

## Clinical Response to NEWS-2 trigger thresholds\*†

NEWS 2 Score	Frequency of Monitoring	Clinical response
<b>0</b>	Minimum 12 hourly	<ul style="list-style-type: none"> <li>• Continue routine NEWS monitoring</li> </ul>
<b>Total 1-4</b>	Minimum 4-6 hourly	<ul style="list-style-type: none"> <li>• Inform registered nurse, who must assess the patient (within 1 hour)</li> <li>• Registered nurse decides whether increased frequency of monitoring and/or escalation of patient care are required.</li> </ul>
<b>3 in single parameter</b>	Minimum 1 hourly	<ul style="list-style-type: none"> <li>• Registered nurse to inform medical team caring for the patient, who will review and decide whether escalation of care is necessary</li> <li>• Consider 'Sepsis' and complete Sepsis Bundle on EPR if appropriate</li> </ul>
<b>Total 5 or more Urgent response threshold</b>	Minimum 1 hourly	<ul style="list-style-type: none"> <li>• Registered nurse to inform the appropriate clinician (FY2 /CT/ST doctor/Physician associate or equivalent)</li> <li>• Clinical review complete within one hour or escalate to middle grade doctor</li> <li>• Consider 'Sepsis' and complete Sepsis Bundle on EPR if appropriate</li> <li>• Consider ceiling of care and resuscitation in liaison with senior physician</li> <li>• Inform critical care outreach team (during in-hours) or HOOP team (during out of hours)</li> <li>• Consider transfer to level 1 or 2 care if appropriate</li> </ul>
<b>Total 7 or more Emergency Response threshold</b>	Continuous monitoring of vital signs	<ul style="list-style-type: none"> <li>• Registered nurse to inform the Medical Middle Grade doctor or above</li> <li>• Immediate review (if no middle grade or above review within one hour, escalation to consultant in charge)</li> <li>• Document escalation plan and ceiling of care</li> <li>• Emergency assessment by critical care outreach (during in hours)/HOOP team (during out of hours)</li> <li>• Escalate to Intensive Care Unit Middle grade doctor or above, for emergency review</li> <li>• Consider transfer to level 2 or 3 care if appropriate</li> </ul>

\*The response for first or new trigger with elevated NEWS

†NEWS should not replace clinical judgement in the deteriorating patient. If the patient is deemed to be unwell without a raised NEWS then escalate accordingly (Example: cold /clammy or reduced urine output)