend** | I would like you to do /What would you like me to do? |
| **D****Decision****\*Use SBARD Tool (above) to notify Medical Team** | Record what has been agreed on the patient’s notes. |