

CG87 - Appendix 2: NEWS2 Chart

NEWS key		FULL NAME															
0	1	2	3	DATE OF BIRTH						DATE OF ADMISSION							
A+B Respirations Breaths/min	≥25									3							≥25
	21–24									2							21–24
	18–20																18–20
	15–17																15–17
	12–14																12–14
	9–11									1							9–11
≤8									3							≤8	
A+B SpO ₂ Scale 1 Oxygen saturation (%)	≥96																≥96
	94–95									1							94–95
	92–93									2							92–93
	≤91									3							≤91
SpO₂ Scale 2* Oxygen saturation (%) Use Scale 2 if target range is 88–92%, eg in hypercapnic respiratory failure *ONLY use Scale 2 under the direction of a qualified clinician	≥97 _{on O₂}									3							≥97 _{on O₂}
	95–96 _{on O₂}									2							95–96 _{on O₂}
	93–94 _{on O₂}									1							93–94 _{on O₂}
	≥93 _{on air}																≥93 _{on air}
	88–92																88–92
	86–87									1							86–87
	84–85									2							84–85
≤83									3							≤83%	
Air or oxygen?	A=Air																A=Air
	O ₂ L/min Device									2							O ₂ L/min Device
C Blood pressure mmHg Score uses systolic BP only	≥220									3							≥220
	201–219																201–219
	181–200																181–200
	161–180																161–180
	141–160																141–160
	121–140																121–140
	111–120																111–120
	101–110									1							101–110
	91–100									2							91–100
	81–90																81–90
	71–80																71–80
	61–70									3							61–70
	51–60																51–60
≤50									3							≤50	
C Pulse Beats/min	≥131									3							≥131
	121–130																121–130
	111–120									2							111–120
	101–110																101–110
	91–100									1							91–100
	81–90																81–90
	71–80																71–80
	61–70																61–70
	51–60																51–60
	41–50									1							41–50
	31–40																31–40
≤30									3							≤30	
D Consciousness Score for NEWS onset of confusion (no score if chronic)	Alert																Alert
	Confusion																Confusion
	V																V
	P																P
	U									3							U
E Temperature °C	≥39.1°									2							≥39.1°
	38.1–39.0°									1							38.1–39.0°
	37.1–38.0°																37.1–38.0°
	36.1–37.0°																36.1–37.0°
	35.1–36.0°									1							35.1–36.0°
≤35.0°									3							≤35.0°	
NEWS TOTAL																TOTAL	
Monitoring frequency																Monitoring	
Escalation of care Y/N																Escalation	
Initials																Initials	

SAMPLE - DO NOT USE

National Early Warning Score 2 (NEWS2) © Royal College of Physicians 2017

Physiological parameter	Score						
	3	2	1	0	1	2	3
Respiration rate (per minute)	≤8		9–11	12–20		21–24	≥25
SpO ₂ Scale 1 (%)	≤91	92–93	94–95	≥96			
SpO ₂ Scale 2 (%)	≤83	84–85	86–87	88–92 ≥93 on air	93–94 on oxygen	95–96 on oxygen	≥97 on oxygen
Air or oxygen?		Oxygen		Air			
Systolic blood pressure (mmHg)	≤90	91–100	101–110	111–219			≥220
Pulse (per minute)	≤40		41–50	51–90	91–110	111–130	≥131
Consciousness				Alert			CVPU
Temperature (°C)	≤35.0		35.1–36.0	36.1–38.0	38.1–39.0	≥39.1	

NEW score	Clinical risk	Response
Aggregate score 0–4	Low	Ward-based response
Red score Score of 3 in any individual parameter	Low–medium	Urgent ward-based response*
Aggregate score 5–6	Medium	Key threshold for urgent response*
Aggregate score 7 or more	High	Urgent or emergency response**

Response by a clinician or team with competence in the assessment and treatment of acutely ill patients and in recognising when the escalation of care to a critical care team is appropriate.

The response team must also include staff with critical care skills, including airway management.

NEWS score	Frequency of monitoring	Clinical response
0	Minimum 12 hourly	<ul style="list-style-type: none"> Continue routine NEWS monitoring
Total 1-4	Minimum 4-6 hourly	<ul style="list-style-type: none"> Inform registered nurse, who must assess the patient Registered nurse decides whether increased frequency of monitoring and/or escalation of care is required
3 in single parameter	Minimum 1 hourly	<ul style="list-style-type: none"> Registered nurse to inform medical team caring for the patient, who will review and decide whether escalation of care is necessary
Total 5 or more Urgent response threshold	Minimum 1 hourly	<ul style="list-style-type: none"> Registered nurse to immediately inform the medical team caring for the patient Registered nurse to request urgent assessment by a clinician or team with core competencies in the care of acutely ill patients Provide clinical care in an environment with monitoring facilities
Total 7 or more Emergency response threshold	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 team with critical care competencies, including practitioner(s) with advanced airway management skills Consider transfer of care to a level 2 or 3 clinical care facility, ie higher-dependency unit or ICU Clinical care in an environment with monitoring facilities

SAMPLE - DO NOT USE