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 e.g. the onset of illness, during surgical or medical interventions and during recovery from critical illness. This deterioration is often preceded by or associated with physiological deterioration.

Timely interpretation and escalation of recognised deterioration is of crucial importance in minimising the likelihood of serious adverse events including cardiac arrest and death. Early detection of this physiological deterioration offers the best opportunity to intervene and prevent serious adverse events from further deterioration including cardiac arrest and death. Adult patients at risk of such deteriorations should therefore be identified via basic observations and related early warning scores. All adult patients should have their observations monitored so any deterioration can be detected. This has to trigger a review that will start the process of investigating the cause of the deterioration and instigating the appropriate management as early as possible.

2 Scope

The scope of this policy applies to adult inpatients in the acute setting. It excludes paediatric, critical / coronary care areas, maternity patients and other specialist areas i.e. dialysis units, interventional radiology and endoscopy who, due to their specialist requirements are managed within their own speciality and follow their own observation and escalation policies.

This policy applies to all health care practitioners who 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, students, doctors, allied health professionals, health care assistants and any staff who use the NEWS charts.

3 Aims

This policy sets out the standards, based on best available evidence, on the care of adult inpatients 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 early recognition of deteriorating patients and subsequent timely and appropriate treatment 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 the Resuscitation Policy.

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

4 Duties (Roles and responsibilities)

Trust Board
Supports the Deteriorating Patient Steering Group 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.

Directorate Management Teams
Have the responsibility to ensure the clinical areas in their directorate implement and comply with the policy. Specifically they are responsible to ensure all staff that use the adult NEWS charts in their directorate have undertaken their NEWS mandatory training, bi-monthly audit (Clinical Assurance Tool) and have oversight of the CAT audit results within their governance structure.

Have responsibility for implementing this policy within their clinical areas and ensuring staff understand their accountability and responsibility in relation to complying with this policy. Responsible to ensure each ward has an up to date NEWS responders escalation response that is visible at all nursing stations.

Deteriorating Patient Steering Group
Have overall responsibility for overseeing the implementation and monitoring of the policy.

CGARD
Produce an annual report based on the Clinical Assurance Tool results.
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. It is only applicable to adult inpatients.

NEWS responder - An individual trained in the assessment and initial management of the deteriorating patient.

SBAR - Situation, Background, Assessment, Recommendation, an effective framework for optimising communication between members of the health care team regarding a patient's condition

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

6 Process Guidelines for the Use of NEWS Charts

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 they develop adverse events. They will then be given the appropriate treatment at the appropriate time.

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 set of observations should be
scored and handed over to ward staff. Medical staff are required to document the $O_2$ saturation target and electronically prescribe any supplemental Oxygen. When patients are discharged from the Critical Care Department, observations will be transferred onto the NEWS chart for continuation by ward staff.

Patients transferring from one clinical area to another should continue on the same NEWS chart so the changes in observations can be tracked; unless the change necessitates the use of a spinal or neurological chart as part of their care plan.

6.1 End of Life Care

Patients who are on an End of Life Care Pathway may have the decision taken for them to be removed from the scoring and triggering process of the NEWS, as physiological deterioration is part of the dying process. This will be documented by clinicians in the medical notes and on the NEWS Observation Chart.

6.2 Types of NEWS Charts

There are three types of charts available which are an acute adult inpatient chart, a neurological (neuro) chart and a spinal chart.

Observation and escalation process are the same for all charts, the neurological charts use GCS rather than AXVPU (X being new confusion).

Patients who have undergone a specific procedure may be following patient pathways where observation timings post procedure are stipulated. These patients will continue on this pathway and be recorded on the NEWS Observation Chart. A NEW Score will be completed each time a set of observations are completed and the patient escalated as appropriate. The NEW score indicates the minimum observation frequency. Patients should be observed at the highest frequency if the patient pathway and the NEW score make different recommendations.

6.3 Observations

- Physiological observations recorded at the time of their admission or initial assessment.
- Variances will be clearly documented on the NEWS Chart.
- A clear written monitoring plan that specifies any changes in variances 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.
- Patients will have their observations and a NEW score recorded prior to transfer from one clinical area to another and clearly recorded on the NEWS chart. Once the patient has arrived on the new ward the observations will be recorded again on the NEWS chart.
• 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:
  o respiratory rate
  o oxygen saturations
  o Amount of inspired oxygen
  o temperature
  o blood pressure (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)
  o heart rate
  o level of consciousness (AXVPU score)
• When appropriate the patients’ pain score will also be recorded on the NEWS chart using the Numeric Rating Scale. This will be part of the clinical assessment and on-going monitoring.
• Patients should be monitored four hourly until first review.
• Physiological observations will be taken at a minimum of 12 hourly unless the patient’s NEW score or patient pathway require require more regular observations.
• The frequency of monitoring will increase if abnormal physiology is detected, as outlined in the clinical response to the NEW score.
• In specific clinical circumstances, additional monitoring and investigations should be considered as part of the overall patient treatment plan and evaluation of care.

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. It is not appropriate to just communicate the NEW score it carries little or no meaning by itself, the actual physiological derangements need to be communicated in the context of the patient.

6.4 Variances

Variance can be temporary or permanent (e.g. fast AF in cardiology, could have a temporary variance placed and this must be reviewed in 24 hours, end stage COPD target saturation level below usual variance a permanent variance can be used here; once sanctioned by medical staff, nursing staff can transcribe permanent variance only).

It must be documented on the chart whether it is a permanent or temporary variance.

Note: variance must be agreed by registrar grade or above but can be documented by any member of the team trained in using the charts, it must be documented who has sanctioned the variance.
6.5 **Additional Observations**

6.5.1 Urine output is not one of the minimum set of observations used in the NEW score. However it is a very useful clinical indicator for patient deterioration. If a patient is on a fluid balance or urine output has been specifically requested to be monitored then it is observed, documented and scored.

If urine output drops to below 30 mls per hour on average for the last period of observation then they will trigger a review by adding 3 points. This would be less than 120 mls in 4 hours, less than 360 mls in 12 hours.

6.5.2 Any registered nurse may add concern. If a Health Care Assistant or other non-registered nurse is documenting the observations and are concerned they must inform the registered nurse. The registered nurse must then review the patient and decide to accept and add the concern on or is happy with the patient does not need an urgent review and should explain why to the staff flagging their concern.

6.6 **Escalation Procedure**

Trigger thresholds are nationally set and clear on the NEWS chart. A graded response strategy for patients identified as being at risk of clinical deterioration is an integral part of the NEWS chart.

When a patient’s NEW score requires a response that 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.

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.

If there is no response from the responder within the response time the call must be escalated.

Each ward will agree their NEWS responders and this will be displayed at all nursing stations.

**Patient is minimal risk, score 0 (Colour: white)**
- 12 hourly observations
- Continue routine NEWS monitoring with every set of observations.

**Patient is low risk, score 1-4 (Colour: green)**
- Four hourly observations
• Inform registered nurse who must assess the patient
• Registered nurse to decide if increased frequency of monitoring and/or escalation of care is required by adding nursing concern.

**Patient is medium risk, score 5-6, or individual parameter scoring 3 (Colour: orange)**

- 1 hourly observations
- NEWS responder: FY 1 and FY 2, designated member of the nursing staff e.g. nurse practitioner
- Response time 30 minutes.

**Patient is high risk, score 7 or more, or 3 in two parameters (Colour: red)**

- Continuous monitoring, as a minimum leave the oxygen saturations probe attached until patient is reviewed.
- NEWS responder: must discuss and agree plan with specialty trainee or consultant from base specialty.
- Critical Care Outreach Team (in addition to the above).
- Response time ten minutes (Response can be to attend, verbal advice given, variance given, or removal from the NEWS process in End Of Life care. It is recognised that it may not be appropriate or necessary to attend in person within the response time. Some patients will need to be seen in this time frame and the responder may need to delegate or escalate the response if they are not able to do so themselves.).
- If staff require immediate help for a critically ill patient they should call 2222 and ask for the cardiac arrest team to attend the clinical setting.

### 6.7 Standards for Record Keeping

Physiological observations should be recorded at initial assessment and as part of routine monitoring. Senior clinicians may alter parameters in specific circumstances e.g. the patient with chronic kidney disease that is also anuric or the patient with chronic respiratory disease who has a consistently raised but stable respiratory rate.

### 7 Education and Training

An education strategy has been written and agreed by the Trust EWS Steering Group. It includes the introduction of NEWS training session. The NEWS Training Programme will be delivered via Breeze - online training.

Any staff which use the Adults NEWS charts must undertake the eLearning Programme. This is a one off mandatory requirement for all new staff commencing employment in the Trust.
Training will be supported in the ward areas by: Outreach nurses, Directorate Clinical Educators and NEWS cascade trainers and if required from the learning disability liaison nurse and Dementia Specialist Team.

The Trust Training and Education Department support the administration of the training including the record of attendance and compliance monitoring.

8 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.

9 Monitoring Compliance with the policy

<table>
<thead>
<tr>
<th>Standard / Process / Issue</th>
<th>Monitoring and Audit Method</th>
<th>By</th>
<th>Committee</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>To ensure NEWS charts are completed correctly</td>
<td>CAT</td>
<td>Wards</td>
<td>Directorate Management Team</td>
<td>Bi-monthly</td>
</tr>
<tr>
<td>To ensure appropriate action has been undertaken in response to the NEWS scores</td>
<td>CAT</td>
<td>Wards</td>
<td>Directorate Management Team</td>
<td>Bi-monthly</td>
</tr>
<tr>
<td>To provide an annual report on NEWS activity</td>
<td>Annual Report</td>
<td>CGARD</td>
<td>Deteriorating Patient Steering Group</td>
<td>Annual</td>
</tr>
</tbody>
</table>

10 Consultation and Review

This policy has been reviewed by the Deteriorating Patient Steering Group in consultation with other interested stakeholders.

11 References

- Royal College of Physicians (2012) National Early Warning Score (NEWS) Standardising the assessment of acute-illness severity in the NHS
The Newcastle upon Tyne Hospitals NHS Foundation Trust

Equality Analysis  Form A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

PART 1

1. **Assessment Date:** ___1 November 2018_____________

2. **Name of policy / guidance/ strategy / service development / Investment plan/Board Paper:**
   - National Early Warning Score policy

3. **Name and designation of author:**
   - Dr Phil Laws

4. **Names & Designations of those involved in the impact analysis screening process:**
   - Medical Director

5. **Is this a:**
   - Policy
   - Revised

   **Who is affected:**
   - Clinical Staff

6. **What are the main aims, objectives of the document you are reviewing and what are the intended outcomes?**
   - *These can be cut and pasted from your policy*

   The policy sets out the standards, based on best available evidence, on the care of adult inpatients 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 early recognition of deteriorating patients and subsequent timely and appropriate treatment by competent staff.

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   This Policy is to be read and used in conjunction with the Resuscitation Policy. The track and trigger tool of choice which has
been agreed across the Trust is the locally modified National Early Warning Score (NEWS). This is available on all wards and departments.

7. Does this policy, strategy, or service have any equality implications? No

If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:

The policy is for adult patients and applies to all individuals and groups equally without discrimination.

8. Summary of evidence related to protected characteristics

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Evidence</th>
<th>Does evidence/engagement highlight areas of direct or indirect discrimination?</th>
<th>Are there any opportunities to advance equality of opportunity or foster good relations?</th>
</tr>
</thead>
</table>
| Race / Ethnic origin (including gypsies and travellers) | Provision of Interpreters  
Mandatory EDHR Training | No | Include in training associated with this policy the importance of communication support to ensure patients understand why observations are being undertaken and results of observations |
| Sex (male/ female) | Single Sex accommodation policy  
Mandatory EDHR Training | No | No |
| Religion and Belief | Chaplaincy Team available for advice and support.  
Religion, Belief and Cultural Practices Policy and Guidance | No | No |
<p>| Sexual orientation | Mandatory EDHR Training | No | No |</p>
<table>
<thead>
<tr>
<th>Including lesbian, gay and bisexual people</th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td>Dementia Specialist Care Team available for support if required</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Mandatory EDHR Training</td>
<td>No</td>
</tr>
</tbody>
</table>

| Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section | Psychological and Mental Health Services available for support if required | Disabled patients such as those with a learning disability or with Dementia may be distressed by repeated observations |
| | Accessible Information Standard | Include reference to this in the training and support available from staff such as the learning disability liaison nurse and Dementia Specialist Team. Include in training associated with this policy the importance of communication support for patients such as Deaf people. |
| | Provision of BSL Signers and Deaf Blind Guides | |
| | LD Liaison Nurse, flagging of learning disability and patient passport. Trust work to support Carers | |
| | Mandatory EDHR Training | |

<table>
<thead>
<tr>
<th>Gender Re-assignment</th>
<th>Mandatory EDHR Training</th>
<th>No</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Marriage and Civil Partnership</th>
<th>Mandatory EDHR Training</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Maternity / Pregnancy</th>
<th>Maternity Services available for advice and support.</th>
<th>No</th>
</tr>
</thead>
</table>

9. **Are there any gaps in the evidence outlined above? If ‘yes’ how will these be rectified?**

   No

10. **Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in**
respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

Do you require further engagement  Yes  No

11. Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)

PART 2

Name of author: Dr Phil Laws

Date of completion 1 November 2018

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)