Name of Policy: Use of the National Early Warning Score System in Adult Patients Policy

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Sponsor Director of Nursing, Midwifery and Quality
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This policy supersedes all previous issues.
## Version Control

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<td>SafeCare Council</td>
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<td>Caroline Lane</td>
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Use of the National Early Warning Score System in Adult Patients Policy

1 Introduction

Clinical deterioration can occur at any stage of a patient’s illness; however, there will be certain periods when a patient is more vulnerable to deterioration for example, the onset of illness, during surgical or medical interventions and during recovery from critical illness. Patients on general adult wards and emergency departments who are at risk of deteriorating may be identified before a serious adverse event by changes in their physiological observations. Timely interpretation and escalation of recognised deterioration is of crucial importance in minimising the likelihood of serious and adverse events including cardiac arrest and death.

2 Policy scope

The scope of this policy applies to adult patients in the acute setting. It excludes paediatric and maternity patients who, due to their specialist requirements are managed within their own speciality and follow their own escalation policies.

This policy applies to all health care practitioners who regularly measure, record and respond to patients’ physiological observations in the course of their work.

For the purpose of this policy, health care practitioner refers to nurses, midwives, and doctors, allied health professional and health care assistants.

3 Aim of policy

This policy sets out the standards, based on best available evidence, on the care of adult patients within the acute hospital setting. This relates to the measurement and recording of physiological observations and the use of a ‘track and trigger’ system to ensure patients who are deteriorating are recognised and treated in an appropriate and timely manner by competent staff.

The policy enables the Trust to adhere to the NCEPOD 2012 recommendation for optimising early warning scoring systems, the NICE 2007 Guideline 50 on “Acutely Ill Patients in Hospital” and more recently the Royal College of Physicians National Early Warning Score 2012. All three recognise that patients in the acute setting can rapidly deteriorate and the widespread use of track and trigger systems identifies the early signs and symptoms of a deteriorating patient.

This Policy is to be read and used in conjunction with RM 27a the “Resuscitation Policy” and OP 24 the “Acute Response Team” Policy

The track and trigger tool of choice which has been agreed across the Trust is the National Early Warning Score (NEWS). This is available on all wards and departments.
4 Duties - roles and responsibilities

Trust Board
Supports the Resuscitation and Deteriorating Patient Committee to ensure the policy is fully embedded to reduce the risk of patient deterioration throughout the Trust.

Chief Executive
Has responsibility for ensuring the Trust has robust policies relating to clinical observations and patient deterioration prevention.

Divisional Managers and Divisional Directors
Have the responsibility to ensure the clinical areas in their directorate implement and comply with the policy.

Resuscitation and Deteriorating Patient Committee
Have overall responsibility for overseeing the implementation and monitoring of the policy

Heads of Department, Matrons and Ward Managers
Have responsibility for
• Implementing this policy within their clinical area
• Ensuring staff understand their accountability and responsibility in relation to complying with this policy
• Monitoring the use of NEWS charts and compliance with the track and trigger algorithm via audit and review

All staff
Have responsibility for practicing in accordance with the clinical guidance set out in this policy.

5 Definitions

NCEPOD – National Confidential Enquiry into Patient Outcome and Death. These are enquiries which seek to improve health and healthcare by collecting evidence on aspects of care, identifying any shortfalls in this, and disseminating recommendations based on these findings.

NICE – The National Institute for Health and Clinical Excellence provides guidance, sets quality standards and manages a national database to improve people’s health and prevent and treat ill health. It makes recommendations to the NHS on new and existing medicines, treatments and procedures, and on treating and caring for people with specific diseases and conditions.

NEWS – National Early Warning Score is a simple physiological scoring system that can be calculated at the patient’s bedside, using agreed parameters which are measured in unwell patients. It is a tool which alerts health care practitioners to abnormal physiological parameters and triggers an escalation of care and review of the unwell patient.

CONTACT is the Trust’s Staff appraisal system. The name CONTACT reflects the Trust’s commitment to continuous learning, improvement and professional development.
SBAR – An effective framework for optimising communication between members of the health care team regarding a patient’s condition

TRACK and TRIGGER – Each of the physiological parameters is allocated a score reflecting the magnitude of disturbance to each of them. The scores are then added up and a total NEWS Score is given. An increased score suggests a deteriorating patient or a patient at risk of deterioration.

6 Process Guidelines for the Use of NEWS Charts

6.1 The purpose of the NEWS chart is to record and track clinical observations of patients in order to highlight and identify signs of deterioration before patients become seriously ill. They will then be given the appropriate treatment at the appropriate time.

6.2 The NEWS chart will be used to monitor all adult inpatients in acute hospital settings. This includes patients undergoing all invasive procedures including radiological procedures and endoscopy. The NEWS chart will accompany the patient to the department where the procedure is being carried out for continued use / monitoring of the patient.

The clinical observations for the immediate post operative patient being nursed in the Recovery area will be documented on the anaesthetic sheet. When a patient is assessed as being fit for discharge to the ward, the last two sets of observations will be entered onto the patients NEWS chart.

When patients are discharged from the Critical Care Department, the last two sets of observations will be transferred onto the NEWS chart for continuation by ward staff.

If patients have been diagnosed with an acute stroke, their observations will be recorded on the Standardised Nursing Observations for Stroke (SNOBS) for the first 72 hours of admission. There is a criterion for escalating patients who deteriorate. Once the first 72 hours have been completed the patient will be transferred onto the NEWS observation chart.

If patients are requiring neurological observations (neuro obs) these will be documented on the appropriate chart alongside the NEWS observation chart with NEWS scores being worked out and escalated as per the policy.

ICAR Unit at Houghton - Due to the specialism in rehabilitation, the decision may be made that it is suitable for patients to only have their observations taken once a day on the lead up to discharge. This decision can be made by the medical or senior nursing staff working within the Unit.

Maternity will be informed about any patient who is pregnant and in a non-obstetric area following local policy. Care of the patient will be a collaborative approach between the Obstetricians and the medical team caring for the patient.
Patients who have had a procedure may well be following a patient pathway where the timings of observations post procedure are stipulated. These patients will continue on this pathway and be recorded on the NEWS Observation Chart. A NEWS Score will be completed each time a set of observations are completed and the patient escalated as appropriate.

6.3 All patients will have:

- physiological observations recorded at the time of their admission or initial assessment
- a clear written monitoring plan that specifies any changes in tolerances, or parameters that might be appropriate. This needs to take into account the patients diagnosis, presence of co-morbidities and agreed treatment plan which will be documented in the patient’s medical records
- tolerances will be clearly documented on the NEWS Observation Chart and in the medical or nursing records by the medical team or senior nursing staff caring for the patient

6.4 Patients will have their observations and a NEWS score recorded prior to transfer from one clinical area to another and clearly recorded on the observation chart and the Transfer Form. Once the patient has arrived on the new ward the observations will be recorded again on the NEWS chart.

6.5 As a minimum, the following physiological observations will be recorded at the initial assessment and as part of routine monitoring unless otherwise indicated in the patient record:

- respiratory rate
- oxygen saturations
- whether the patient is on oxygen
- temperature
- blood pressure
- heart rate
- level of consciousness (AVPU score)

To support this information further details are required about oxygen delivery.

6.6 Physiological observations will be taken at a minimum of 4-6 hourly for the first 48 hours of admission, unless the patients NEWS score and escalation policy demands more regular interventions. After the initial 48 hours of admission the frequency of observations will reflect the patient’s observations, treatment plan and the escalation policy on the NEWS chart. They will be completed at a minimum of twice a day.

Patients who are on the Liverpool Care Pathway may have the decision taken for observations not to be taken. This will be documented by clinicians in the medical notes and on the NEWS Observation Chart.
6.7 The frequency of monitoring will increase if abnormal physiology is detected, as outlined in the escalation policy.

6.8 In specific clinical circumstances, additional monitoring and investigations should be considered as part of the overall patient treatment plan and evaluation of care.

6.9 All health care practitioners will utilise the SBAR (Situation, Background, Assessment, and Recommendation) communication tool to facilitate concise and effective dialogue concerning a deteriorating patient.

6.10 If a patient’s blood pressure is unrecordable, it should be taken manually using a stethoscope and sphygmomanometer. If it remains unrecordable the score for the blood pressure will be 3 and escalated accordingly.

6.11 The patients’ pain score will also be recorded on the NEWS chart using the Pain Ladder. This will be part of the clinical assessment and ongoing monitoring.

6.12 Urine output is not one of the patients observations used in the NEWS score. However it is a very useful clinical indicator for patient deterioration. If a patient’s score is a medium risk for deterioration then a fluid management chart will be commenced if not already in use. If urine output drops to below 30 mls per hour for more than four hours then the patient will be escalated as though they are at medium risk.

6.13 If a patient requires a lying and standing blood pressure to be completed each time observations are taken, the NEWS will be calculated on the lying blood pressure.

7 Escalation procedure

7.1 Trigger thresholds are nationally set and clear on the NEWS chart. The threshold will be reviewed regularly to optimise sensitivity and specificity.

7.2 A graded response strategy for patients identified as being at risk of clinical deterioration is an integral part of the NEWS chart.

7.3 When a patient’s NEWS score triggers an escalation of care any actions taken will be clearly documented contemporaneously within the nursing care records and on the front of the NEWS chart.

7.4 Whilst the NEWS system facilitates the assessment, early recognition and response to the deteriorating patient it will not deter health care practitioners from exercising their clinical judgement and therefore escalate appropriately.

Physiological observations will be taken at a minimum of 4-6 hourly for the first 48 hours of admission, unless the patients NEWS score and escalation policy demands more regular interventions. After the initial 48 hours of admission the frequency of observations will follow the escalation policy.
Patient is negligible risk, score 0
- The nurse in charge of the patient should assess the patient
- If the patient has been in hospital for less than 48 hours the observations will be completed 4-6 hourly
- If the patient has been in hospital for more than 48 hours the observations will be completed at a minimum of 12 hourly
- If concerned, the patient should be discussed with the home medical team or the Acute Response Team out of hours

Patient is low risk, score 1-4
- The nurse in charge of the patient will assess the patient
- Increase observations to six hourly
- If concerned, the patient should be discussed with the home medical team or the Acute Response Team out of hours

Patient is medium risk, score 5-6, or individual parameter scoring 3
- The nurse in charge of the patient will assess the patient
- Increase observations to hourly
- Will require a review within 1 hour. This can either be by the patient’s home medical team or out of hours this may be the Acute Response Team or the doctor on call

Patient is high risk, score 7 or more
- The nurse in charge of the patient will assess the patient
- Monitor the observations continually, recording every fifteen minutes
- Will require informing the Registrar or Consultant responsible for the patient immediately, or out of hours the on-call Registrar either from the specialty or Medicine if appropriate

If staff require urgent help for a critically ill patient they should call 2222 and ask for the cardiac arrest team to attend the clinical setting

8 Standards for Record Keeping

All patient observations will be recorded following professional and Trust guidelines, Recording it Right. This provides advice on how observations will be documented with very specific guidance, highlighting the importance of clear and precise records.
9 Education and Training

All Staff caring for patients must be competent in the monitoring, measurement interpretation and prompt response to the acutely ill patient appropriate to the level of care they are providing.

Education and training must be provided to ensure staff have these abilities and they will be assessed to demonstrate competency.

All new clinical staff employed within the Trust will be familiarised with the NEWS chart and policy on induction training.

Ward managers must ensure all staff has the knowledge, skills and competence commensurate with their role and responsibilities in assessing acutely ill patients within their clinical area. NEWS training will be incorporated into personal development plans through the CONTACT appraisal process and staff performance review.

All clinical and nursing staff will need to complete the NEWS e-learning package provided by the Royal College of Physicians following the launch of NEWS nationally. A certificate will be produced once completed and filed in personal files. Along with this, a Competency Based Assessment to Undertake Vital Signs and EWS will be completed by all nursing staff that are taking and recording any patient observations. Wards and departments will keep a record of staff that has completed both sets of training.

Supplementary NEWS training is provided within wider training programmes such as Health Care Assistant study days, AIM, ILS and ALS courses and the Preceptorship programme.

The Acute Response Team are an invaluable resource for ward staff to gain information from regarding the recognition of deteriorating patients and are available 24 hours a day for advice.

10 Equality and diversity

The Trust is committed to ensuring that, as far as reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This policy has been appropriately assessed.

11 Monitoring compliance with the policy

This policy will be reviewed on a two yearly basis and amended in line with national guidance. The policy will be managed through the Resuscitation and Deteriorating Patient Committee.

The Resuscitation and Deteriorating Patient Committee will be responsible for assessing compliance with the policy through annual audit. The annual report will be presented to the Resuscitation and Deteriorating Patient Committee who will report to the Mortality Steering Group.
All audits will follow the guidance and undergo registration with the Safe Care Department. Specific Audits are named below:

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<tr>
<td>Monitoring and compliance of National Early Warning Scores</td>
<td>Audit accuracy of every in-patient EWS over 24 hour period</td>
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12 Consultation and review

This policy has been reviewed by the Resuscitation and Patient Deterioration Committee in consultation with other interested stakeholders.

13 Policy implementation (including awareness raising)

A comprehensive launch programme will involve communicating with wards and departments demonstrating the changes along with the rationale. A training event will be completed for Ward Champions providing an expert on each ward.

All staff will be expected to complete the e-learning package and nursing staff will complete the Competency Based Assessment Vital Signs and Early Warning Scores raising the profile regarding the importance of clinical observations.

The policy has been implemented following the OP27 policy for the development, management and authorisation of policies will be made available to staff via the Trust intranet and circulated by the Trust Secretary.

14 References

Royal College of Physicians (2012) National Early Warning Score (NEWS) Standardising the assessment of acute-illness severity in the NHS


15 Associated documentation

OP27 Policy for the Development, management and authorisation of policies

RM 27a The “Resuscitation Policy”

OP24 The “Acute Response Team” Policy
Use of the National Early Warning Score System in Adult Patients Policy v3