Trust standard for the assessment and management of physical health policy Practice Guidance Note (PGN) National Early Warning Score (NEWS 2) – V04

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1. **Purpose**

1.1 This purpose of this PGN is to ensure a robust infrastructure across the Trust in relation to physiological observation and early detection of the deteriorating in patient health and as such has implications with respect to Duty of Care, Standards of Clinical Care, Training, Risk Assessment and Clinical Governance

2 **Duties and Responsibilities**

2.1 The Chief Executive on behalf of the Trust retains ultimate accountability for the health, safety and welfare of all service users, carers, staff and visitors; however key tasks and responsibilities will be delegated to individuals in accordance with the content of this policy

2.2 Medical Director and Executive Director of Nursing and Operations are required to:

- Ensure that all Medical and Nursing staff are aware of this PGN and supporting Appendices
- Ensure that adequate training is given to allow medical and nursing staff to implement PGN safely
- To inform Senior Management if the PGN is not being implemented or adhered to in service areas / within the Trust

2.3 All staff are required to:

- Ensure that they are aware of the content of this PGN and supporting Appendices
- Ensure that they attend the appropriate level of training for their staff group
- Ensure that they abide by their governing bodies professional code of practice at all times

2.4 The Resuscitation and Medical Emergencies and Physical Health and Wellbeing groups will provide the clinical governance assurances for this PGN

2.5 In accordance with the code; standards of conduct, performance and ethics for nurses and midwives (Nursing and midwifery council 2008), all nurses are accountable for their actions or omissions regardless of advice or guidance given by another professional. As such nurses are able to extend their scope of practice, within the healthcare legal framework, but must ensure that they have the knowledge and skills to do so in a competent manner. If competency levels are not adequate, support and supervision must be sought from a competent practitioner

2.6 Other practitioners/disciplines will abide by their professional bodies codes, and advice in undertaking their practice
2.7 This Practice Guidance Note (PGN) should be read in conjunction with the Trust policies, CNTW(C) 01- Consent to Examination or Treatment

3. Consent

3.1 The Department of Health states: “It is a general legal and ethical principle that valid consent must be obtained before starting treatment, physical investigation or providing personal care” (DOH). All patients/clients have a right to receive accurate information about their condition and intended treatment. It is the responsibility of individual practitioner proposing to carry out the treatment to ensure that the patient/client understands what is proposed (NMC 2002)

3.2 This PGN also reflects principles under the Human Rights Act 1998

- Article 5: The right to liberty and security of person
- Article 8: The right to privacy
- Article 10: Confidentiality

3.3 Service users may indicate consent non-verbally, orally or in writing. Consent will need to be gained for the procedure, research and any educational/supervisory purpose

3.4 The term “consent” refers to the service user’s agreement for a health professional to provide care, or agreement to participate in education or For the consent to be valid the service user must have capacity to make that particular decision. The Mental Capacity Act 2005 details assessment of capacity and best interest decisions. The service user should firstly be assumed as having capacity to make decisions if the person capacity is in question an assessment must be carried out and documented. A person is unable to make a decision for themselves if they are unable to:

- Understand the information relevant to the decision
- Retain that information
- Use or weigh that information as part of the process of making the decision
- Communicate their decision (whether by talking, using sign language or any other means)

3.5 If a person does not have the capacity to consent to this procedure a ‘best interests’ decision must be made by the person carrying out the procedure. This must consider any advanced decision or advanced statement made by the person. Any decision must be in the best interests of the service user and follow the principles of the least restrictive option possible. Best interest decision must also be documented. For further advice on consent/capacity please consult the Trust’s policy CNTW(C) 05 - Consent to Examination or Treatment
3.6 At all times staff will make reference to the Mental Capacity Act and practice code in relation to medical emergency situations and interventions. Pertinent paragraphs within the code are 3.6, 5.26, 6.35, 6.37 and 9.56 - 3.6 ‘Clearly, in emergency medical situations….urgent decisions will have to be made and immediate action taken in the persons best interest. In these situations, it may not be practical or appropriate to delay the treatment while trying to help the person make their own decisions, or to consult with any known attorneys or deputies. However, even in emergency situation, healthcare staff should try to communicate with the person and keep them informed of what is happening’

4. **Abbreviations used in the PGN**

- National Early Warning Score (NEWS)
- Paediatric Early Warning Score (PEWS)
- Resuscitation and Medical Emergencies Group (RMEG)
- Physical Health and Wellbeing Group (PHWG)
- Resuscitation Council United Kingdom (RCUK)
- Basic Life Support (BLS)
- Immediate Life Support (ILS)
- Electro-Convulsive Therapy (ECT)
- British Thoracic Society (BTS)
- Rapid Tranquillisation (RT)

5. **Background**

5.1 The former NTW (CNTW) Trust used the National Early Warning Score (NEWS) which took the place of the previous Modified Early Warning Score (MEWS)

5.2 The NEWS was launched in 2012 and was broadly used across the NHS and was designed to standardise the process of physical health recording, scoring and clinical response to the deteriorating patient. The aim was to establish core principles of: Early detection, timeless of response and competency of the clinical response which determine clinical outcomes for acute illness

5.3 In December 2017 the National Working Party on NEWS completed their review of the current version and provided National Guidance for the NHS on the revised version called ‘(NEWS) 2’

5.4 The former NTW Trust (now CNTW) completed its own review and implementation strategy following consultation with the National Working Group on NEWS 2
5.5 The former NTW Trust (now CNTW) also networked on a both Regional and National basis with other Mental Health Trusts and throughout this process provided an implementation lead for other organisations in conjunction with the National Working Group.

5.6 The former NTW Academy (now CNTW) Academy, Resuscitation and Medical Emergencies and Physical Health and Wellbeing Groups completed the NEWS 2 review in September 2018.

5.7 The RMEG and PHWG will provide not only the clinical governance but also Trust guidance on the clinical implementation.

5.8 Following an extended period of consultation The NTW NEWS2 implementation strategy was approved in January 2019. This latest version now represent the more recently established CNTW Trust.

5.9 The following PGN is the revised CNTW guidance and standards for the updated version of the National Early Warning Score (NEWS 2).

5.10 Although CNTW reflects the National Standards and core principles of the NEWS2, the differences between the ‘Acute’ Hospital setting and that of CNTW ‘non-acute’ setting had to be reflected in the clinical considerations for implementation.

5.11 CNTW has developed its own response to clinical thresholds to reflect the non-acute but specialist service provision across CNTW.

5.12 CNTW will reflect National best practice in relation to early assessment, detection, monitoring and management of health status as identified in guidance from:

- National Institute for Health and Care Excellence (NICE)
- National Patient Safety Agency (Gov.UK)
- National Early Warning Score (NEWS) 2 National Working Group
- Resuscitation Council UK (RCUK)
- Royal College of Physicians
- Royal College of Nursing
- NHS Institute for Innovation and Improvement

5.13 CNTW recognises the need for physical health monitoring and screening within a holistic individualised care approach and an agenda of ‘Parity of Esteem’
5.14 Although a specialist ‘Non-acute’ NHS Trust, CNTW aims to continue health developments that matches the needs of our service users that may present with unique multiple health contributory factors and core morbidities

6. NEWS 2 objectives

6.1 The update version is based on feedback from clinical users and particular attention was paid to four important themes:

- Determining how the NEWS could be used to better identify patients likely to have sepsis who were at immediate risk of serious clinical deterioration and required urgent clinical intervention
- Highlighting that that a NEWS score of 5 or more is a key threshold for an urgent clinical alert and response
- Improving the recording of the use of oxygen and the NEWS 2 scoring of recommended oxygen saturations in patients with hypercapnic respiratory failure (most often due to COPD)
- Recognising the importance of new-onset confusion, disorientation, delirium or any acute reduction in the Glasgow Coma Scale (GCS) score as a sign of potentially serious clinical deterioration

6.2 The NEWS2 is still based on data derived from six physiological readings, see Appendix 1: Chart 1: The NEWS 2 scoring system

1. Respiratory rate
2. Oxygen saturations (therapeutic use of oxygen)
3. Temperature
4. Systolic blood pressure
5. Pulse rate
6. Level of consciousness

6.3 A score is allocated to each reading and the total aggregate score reflects how extreme the parameters vary from the normal base-line observations or recognised parameters

6.4 There are four NEWS 2 clinical response thresholds and triggers as outlined in Appendix 2 Chart 2: NEWS 2 thresholds and trigger

- Low score: an aggregate – NEWS score of 1-4
- A single red score: an extreme variation in an individual physiological parameter (a score of 3 in any one parameter, which is colour coded red on the NEWS2 chart)
- Medium score: an aggregate NEWS score of 5. A NEWS score of 5 or more is a key threshold and is indicative of potential serious deterioration and the need for an urgent clinical response
• High – score: an aggregate NEWS score of 7 or more

6.5 The six parameters are recorded on the NEWS 2 Physical Health Observation Appendix 3: Chart 3 NEWS 2 Observation Chart

6.6 The observation chart identifies the actual measurements (when recording observations on Chart 3, use actual number values and coded letters, do not use abbreviations such as dots, ticks or crosses) and within a grade colour differential identifies scoring parameters. This has the advantage of highlighting a pattern or trend and visually this can identify early deterioration

6.7 Therefore Chart 3 must be kept in paper format as a dynamic ‘live’ on-going recording of clinical health status

6.8 The Rio System does not have the capabilities to match the paper version and so data will be inputted onto the NTW Rio system either retrospectively or in conjunction with the paper chart

6.9 In all cases although NEWS 2 provides an objective assessment criteria it should not be used in isolation and without clinical judgement being applied on an individual bases

6.10 NEWS 2 does not identify specific characteristics within certain parameter and so this requires a broader appreciation of physical health:

• Pulse strength and regularity
• Respiratory effort and sounds
• Skin characteristics such as colour, pallor, perfusion, rash, mottled or cyanosis

6.11 It must be appreciated that any deviation from an individualised normal baseline observation is significant, even if this is not represented as a NEWS2 scoring parameter

6.12 It does not replace other assessment tools such as the Glasgow Coma Scale

6.13 It is not a tool to be used with children, (under 16 years of age) or pregnant women

6.14 CNTW will implement a separate Paediatric Early Warning Score (PEWS) for 5-16 year olds within Children’s Services with an accompanying PEWS PGN

6.15 Individuals may already have disturbed but ‘normal-presentation’ physiological scoring parameter and this must be reflected in their on-going observations and care-planning

6.16 For adults with Chronic Obstructive Pulmonary Disease (COPD) their measurements will be chronically disturbed and therefore this should be recognised when interpreting scores. Such an individual already may have a NEWS2 score but this may represent a normal clinical presentation
7. **Key Clinical Differences**

7.1 Although non-scoring, the use of Blood Glucose has been removed from the NEWS 2 Chart 3 Physical Observation. It would therefore be recommended that individual supportive charts may have to be utilised to monitor blood glucose: PGN 06 Guidelines for the Safe Prescribing, Administration and Monitoring (Appendix 1) of Insulin and oral anti-diabetic drugs (incorporating PPT PGN 02 - Treatment of acute hypoglycaemia in hospitals without an on-site Duty Doctor)

7.2 Although non-scoring, the use of urine output indication has been removed from the NEWS 2 Chart 3 Physical Observation. It would therefore be recommended that this is supported by using NTW’s Fluid Balance Monitoring Chart: PPT-PGN-NTW 15 Appendix 4 Fluid Balance Chart

7.3 Pain assessment and monitoring indication as a non-scoring parameter has also been removed, however this can be seen as individualised and specialised in nature and could be identified elsewhere with ‘local-clinical’ assessment tools

7.4 Chart 3 now reflects Resuscitation Council UK principles of Airway, Breathing, Circulation, Disability and Exposure (ABCDE) assessment structure

7.5 In relation to consciousness and the level of response the use of Alert, responds to Voice, responds to Pain stimuli and Unresponsive (AVPU), become ACVPU. The inclusion of C, represents confusion (this could relate to delirium, disorientation). Sudden confusion is recognised as presenting a potential key indicator of a change in health status

7.6 When monitoring oxygen saturation this is now divided into two categories, SpO$_2$ Scale1 and SpO$_2$ Scale 2

7.7 The SpO$_2$ Scale 2 category will only be used if the target range is 88-92% e.g. in hypercapnic respiratory failure usually due to example COPD

7.8 The NEWS 2 guidance states: ‘The decision to use the SpO$_2$ Scale 2 should be made by a competent clinical decision maker and should be recorded in the patient’s notes. For the avoidance of doubt the SpO$_2$ scoring scale not being used should be clearly ‘crossed out’ across the chart’

7.9 In circumstances where SpO$_2$ Scale 2 category is used the oxygen delivery system ‘Device’ indication would requires the British Thoracic Society Coding, example:

N - Nasal Cannulae, RM - Reservoir Mask V - Venturi V24%, V28%, V31%, V35%, V40%, V60%

7.10 This required supplementary guidance in order to support the chart use as there is no BTS coding identified on the NEWS 2 charts and so this was incorporated within NTW approach within Chart 3a

7.11 CNTW is a non-acute specialist Trust and will therefor only use the NEWS 2 SpO$_2$ Scale 1 reflecting the previous NEWS observation chart and SpO$_2$ Scale 2 will be crossed out during clinical use
7.12 In order to provide operational clinical guidance, Observation Chart 3 will be accompanied by Chart 3a. This represents an additional document to support appreciation of the clinical changes and operation use of the NEWS 2 Charts.

7.13 NEWS 2 Chart 3a will be printed on the reverse of Observation Chart 3.

7.14 NEWS 2 Charts 1, 2, 3, 3a and 4 will be printed in A3 booklet format, for ease of clinical use and on-going reference.

7.15 Nationally the standardised clinical response to the Trigger Threshold and NEWS 2 scores was represented in Chart 4. However this represented an acute hospital setting reflecting higher dependency clinical environments, infrastructure acute care skills, specialisms and expertise. CNTW is unable to provide these services within our own specialisms of mental and learning disabilities.

7.16 CNTW’s clinical response to acute illness had to be reviewed and agreed locally to enable speed of response and clinical competency of the responders reflect the acute illness severity as outlined by the NEWS 2.

7.17 CNTW had to define the pathways for efficient and seamless escalation and transfer of care.

7.18 The NEWS 2 National Body identified we couldn’t modify Charts 1-3 and Chart 4 must reflect the Trigger Thresholds, scoring system and frequency of observations. However NTW was allowed to amend and customise the clinical response and pathways of care, reflecting our specialist services.

7.19 CNTW Academy on behalf of the PHWG and RMEG designed, completed consultation and ratification of the CNTW Chart 4, see Appendix 4: CNTW Clinical Response to the NEWS2 Trigger Thresholds.

7.20 Chart 4 will make reference and reflect CNTW’s customised SBAR Communication Tool (Situation, Background, Assessment and Recommendation) for all escalation of care.

7.21 Chart 4 will make reference to CNTW’s Sepsis Assessment Tool (PGN-05-NTW (C) 29, which must be actioned for all known or suspected infections.

7.22 NEWS 2 is only intended for Adult clinical use but NTW recognises the importance of reflecting the principles of early detection of deteriorating patient equally in children’s services.

7.23 CNTW will implement a customised Paediatric Early Warning Scoring System PEWS within children’s services with reference to Paediatric NTW PEWS PGN in conjunction with the Assessment and Management of Physical Health Policy NTW (C) 29.
8 Variations in Physiological presentations

8.1 Underlying health conditions must be care-planned and clinical escalation protocols identified. Observations may already identify that a person has lower or elevated baseline reflect their underlying health and so thresholds and sensitivity for response may need to be altered. Any change from baseline is still significant, even if not scoring on the NEWS 2 or PEWS and care must be escalated.

8.2 With COVID-19 infection, oxygen requirement might increase rapidly if their respiratory function deteriorates and this correspondingly may result in increased clinical risk. However this may result in subtle changes in observation which in turn may not translate in NEWS 2 Score increase. Therefore any patients with COVID 19 with any reduction in Sats with increased oxygen requirement must result in an escalation of care.

Royal College of Physicians April 2020

8.3 When recording observations be aware that some people may respond to infection differently, some people with an infection may not develop an increased heart rate but may develop a new arrhythmia. Further heart rate response may be affected by medicines such as beta –blockers

8.4 In some cases following sepsis, people can be more prone to developing further infections, and therefore have an increased risk of readmission with infective complications (including sepsis). Therefore these could be at an increased risk if they acquire COVID-19. In 2012 in the journal Shock, researchers found that sepsis survivors may be more vulnerable to developing viral respiratory (lung) infections.

8.5 COVID-19 as an infection can in itself cause sepsis

8.6 Using a broad definition of sepsis as a life-threatening condition that arises when the body’s over-inflammatory response to infection injures its own tissues and organs. Clinical information form COVID-19 cases indicates a percentage of COVID-19 infections can result in such organ failure, meaning that some people develop kidney failure or shock rather than only respiratory failure.

8.7 Sepsis can interfere with Blood Glucose regulation such as a resulting Transient Hyperglycaemia

8.8 Increased risk of infections, provide important context to observation such as immunosuppression/blood abnormalities (e.g. clozapine especially but also other antipsychotics and anticonvulsants); localised infection (self-harm, IV drug use). Such context should lead to even lower threshold for reporting potential concerns regarding sepsis.

8.9 Patients with low BMI secondary to eating disorders often have a very different base line (low BP, low pulse rate, low core temperature) and potentially could trigger alerts when we using the NEWS-2. Therefore it is important to have individual care plans that recognise and factor this into on-going assessment.
8.10 Patients with low BMI may react to sepsis in that their physical observations become closer to normal range and this can lead to early signs of sepsis not being detected. In all cases effective care-planning would include sensitivity to physical thresholds and corresponding observations.

8.11 CNTW will follow the latest guidance on COVID-19 infection in people with or without previously recognised diabetes and the potential increases risk of altered physiological states. This relates to the potential of emergency presentations of hyperglycaemia with ketones, diabetic keto-acidosis (DKA) and Hyperosmolar Hyperglycaemic State.

9. Implementing NEWS-2 across CNTW

9.1 CNTW will advocate a Trust-wide standardised use of NEWS2 observation charts for all physical health monitoring and recording.

9.2 NEWS 2 charts will be used for Post Rapid Tranquilisation physical health monitoring and be supported by fluid balance chart.

9.3 RT and the use of NEWS 2 physical health recordings and hydration status will be transferred onto the electronic RT monitoring form on RiO, as soon as possible after the incident.

9.4 An incident report number must also be entered onto the electronic RT monitoring form on RiO, as the information will self-populate onto Talk 1st dashboards for governance and learning purposes.

9.5 NEWS 2 charts will be used for Electro-convulsive Therapy physical health observation and monitoring throughout the ‘through-process’ of Induction, Recovery and Post ECT monitoring.

9.6 In order to support implementation ‘locally’ Clinical Managers will be identified to cascade through managers within their service lines.

9.7 The Clinical Business Unit Structure will provide a robust support for implementation ‘locally’, with agreement from all CBU’s to utilise the Clinical Managers.

10 HM Haverigg Prison

10.1 HM Haverigg Prison represents a unique CNTW service provision, with multi-disciplinary involvement and responsibilities.

10.2 The core principles of the Nationally agreed framework for NEWS-2 remain unchanged and so does the associated charts, however Chart 4 has been adapted to reflect the unique setting of HM Haverigg Prison Service and this is reflected in Chart 4a which is setting and service specific.

10.3 The key difference is the communication channels for escalation of care throughout the HM Haverigg 24/7 across the HM Prison Service Framework and MDT, on-site GP provision, external use of Cumbria Health On-Call (CHOC) and
North West Ambulance Service

10.4 HM Haverigg and CNTW specific service provision, will use the CNTW NEWS 2 Charts 4a for escalation of care and response to triggers

11. Infection Prevention and Control

11.1 In all cases CNTW IPC guidance will be adhered to, reflecting the latest Governmental and Public Health England Guidance on COVID-19, in relation to safe care delivery and use of personal protective equipment (PPE)

12. Training

12.1 All nurses that are involved in recording and monitoring physical observations will complete the following mandatory training that can be found and signposted on CNTW Intranet and SharePoint:

- National NHS E-Learning training pack and receive certification of completion as mandatory training
- Watch the CNTW Tutorial Video on how to complete and use the NEWS2 Observation Chart
- Watch the National NHS Video on NEWS 2
- Operationally familiarise themselves with NEWS 2 Chart 1-4 (HM Haverigg Prison service Chart 4a)

12.2 Any doctors that are clinically unfamiliar with NEWS 2 are advised to complete the National E-Learning training

12.3 All doctors that operationally unfamiliar with CNTW use of NEWS 2 must access NEWS 2 training material on SharePoint and identify through their respective Clinical Supervisor and Mentor Check-List.

12.4 NEWS 2 information and Charts 1-4a will be located on NTW’s ‘Share-point’

12.5 NEWS 2 will be signposted and covered in:

- Foundation Skills Training
- Advance Physical Health Skills Training
- Cardio-Pulmonary Resuscitation (CPR) at Immediate Life Support Level and where required at Basic Life Support Level
- Electro-Convulsive Therapy ECT CPR and Recovery Training
- Post Rapid Tranquilisation training
- Junior Doctor Induction Programme

12.6 CNTW Academy will provide on-going clinical advice and support

12.7 All Stand-alone CPR Cascade Trainers will provide ‘local’ clinical support

12.8 All Clinical Physical Health Link nurses will provide ‘local’ clinical support
12.9 All Prevention and Management of Physical Intervention (PMVA) nurses through their PMVA programme will support the NEWS2 initiative

13 Escalation of Care

13.1 As directed in appendix 4 and 4a escalation of care could be through General Practitioner, which would include out of hours GP services

13.2 Within HM Haverigg Prison this would include on-site GP provision during working hours and Cumbria Health on Call (CHOC) Services out of hours

13.3 Within in-patient hospital settings on call Doctor will be used

13.4 If unable to contact GP services or on-Call Services or significant concern in regarding deteriorating health, the 999 ambulance service will be used and response triaged

13.5 Both the North West Ambulance Service (NWAS) and North East Ambulance Service (NEAS) follow the NHS Ambulance Response Categorisation which is reflected in their respective conveyance and response documentation, which is located within CNTW’s Resuscitation Policy CNTW(C)01

NHS Ambulance Response Categorisation:

- Category four: Less urgent calls. In some instances you may be given advice over the telephone or referred to another service. Responded to at least 9/10 times <180 minutes
- Category three: Urgent calls. In some instances you may be treated by ambulance staff in the clinical setting. Responded to at least 9/10 times less than 120 minutes
- Category two: Emergency calls. These will be responded to in an average time of 18 minutes
- Category one: Life-threatening injuries and illnesses. These will be responded to in an average time of 7 minutes

13.6 For further ambulance conveyance guidance, refer to;

- North East Ambulance Service (NEAS) refer to CNTW(C)01 Appendix 4a Conveyance Policy
- North West Ambulance Service (NWAS) refer to: CNTW(C)01 Appendix 4b Allocation and Utilisation of Resources and NWAS Regional Mental Health-Transportation-Protocol

13.7 Ward 31a Royal Victoria Infirmary Hospital Newcastle site and Yewdale Ward, North West Cumbria, Hospital Whitehaven site, will utilize the on-call services and retain the 2222 medical emergency ‘Crash Team Response’ as agreed through local acute site service provision

14 NEWS 2 Booklets
14.1 The NEWS 2 is clinically utilized through the CNTW NEWS 2 Booklets, which contain Charts 1-4.

14.2 HM Haverigg Prison Service will supplement the Booklet by replacing Chart 4 with Chart 4a.

14.3 The CNTW NEWS 2 booklet can be ordered and re-stocked independently by wards and department by using the unique order codes.

14.4 All order details and re-stocking information will be communicated Trust-wide and details stored centrally through CNTW intranet and SharePoint for on-going reference.

14. References

- National Early Warning Score (NEWS) 2 ‘Standardising the Assessment of Acute-Illness Severity in the NHS’ December 2017
- National Early Warning Score (NEWS) 2 - ‘Update Report/Executive Summary and Recommendations December 2017
- Resuscitation Council UK (RCUK) 2019
- https://improvement.nhs.uk
- Pharmacological PGN: Oxygen Use in Adults PGN NTW(C) m38 PPGN-23
- Rapid Tranquillisation Policy NTW(C) 02 and RT appendix 2 Monitoring Chart
- ECT Policy NTW(C) 51 and ECT PGN 01 Appendix 11 Observation Chart
- National e-learning training programme on NEWS2: https://news.ocbmedia.com/
- Resuscitation Council UK www.resus.org.uk
- Assessment and Management of Physical Health Policy NTW (C) 29
- NTW’s Sepsis Assessment Tool (PGN-05-NTW (C) 29
- PPT-PGN- NTW 15 Appendix 4 Fluid Balance Chart
- PGN–PPT-23, part of NTW(C)38 Pharmacological Therapy Policy Pharmacological Therapy Policy, Oxygen use in Adult
- https://www.youtube.com/watch?v=ujHhqTbS1xg
- NHS Improvement, July 2016. Patient Safety Alert: Supporting safer care where patients are deteriorating (adults and children)


- National Early Warning Score (NEWS) online training resource https://tfinews.ocbmedia.com


- www_survivingsepsis.org

- https://sepsistrust.org

- https://www.nice.org.uk

- https://www.gov.uk