

Outline clinical response to NEWS triggers

NEWS SCORE	FREQUENCY OF MONITORING	CLINICAL RESPONSE
0	Minimum 12 hourly	<ul style="list-style-type: none"> Continue routine NEWS monitoring with every set of observations
Total: 1-4	Minimum 4-6 hourly	<ul style="list-style-type: none"> 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;
Total: 5 or more or 3 in one parameter	Increased frequency to a minimum of 1 hourly	<ul style="list-style-type: none"> Registered nurse to urgently inform the medical team caring for the patient; Urgent assessment by a clinician with core competencies to assess acutely ill patients; Clinical care in an environment with monitoring facilities;
Total: 7 or more	Continuous monitoring of vital signs	<ul style="list-style-type: none"> Registered nurse to immediately inform the medical team caring for the patient – this should be at least at Specialist Registrar level; Emergency assessment by a clinical team with critical care competencies, which also includes a practitioner/s with advanced airway skills; Consider transfer of Clinical care to a level 2 or 3 care facility, i.e. higher dependency or ITU;

Please see next page for explanatory text about this chart.

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Where a patient is being continuously monitored invasively or non-invasively, a full set of vital signs data should be charted using the 'minimum interval' algorithm (eg for a patient with a previous NEWS of 5, data from a continuous device must be charted at least hourly).

At all levels of NEWS, but particularly at levels of 7 or above, clinical staff should consider the 'ceiling of care' including the suitability of CPR.

Reproducing this chart: please note that this chart must be reproduced in colour, and should not be modified or amended.

***The NEWS initiative:** the NEWS initiative flowed from the Royal College of Physicians' NEWS Development and Implementation Group (NEWSDIG) report, and was jointly developed and funded in collaboration with the Royal College of Physicians, Royal College of Nursing, National Outreach Forum and NHS Training for Innovation.