PROTOCOLOS DE SOPORTE CLÍNICO
CAJA DE SEGURO SOCIAL

1 Dé

2 Haga

3 Gestione

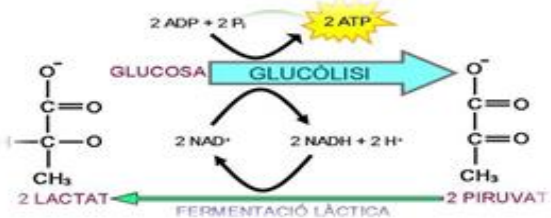
1. Oxígeno

2. Líquidos

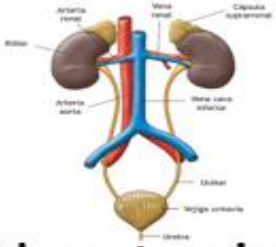
3. Antibióticos

1. Hemocultivos

Orina - Esputos



2. Mida lactato



3. Mida gasto urinario

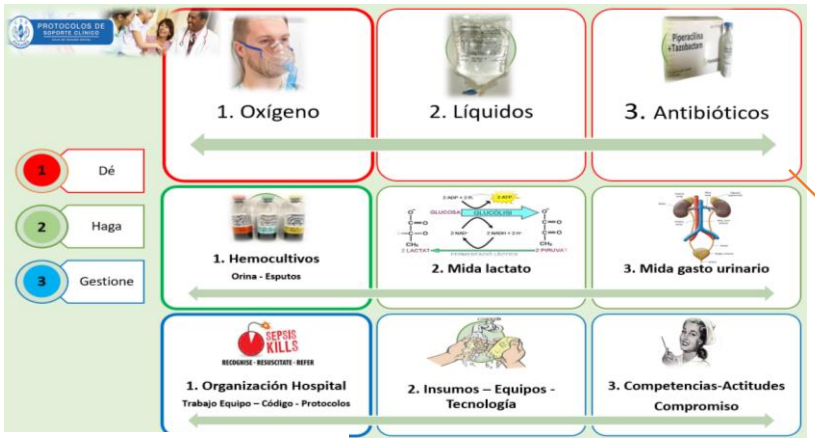
1. Organización Hospital

Trabajo Equipo – Código - Protocolos

2. Insumos – Equipos - Tecnología

3. Competencias-Actitudes

Compromiso



Signos Vitales

Búsqueda de información

Uso del Protocolo NEWS2

Solución de Problemas Tratamiento médico

Toma de Decisión Clínica

CSS – DENSYPS – Hospitales de II – III Nivel

SISTEMA DE ALERTA TEMPRANA NEWS-C (SEPSIS / COVID)

Nombre			Cédula		Edad	Sexo	Cama	Teléfono

Fecha			Fecha:			Fecha:			Fecha:			Fecha:		
Hora			7:00am 3:00pm	3:00 -11:00	11:00-7:00am	7-3pm	3 – 11pm	11 – 7am	7-3pm	3-11pm	11-7am	7-3pm	3-11pm	11-7am
Edad	< 65	0												
	> 65	3												
FR Frecuencia Respiratoria	> 25	3												
	21 - 24	2												
	12 - 20	0												
	9 - 11	1												
	< 8	3												
SO2 Saturación Oxigeno No para EPOC	> 96%	0												
	94 - 95	1												
	92 - 93	2												
	< 91	3												
Oxigeno Suplementario	Aire	0												
	O2 L/min	2												
Presión Arterial Sistólica (mmHg)	< 90	3												
	91 - 100	2												
	101 - 110	1												
	111 - 219	0												
	> 220	3												
Frecuencia Cardiaca	<40	3												
	41 -50	1												
	51 - 90	0												
	91 - 110	1												
	111 – 130	2												
	> 131	3												
Temperatura (°C)	< 35	3												
	35.1 - 36	1												
	36.1 - 38	0												
	38.1 - 39	1												
	> 39	2												
Nivel de Conciencia	Alerta	0												
	V, P, U	3												
Puntos Total														
Para EPOC	SO2 < 83% (3) 84-85% (2) 86-87 (1) 88-92% con O2 (0) 93-94% con O2 (1) 95-96 con O2 (2) > 97% con O2 (3)													

EVALUACIÓN DE LA ESCALA EN CADA TURNO – COMUNICACIÓN EFECTIVA DEL EQUIPO INTERDISCIPLINARIO

Simultáneamente debe haber un control estricto de la glucemia en todos los pacientes (Diabéticos o no diabéticos)

Tomar en cuenta la obesidad y comorbilidades

Técnico – Enfermera – Interno – Médico General – Residente – Especialista – Consultor UCRE - UCI

TOMA DE DECISIONES

Monitoreo en la cabecera del paciente

Pulso
Temperatura
Frecuencia respiratoria
Presión Arterial
Oximetría de pulso
Estado de alerta

Uso de Código QR

w3.css.gob.pa/protocolos-y-microprocesos/protocolos

ESCALA NEWS PARA DETECTAR GRAVEDAD DE COVID Y SEPSIS TEMPRANA

IDENTIFICACIÓN TEMPRANA DE Sepsis Requerimiento de UCRE - UCI

NEW Escala	Riesgo clínico	Frecuencia de monitoreo	Toma de Decisión
0 – 4	Bajo	Mínimo cada 12 horas si el score es de cero (0) Mínimo 4-6 horas si el score es de 1- 4	Evaluación por la Enfermera para decidir cambios en la frecuencia en el monitoreo
Score de 3 en cualquier parámetro	Bajo - Medio	Mínimo cada hora Monitor de Signos Vitales	Revisión urgente por el médico de Sala para decidir aumento de frecuencia de monitoreo o escalar hacia cuidados más avanzados.
5-6	Medio	Mínimo cada hora Monitor de Signos Vitales	Revisión urgente por médico de Sala o Equipo de Enfermería para decidir si se requiere evaluación de Equipo de UCRE o UCI
⚠ ≥ 7	Alto	Monitoreo continuo de Signos Vitales	Evaluación URGENTE por Equipo de UCI y usualmente transferencia a la Unidad de Cuidados Intensivos.

https://www.mdcalc.com/national-early-warning-score-news-2

UCI

Salas

Toma de Decisión Clínica

Comunicación SBAR

Necesidad del paciente

Uso del Protocolo pertinente

Búsqueda de información

ESCALA NEWS PARA DETECTAR GRAVEDAD DE COVID Y SEPSIS TEMPRANA

IDENTIFICACION TEMPRANA DE

Sepsis

Requerimiento de UCRE - UCI

NEW Escala	Riesgo clinico	Frecuencia de monitoreo	Toma de Decision
0 - 4	Bajo	Minimo cada 12 horas si el score es de cero (0) Minimo 4-6 horas si el score es de 1- 4	Evaluación por la Enfermera para decidir cambios en la frecuencia en el monitoreo
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Requiere intubación ?
Rockwood < 6 NECPAL negativo
ROX (Ver APP en su celular)
Consignar en el Expediente la indicación para la intubación y de manejo en UCI

EVALUACIÓN DEL TECHO TERAPÉUTICO
EVALUACIÓN DE LA FRAGILIDAD
PRONÓSTICO

NO Rockwood > 6 NECPAL Positivo
Ver Protocolo de Soporte Clínico de intubación y traslado de pacientes sospechosos o Covid-19 positivos

⚠ Considerar Edad, Fragilidad, Obesidad y Comorbilidades ⚠
Preferencias y deseo del paciente (Decisión compartida si las circunstancias lo permiten)

Adaptado de MEWS Modified Early Warning Scoring System (NEWS) NHS Reino Unido, 2018 APP : NEWS & SEPSIS DETECCION NHS
NEWS-C 2021 (Covid y Edad)

Uso de Código QR

www.css.gob.pa/protocolos-y-microprocesos/

APP: NEWS&SEPSIS SCREENING

https://news.ocbmedia.com/

https://www.mdcalc.com/sirs-sepsis-septic-shock-criteria

ESCALA NEWS PARA DETECTAR GRAVEDAD DE COVID Y SEPSIS TEMPRANA

IDENTIFICACIÓN TEMPRANA DE

Sepsis

Requerimiento de UCRE - UCI

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EVALUACIÓN DE LA FRAGILIDAD

PRONÓSTICO

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Adaptado de NEWS2 Modified Early Warning Scoring System (NEWS) APP : NEWS & SEPSIS DETECCIÓN NHS
NHS Reino Unido 2018 NEWS-C 2021 (Covid y Edad

https://medcalc.com/national-early-warning-score-news-2
https://www.dal.ca/sites/gmr/our-tools/clinical-frailty-scale.html
https://www.mdcalc.com/rox-index-intubation-hfn

PROTOCOLOS DE SOPORTE CLÍNICO
CAJA DE SEGURO SOCIAL

GESTIÓN CLÍNICA DE LA DETECCIÓN TEMPRANA DE LA SEPSIS

PROTOCOLOS CLÍNICOS

1. **Flujograma: Detección temprana de Sepsis**
2. **Uso de la escala de NEWS2** (Signos vitales)
3. **Manejo inicial de Sepsis en adultos** (Recomendaciones de Sepsis Campaign)
4. **Sepsis Neonatal** (temprana y tardía)
5. **Sepsis Maternal** (Obstétrica)
6. **Score de Sepsis Obstétrica** (Valoración de Signos Vitales en embrazada)
7. **Sepsis en niños** (Pediatría)
8. **Procedimiento** (toma de hemocultivos)
9. **Uso del Kit Puga** (toma de hemocultivos)
10. **Anaquel** de insumos para manejo Sepsis
11. **Gestión de Sepsis** (Salas del Hospital)
12. **Material de adiestramiento** (Equipo Interdisciplinario, Septris de Stanford)
13. **Aplicaciones para Sepsis** (Sepsis3, Septris, NEWS & Sepsis, Survive Sepsis, Sepsis Scavo)...

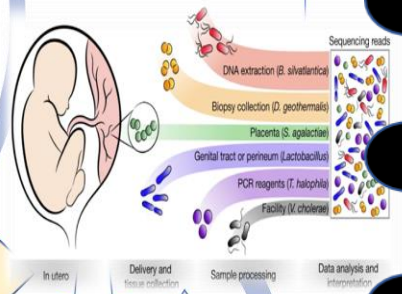
- Adiestramiento
- Competencias
- Confiabilidad / idoneidad
- Desarrollo profesional
- Certificación del Hospital

Docencia

Ciencia
Factor
Humano

Manejo del paciente con COVID

Calidad
Seguridad
Certificación



- Desarrollo Organizacional
- Ambiente laboral
- Insumos y Equipos
- Tecnología TIC
- Recurso humano

PROTOCOLOS DE SOPORTE CLÍNICO
CAJA DE SEGURO SOCIAL

MANEJO DEL PACIENTE CON COVID EN EL HOSPITAL

PROTOCOLOS CLÍNICOS

1. Protocolo de intubación en Urgencias
2. Protocolo de intubación en Salas
3. Protocolo de manejo de la oxigenación
4. Protocolo de Ingreso y manejo en UCRE
5. Protocolo de Criterios de ingreso a UCI
6. Protocolo de uso de Remdesivir
7. Protocolo de uso de dexametasona
8. Protocolo de control de Signos Vitales
9. Protocolo de control de la glucemia
10. Protocolo de Profilaxis y Anticoagulación
11. Protocolo de Evaluación preoperatoria
12. Síndrome febril agudo en tiempos Covid
13. Indicadores de mortalidad en el paciente con Covid hospitalizado en Salas
14.

- Adiestramiento
- Competencias
- Confiabilidad / idoneidad
- Desarrollo profesional
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Docencia

Ciencia
Factor
Humano

Manejo del paciente con COVID

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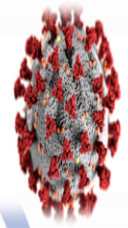

- Desarrollo Organizacional
- Ambiente laboral
- Insumos y Equipos
- Tecnología TIC
- Recurso humano

TASK FORCE – EQUIPO DE TRABAJO

TEAM PROJECT MANAGER

CSS – DENSYPS – Hospitales de II – III Nivel
SISTEMA DE ALERTA TEMPRANA NEWS-C (SEPSIS / COVID)

Nombre	Cédula	Edad	Sexo	Cama	Teléfono

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	< 91	3												
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	O2 L/min	2												
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	91 - 100	2												
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Frecuencia Cardiaca	<40	3												
	41 -50	1												
	51 - 90	0												
	91 - 110	1												
	111 – 130	2												
	> 131	3												
Temperatura (°C)	< 35	3												
	35.1 - 36	1												
	36.1 - 38	0												
	38.1 - 39	1												
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Puntos Total														
Para EPOC	**SO2** < 83% (**3**) 84-85% (**2**) 86-87 (**1**) 88-92% **con O2** (**0**) 93-94% con O2 (**1**) 95-96 con O2 (**2**) > 97% con O2 (**3**)													

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Técnico – Enfermera – Interno – Médico General – Residente – Especialista – Consultor UCRE - UCI

TOMA DE DECISIONES

ESCALA NEWS PARA DETECTAR GRAVEDAD DE COVID Y SEPSIS TEMPRANA

IDENTIFICACIÓN TEMPRANA DE

Sepsis

Requerimiento de UCRE - UCI

NEW Escala	Riesgo clínico	Frecuencia de monitoreo	Toma de Decisión
0 – 4	Bajo	Mínimo cada 12 horas si el score es de cero (0) Mínimo 4-6 horas si el score es de 1- 4	Evaluación por la Enfermera para decidir cambios en la frecuencia en el monitoreo
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EVALUACIÓN DEL TECHO TERAPÉUTICO

EVALUACIÓN DE LA FRAGILIDAD

PRONÓSTICO

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⚠ Considerar Edad, Fragilidad, Obesidad y Comorbilidades
Preferencias y deseo del paciente (Decisión compartida si las circunstancias lo permiten) ⚠

Adaptado de NEWS2 Modified Early Warning Scoring System (NEWS) NHS Reino Unido 2018 APP : NEWS & SEPSIS DETECCIÓN NHS
NEWS-C 2021 (Covid y Edad)
https://www.mdcalc.com/national-early-warning-score-news-2

National Early Warning Score (NEWS)

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	

Royal College of Physicians

Observation chart for the National Early Warning Score (NEWS)

NEWS key: 0 · 1 · 2 · 3	FULL NAME		DATE OF ADMISSION	
	DATE OF BIRTH			
	DATE: TIME:			DATE: TIME:
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
SpO_2 Scale 2* Oxygen saturation (%) Use Scale 2 if target range is 88–92%, eg in hypercapnoeic respiratory failure *ONLY use Scale 2 under the direction of a qualified clinician	≥97 on O_2	3		≥97 on O_2
	95–96 on O_2	2		95–96 on O_2
	93–94 on O_2	1		93–94 on O_2
	≥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	2		O_2 L/min
	Device			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	3		81–90
	71–80			71–80
	61–70			61–70
	51–60			51–60
	≤50			≤50
C Pulse Beats/min	≥131	3		≥131
	121–130	2		121–130
	111–120			111–120
	101–110	1		101–110
	91–100			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	3		31–40
	≤30			≤30
D Consciousness Score for NEW confusion or drowsiness (per-acute if chronic)	Alert			Alert
	Confusion	3		Confusion
	V			V
	P			P
	U			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

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

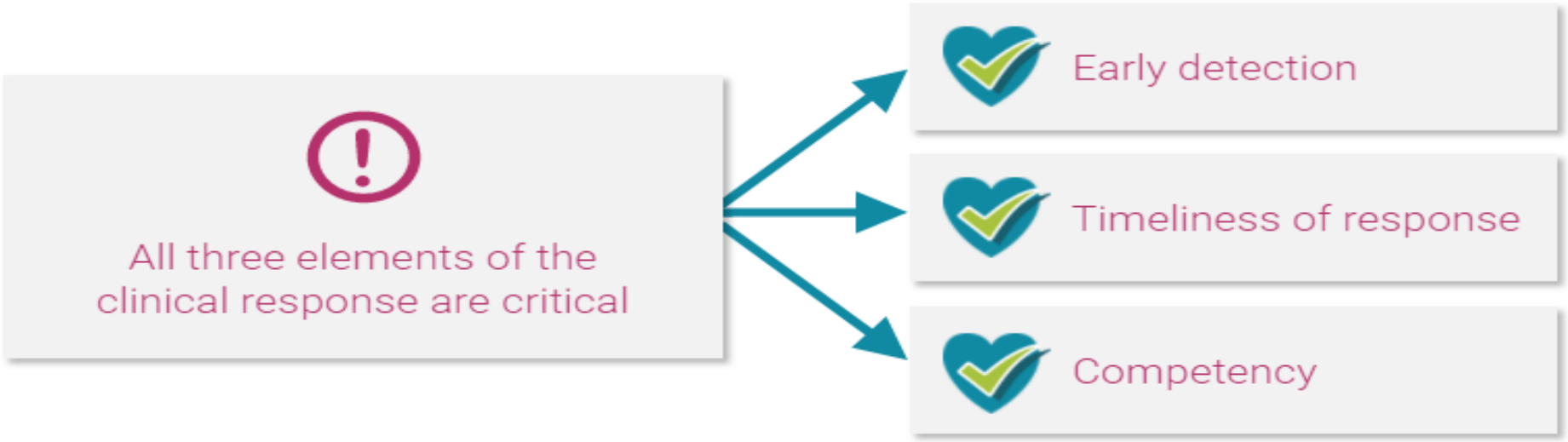
Royal College of Physicians

ONLINE LEARNING

We'll be looking at what NEWS2 is, how to use it and what this means in forming a clinical response.

When a patient presents to hospital and is acutely unwell, or becomes acutely unwell whilst in hospital, time is of the essence.

A **fast** and **efficient** response is required to optimise clinical outcomes.



ONLINE LEARNING

By the end of this session we hope that you will be able to:

- ✓ Describe the benefits of NEWS2
- ✓ List the main ways in which NEWS2 is to be used
- ✓ Know the six physiological parameters included with NEWS2
- ✓ Describe the NEWS2 system, thresholds and triggers
- ✓ Accurately record and score parameters
- ✓ Perform a NEWS2 calculation
- ✓ Demonstrate correct use of NEWS2 and associated clinical responses

Some of the benefits of NEWS2 are listed below:

Provides a single standardised early warning system across the UK for early detection of the acutely unwell patient.

Provides a standardised score to determine illness severity to support consistent clinical decision making and an appropriate clinical response.

Provides a vehicle for the adoption of a standardised scoring system throughout the acute hospital, not solely in the context of acute clinical deterioration, but also for continuous monitoring of all patients (Track and Trigger).

Ensures a standardised means of identifying and responding to patients with unanticipated acute deterioration in their clinical condition whilst in hospital.

There are two main ways in which NEWS2 should be used:

Track

To provide a continuous record of a patient's physiological status throughout the patient journey.

Trigger

To provide a standardised platform for the initial assessment of acute illness severity wherever assessment occurs.

Click on the button below.

More ways NEWS2 can be used

Uses of NEWS2

Read each of the statements below and click on the ones the describe additional uses for NEWS2, then click 'Submit'.

- Aids recognition of clinical deterioration
- Defines the appropriate triage and level of ongoing acute care
- Standardises acute illness assessment in pre-hospital settings
- Allows communication using a common language and a standardised assessment of acute illness severity
- Facilitates timely triage to the most appropriate setting

Exemptions for NEWS2

Be aware that NEWS2 is designed for use in adults aged 16 years and above. NEWS2 is not recommended for use in children or during pregnancy.

Baseline physiological parameters differ in children and in pregnancy where the magnitude and character of the physiological response to acute illness also differ.

NEWS2 may be unreliable in patients with spinal cord injury (especially tetraplegia or high-level paraplegia), owing to functional disturbances of the autonomic nervous system. Use with caution.

The NEWS2 process

During clinical assessment, the six NEWS2 physiological parameters should be recorded. Each is allocated a score reflecting the magnitude of disturbance to each of the parameters.

The individual parameter scores are then added together to derive the total (aggregate) NEWS2 for the patient.

This process can be outlined in four steps. Click on the steps below for more information on each.

STEP 1 → STEP 2 → STEP 3 → STEP 4

The NEWS2 process

During clinical assessment, the six NEWS2 physiological parameters should be recorded. Each is allocated a score reflecting the magnitude of disturbance to each of the parameters.

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This process can be outlined in four steps. Click on the steps below for more information on each.

STEP 1 | STEP 2 | STEP 3 | STEP 4

Identify

Identify the correct trigger threshold and clinical response, in terms of:

- The urgency of response
- The clinical competencies of the responder(s)
- The frequency of clinical monitoring required
- The most appropriate clinical setting for ongoing care

Physiological parameters

There are 6 physiological parameters which form the basis of NEWS2. From the 9 shown below, drag the parameters associated with NEWS2 into the box on the right.

Blood glucose level

Patient's age

Urine output

Respiratory rate

Level of consciousness

Pulse

Oxygen saturations

Temperature

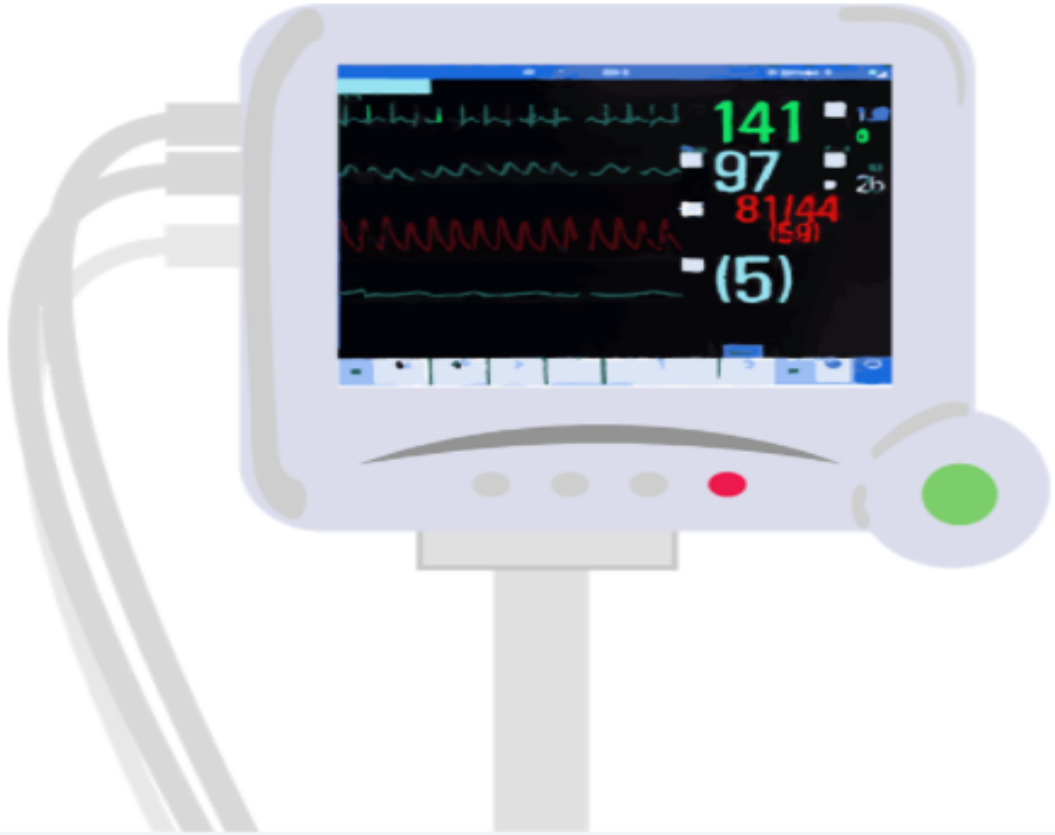
Systolic blood pressure

ONLINE LEARNING

Observations

Overview | Measure 1 | Record 2 | Calculate 3 | Identify 4 | Summary | Case studies

Click on the icons below to learn more about Physiological Parameters.



Resources | Exit | Previous | Next

ONLINE LEARNING

Observations

Overview | Measure 1 | Record 2 | Calculate 3 | Identify 4 | Summary | Case studies

Oxygen saturations (SpO_2)

The NEWS2 chart has two scoring scales for recording oxygen saturations. For the majority of patients Scale 1 should be used, with Scale 2 being used for patients with hypercapnic respiratory failure.

Click on the following buttons for more information.

Scale 1

Scale 2

Please click here to view additional RCP guidance, March 2020.

Resources | Exit | Previous | Next

Supplemental oxygen

Patients requiring supplemental oxygen are at greater clinical risk. Thus, the requirement for supplemental oxygen to maintain satisfactory oxygen saturations has been incorporated into the scoring system.

The NEWS2 chart allows clear recording of whether the patient is breathing air or oxygen, the device being used (if any) and the rate of oxygen delivery.

A weighting score of 2 will be added to the aggregate NEWS2 score for any patient requiring supplemental oxygen. We will look at this in the next section.

ONLINE LEARNING

Observations

Overview | Measure 1 | Record 2 | Calculate 3 | Identify 4 | Summary | Case studies

Systolic blood pressure

Although an elevated blood pressure (hypertension) is an important risk factor for cardiovascular disease, it is a low or falling systolic blood pressure (hypotension) that is most significant in the context of assessing acute-illness severity.

Click on the following buttons for more information.

Hypotension

Diastolic Blood Pressure

Resources | Exit | Back to Observations

ONLINE LEARNING

Observations

Overview | Measure 1 | Record 2 | Calculate 3 | Identify 4 | Summary | Case studies

Pulse

The measurement of pulse is an important indicator of a patient's clinical condition.

Click on the following buttons for more information.

Tachycardia

Bradycardia

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ONLINE LEARNING

Observations

Overview | Measure 1 | Record 2 | Calculate 3 | Identify 4 | Summary | Case studies

Level of consciousness

A change in the level of consciousness is an important indicator of acute-illness severity. The assessment is done in sequence and only one outcome is recorded. For example, if the patient responds to voice, it is not necessary to assess the response to pain.

Click on the following buttons for more information.

A C V P U

Please click here to view additional RCP guidance, March 2020.

Resources

Exit

Back to Observations

Level of consciousness

A change in the level of consciousness is an important indicator of acute-illness severity. The assessment is done in sequence and only one outcome is recorded. For example, if the patient responds to voice, it is not necessary to assess the response to pain.

Click on the following buttons for more information.

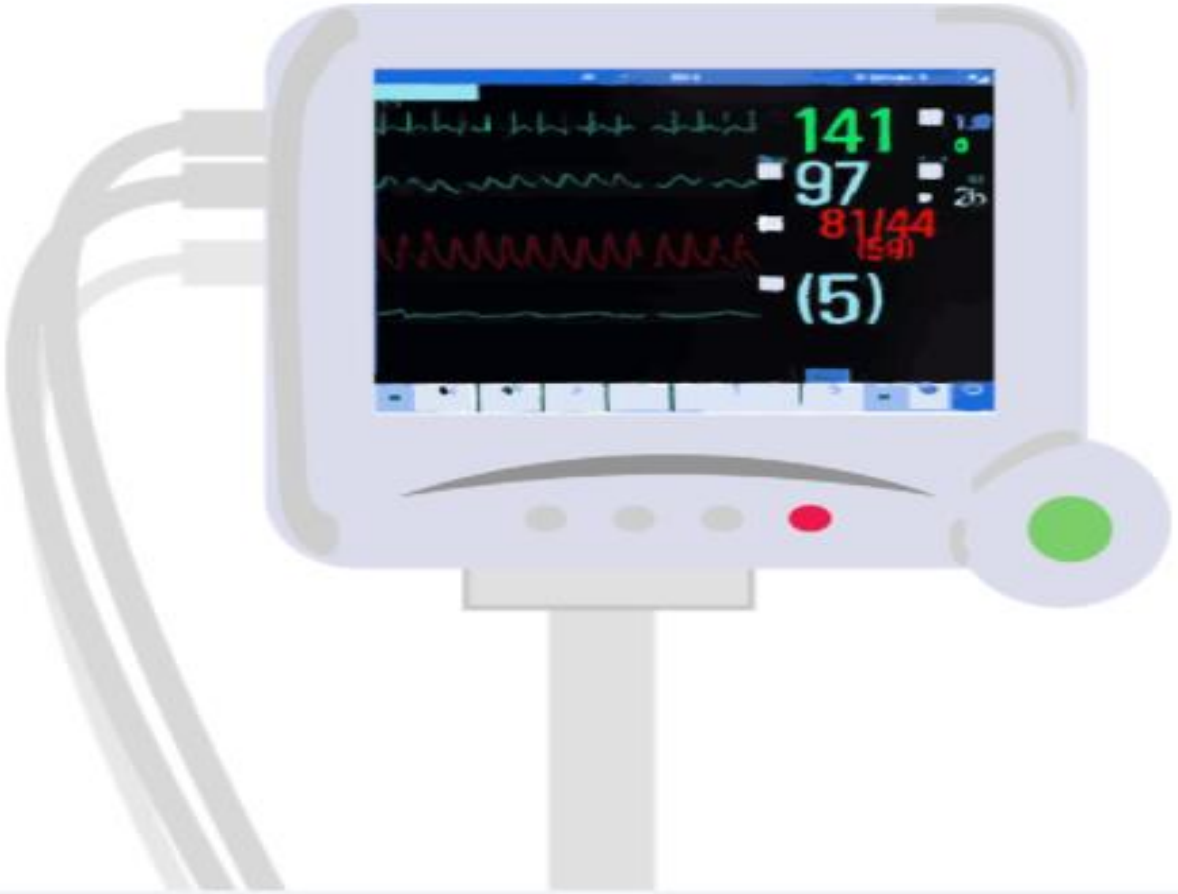
A C V P U

Please click here to view additional RCP guidance, March 2020.

Temperature

Both **pyrexia** and **hypothermia** are included in the NEWS2 scoring system, reflecting the fact that the extremes of temperature are sensitive markers of acute-illness severity and physiological disturbance.

Click on the icons below to learn more about Physiological Parameters.



Click the Next button to continue.

Read the statements below relating to the physiological parameters and select whether you think each is TRUE or FALSE.

	TRUE	FALSE	
A reduced respiratory rate is an important indicator of CNS depression and narcosis.	●	○	✓
The NEWS2 chart has three scoring scales for SpO_2.	○	●	✓
A weighting score of 2 should be added to the aggregate NEWS2 score for any patient requiring supplemental oxygen.	●	○	✓
Low or falling systolic blood pressure is most significant in the context of assessing acute-illness severity.	●	○	✓
A high heart rate may be normal with physical conditioning.	○	●	✓
In ACVPU 'C' stands for new confusion.	●	○	✓
Pyrexia and hypothermia are included in the NEWS2 scoring system.	●	○	✓

The NEWS2 scorecard

For each parameter, a normal 'healthy' range is defined (see column 0 in the image to the right). Measured values outside of this range are allocated a score (1–3), which is weighted and colour-coded on the observation chart according to the magnitude of physiological disturbance and deviation from the normal range.

Values of 3 in a parameter are known as a red score.

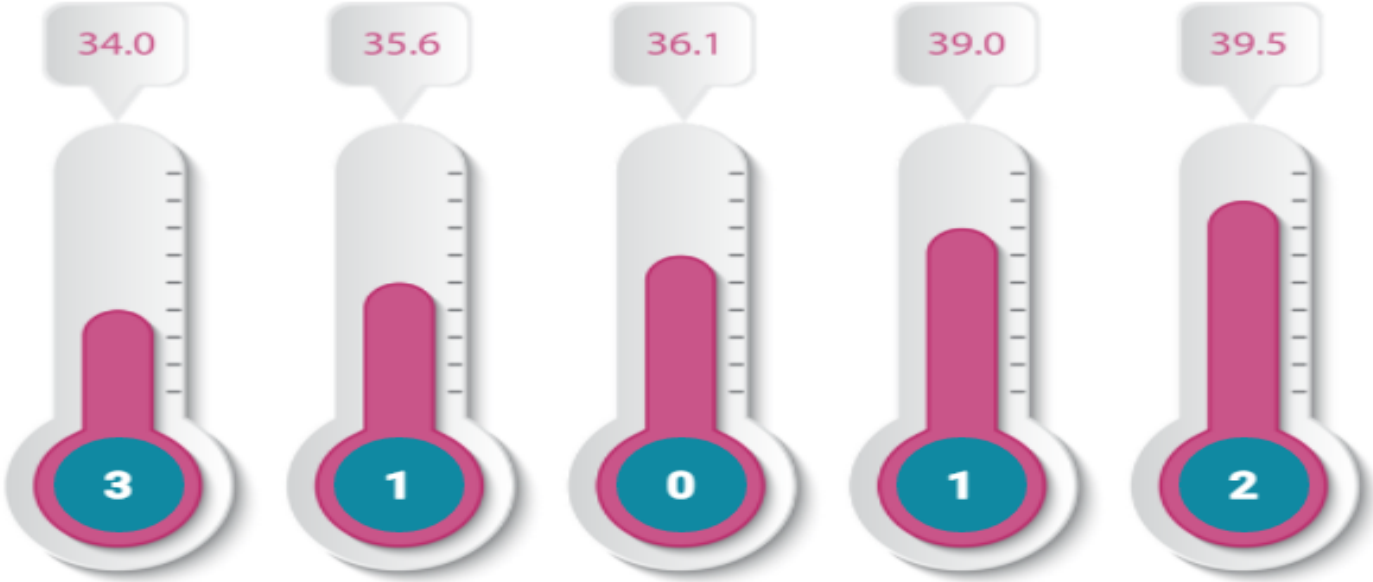
The scores for each parameter are then added together to give the NEWS2 score. This is then used to determine the appropriate clinical response.

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	

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	

ONLINE LEARNING

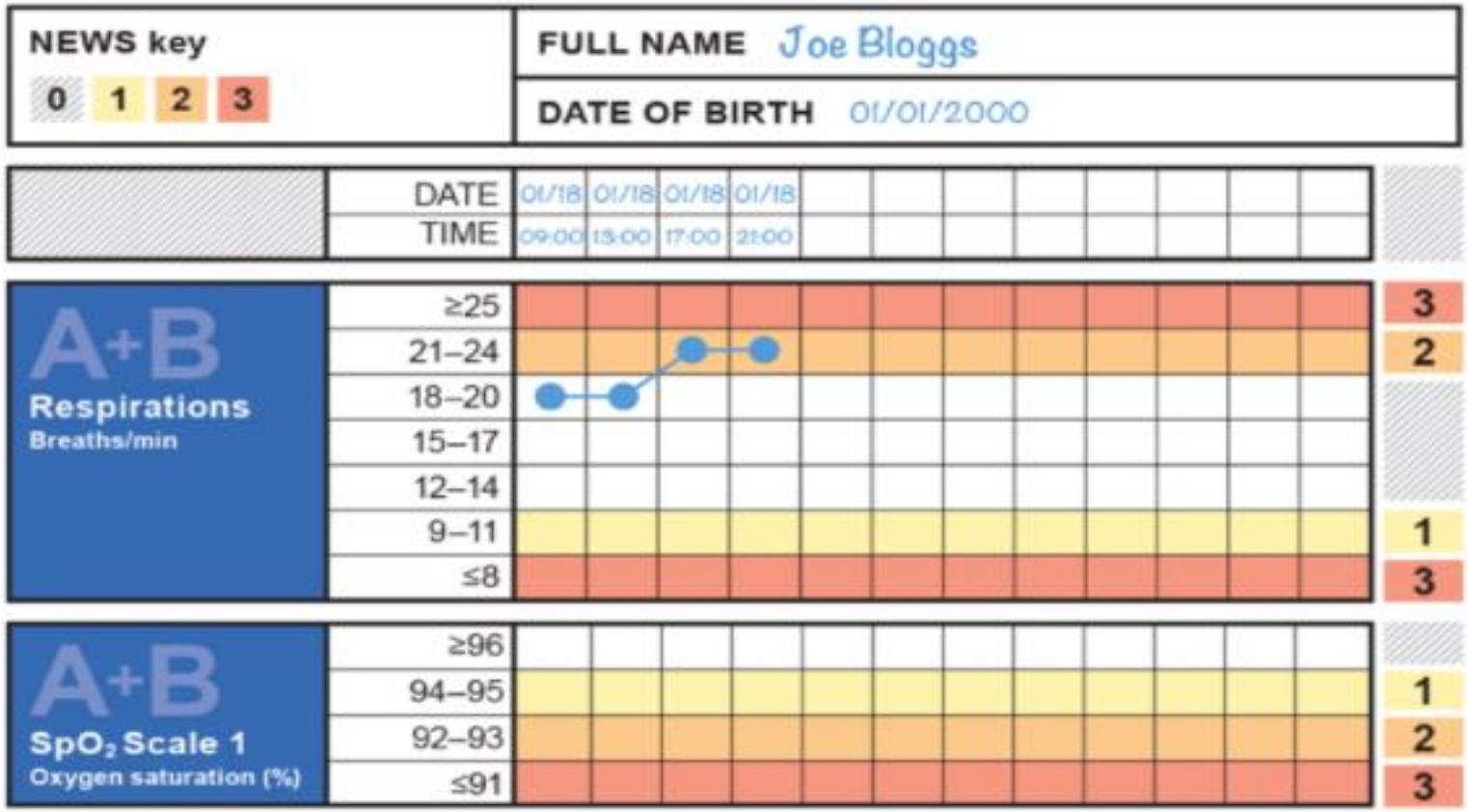
Below are temperature measurements from four patients. Using the NEWS2 scorecard, drag the scores on the left to the base of the appropriate thermometer. You can open a copy of the NEWS2 scorecard in a new browser tab by selecting it in the 'Resources' section at the bottom left of this screen.



Scores for each individual parameter are recorded on the NEWS2 observation chart. Recordings are made with a dot as illustrated here. The dots are connected by lines to highlight improvement or deterioration.

This chart shows the recording of the respiratory rate observations below, for a single day.

Time	BPM	Score
09:00	18	0
13:00	20	0
17:00	21	2
21:00	24	2

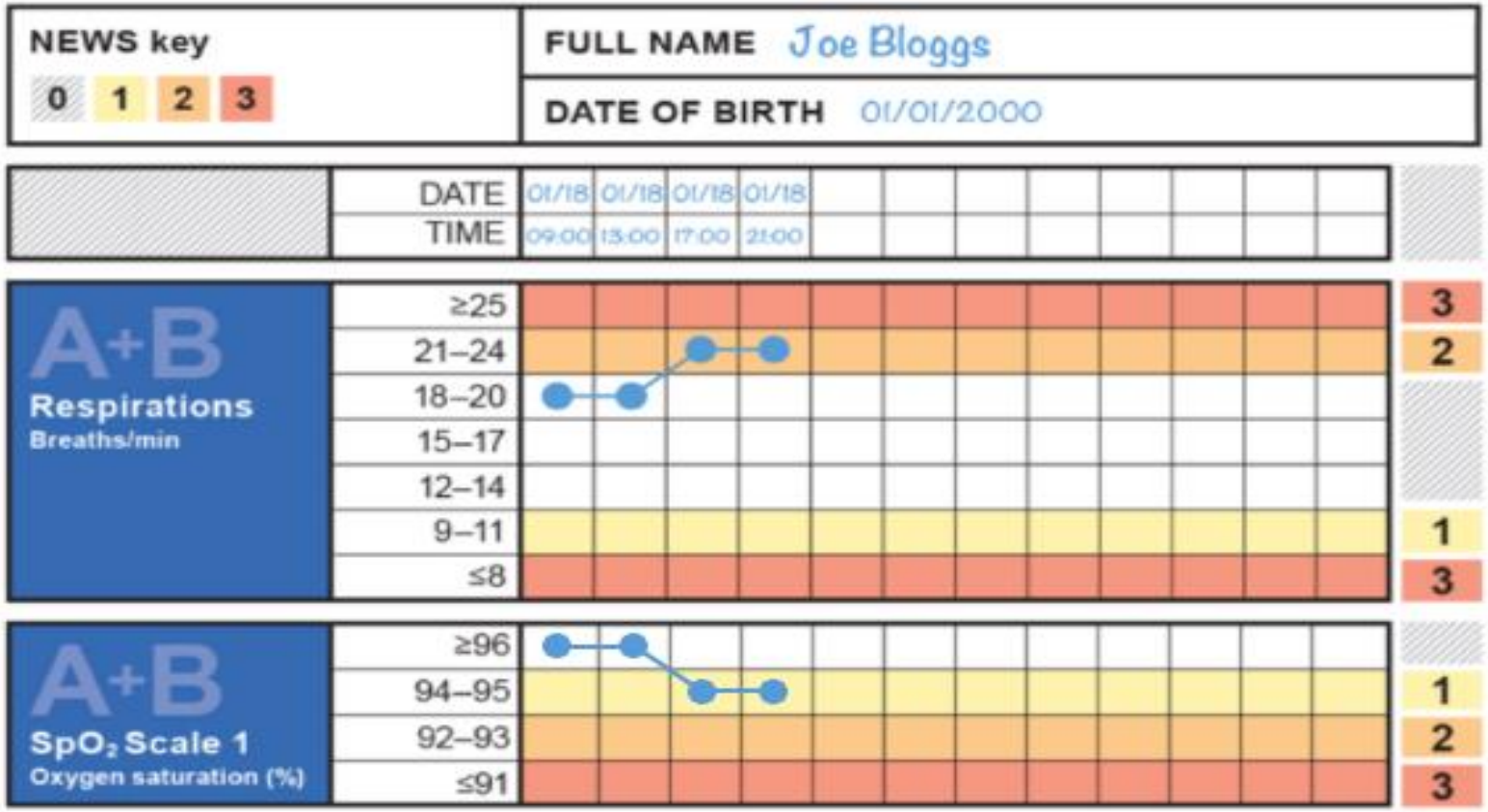


In this observations chart the scores for respiration rate have been recorded.

Using the observations below, record the SpO_2 scale 1 scores on the chart by clicking on the correct boxes.

You must record the observations on the chart in the order of the times shown below.

Time	SpO_2	Score
09:00	97	0
13:00	96	0
17:00	95	1
21:00	94	1

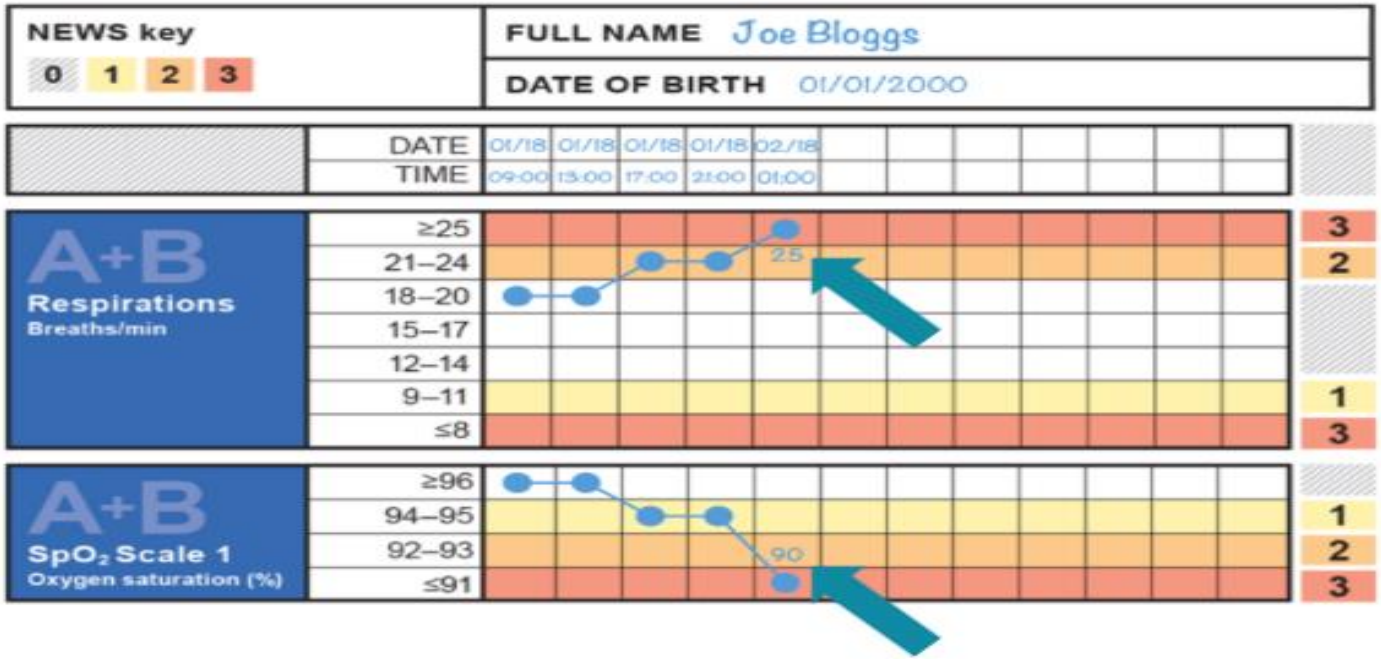


The recording for this parameter is complete. Click Next to continue

ONLINE LEARNING

A red score refers to an extreme variation in a physiological parameter.

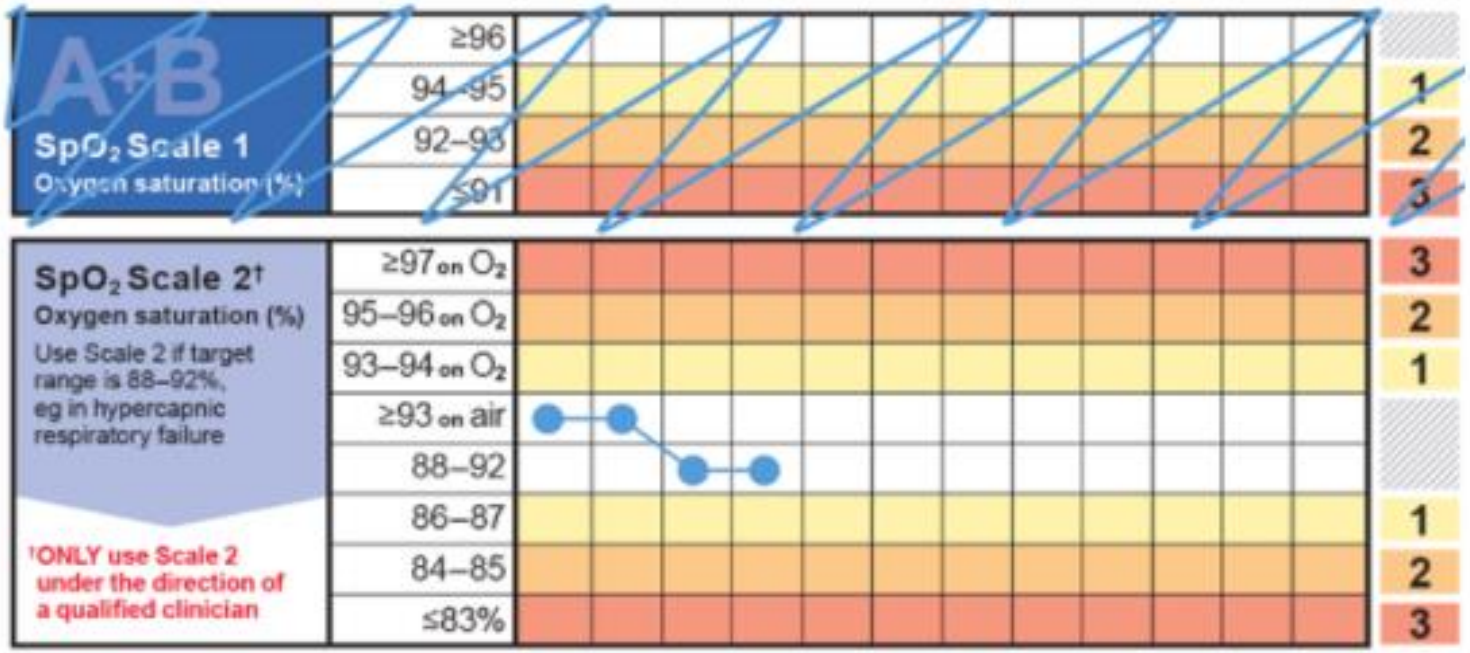
We recommend that you write on the chart the actual readings for any observations with a red score as illustrated on this chart.



The two SpO_2 scales are described below:

- **Scale 1** is the usual scale for patients for whom a normal oxygen saturation is expected.
- **Scale 2** is the scale to be used for patients with hypercapnic respiratory failure and a recommended oxygen saturation range of 88–92%.

Under no circumstances should both scales be used for a single patient.



For the avoidance of doubt the section of the chart not being used should be clearly crossed out as illustrated above.

When supplemental oxygen is being used to maintain the desired oxygen saturation, the rate of oxygen delivery (L/min) and the delivery system/device should be documented on the NEWS2 chart using the BTS oxygen delivery system / device codes.

Air or oxygen?													
	A=Air												
	O_2 L/min	3	3	3	3								2
	Device	N	N	N	N								

The example above shows 3 litres of oxygen per minute using a nasal cannular.

Click on the button below

BTS oxygen delivery system / device codes

Use of any supplementary oxygen will add a value of 2 to the total NEWS2 score.

Codes for recording oxygen delivery on the NEWS2 observations chart

A (breathing air)	RM (reservoir mask)
N (nasal cannula)	TM (tracheostomy mask)
SM (simple mask)	CP (CPAP mask)
V (Venturi mask and percentage) e.g. V24, V28, V35, V40, V80	H (humidified oxygen and percentage) e.g. H28, H35, H40, H60
NIV (patient on NIV system)	OTH (other, specify_____)

Continue

When supplemental oxygen is being used to maintain the desired oxygen saturation, the rate of oxygen delivery (L/min) and the delivery system/device should be documented on the NEWS2 chart using the BTS oxygen delivery system / device codes.

Air or oxygen?													
	A=Air												
	O_2 L/min	3	3	3	3								2
	Device	N	N	N	N								

The example above shows 3 litres of oxygen per minute using a nasal cannular.

Click on the button below

BTS oxygen delivery system / device codes

Use of any supplementary oxygen will add a value of 2 to the total NEWS2 score.

Read the statements below relating to recording the individual NEWS2 scores and select whether you think each is TRUE or FALSE.

	TRUE	FALSE	
A parameter's normal 'healthy' range is allocated a score of 0.	●	○	✓
A value of 3 for a parameter is known as a red score.	●	○	✓
Scores for each individual parameter are recorded on the NEWS2 observation chart using a tick or cross.	○	●	✓
It is recommended that you write the value of red scores on the chart.	●	○	✓
Under no circumstances should both SPO_2 scales be used for a single patient.	●	○	✓
Use of any supplementary oxygen will add a value of 2 to the total NEWS2 score.	●	○	✓

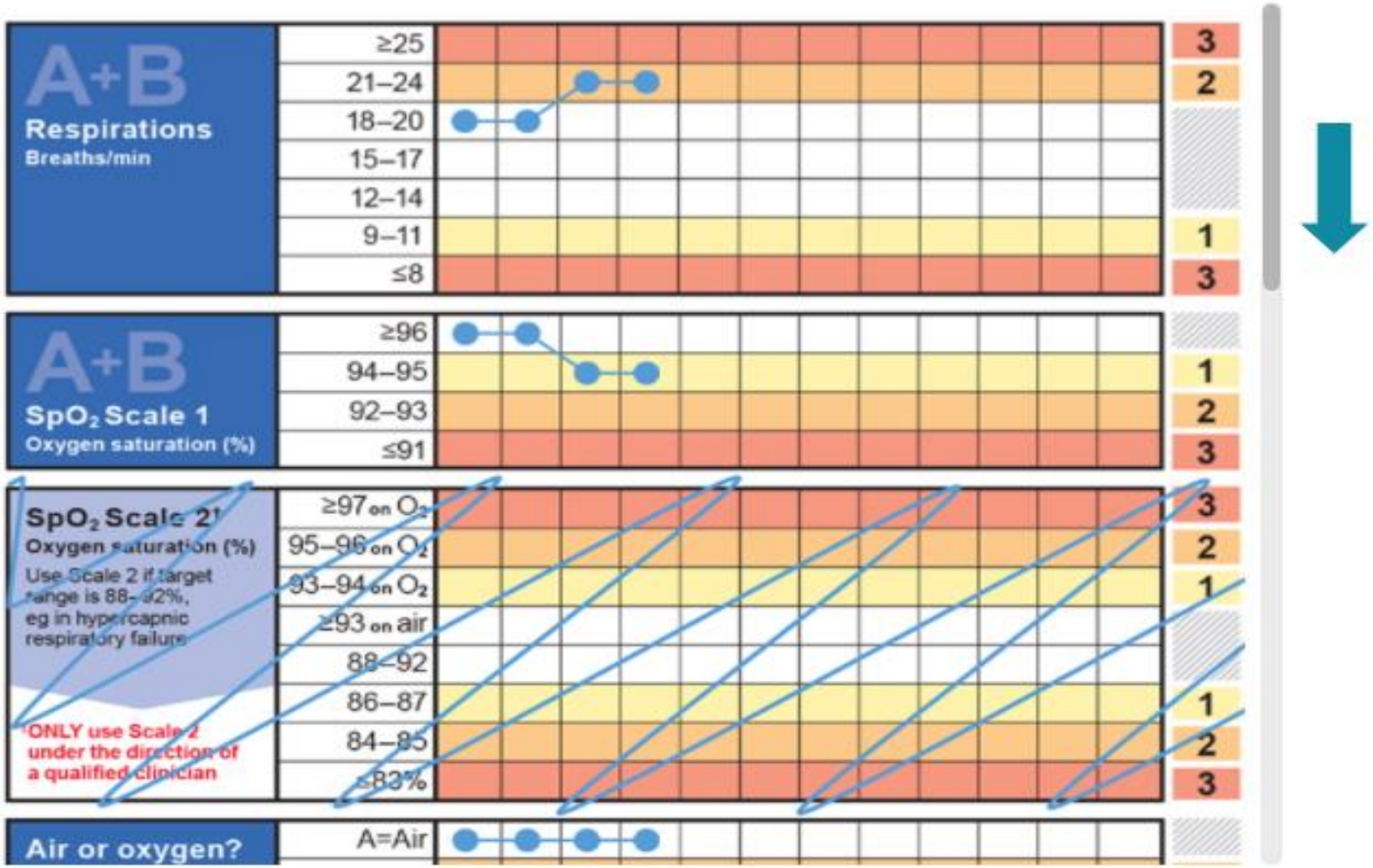
Now that all of the parameters have been recorded the scores are added together to calculate the NEWS2 total score.

Scroll down this NEWS2 observations chart and calculate the total NEWS2 score for the fourth column.

Type your answer in the box below and click Submit.

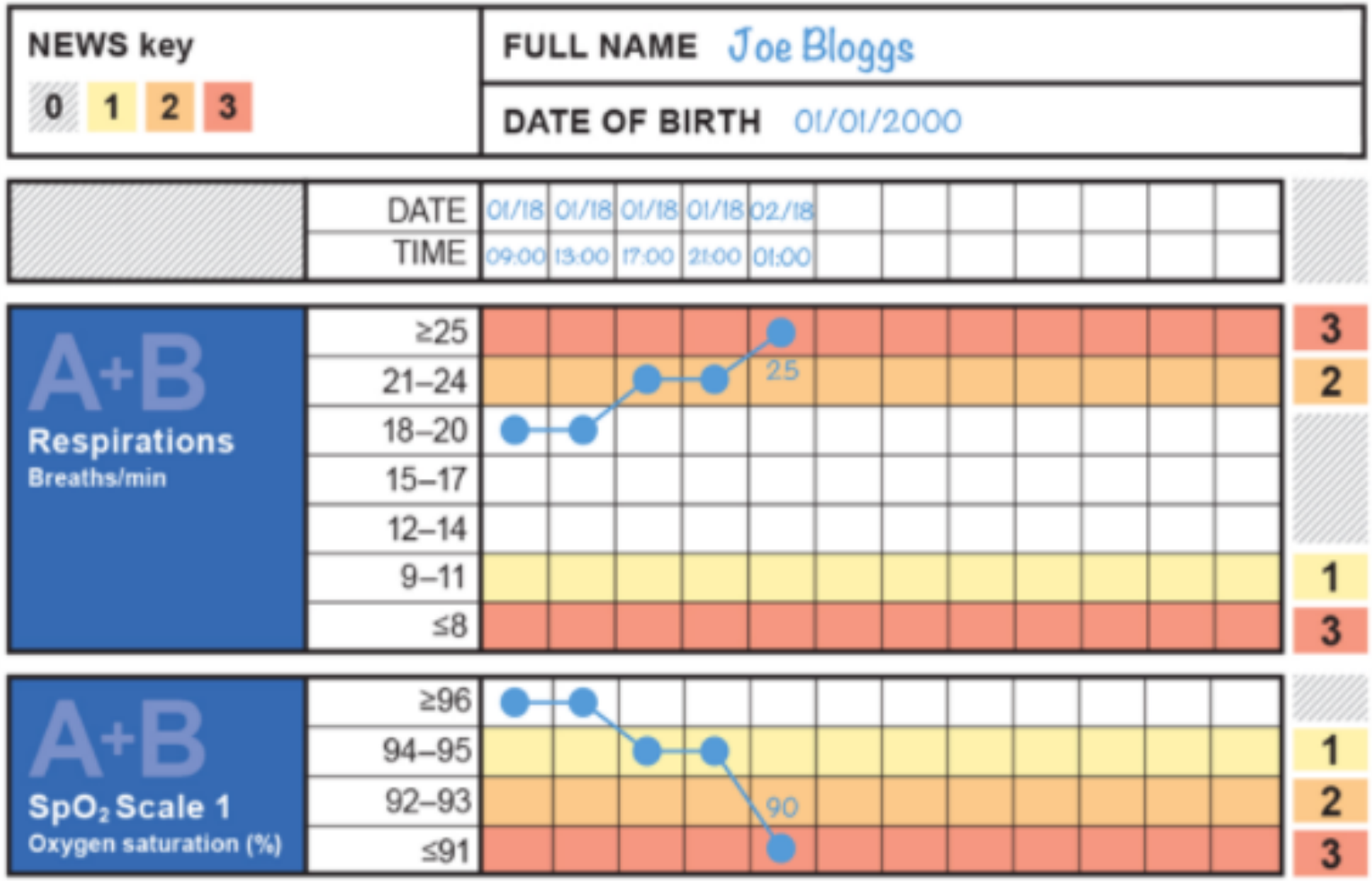
NEWS2 TOTAL 0

Submit



In addition to calculating the total NEWS2 score, any single red scores (a score of 3 in a single parameter) should be identified.

Red scores can determine the clinical response as will be seen the following section.



Read the statements below relating to calculating the total NEWS2 score whether you think each is TRUE or FALSE.

	TRUE	FALSE	
Scores for individual parameters are added together to calculate the total NEWS2 score.	●	○	✓
The total NEWS2 score is recorded at the bottom of the NEWS2 observations chart.	●	○	✓
Single Red Scores should be ignored.	○	●	✓

When a patient initially presents with an acute illness, or suffers an acute deterioration in their clinical condition, NEWS2 will help determine the urgency and scale of the clinical response required.

Once a total NEWS2 score has been calculated the score will fall into one of the four colour graded trigger thresholds shown in this table.

These trigger thresholds determine the appropriate clinical response.

NEWS2 trigger thresholds	Clinical risk
Total score 0-4	Low
Score of 3 in any individual parameter (Red Score)	Low-medium
Total score 5-6	Medium
Total score 7 or more	High

A 'Red Score' refers to an extreme variation in a physiological parameter (i.e. a score of 3 on the NEWS2 chart).

The clinical response to NEWS2 has four key components:

1. The urgency of the response
2. The frequency of ongoing clinical monitoring
3. The seniority and clinical competencies of clinical staff required to attend to the patient
4. The setting in which the ongoing clinical care should be delivered

Urgency of the response	Frequency of monitoring	Seniority of staff to attend patient
Total 5 or more Urgent response threshold	Minimum 1 hourly	• 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.

Clinical setting

Clinical responses

Click on each NEWS2 trigger threshold below to reveal the corresponding clinical response.

Total - 0	Total - 1-4	3 in a single parameter	Total – 5 or more	Total 7 or more

Click on each NEWS2 trigger threshold below to reveal the corresponding clinical response.

Total - 0 | Total - 1-4 | 3 in a single parameter | Total – 5 or more | Total 7 or more

3 in single parameter	Minimum 1 hourly	• Registered nurse to inform medical team caring for the patient, who will review and decide whether escalation of care is necessary

Click on each NEWS2 trigger threshold below to reveal the corresponding clinical response.

Total - 0 | Total - 1-4 | 3 in a single parameter | Total – 5 or more | Total 7 or more

Total 5 or more Urgent response threshold	Minimum 1 hourly	• 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.

Click on each NEWS2 trigger threshold below to reveal the corresponding clinical response.

Total - 0 | Total - 1-4 | 3 in a single parameter | Total – 5 or more | Total 7 or more

Total 7 or more Emergency response threshold	Continuous monitoring of vital signs	• 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, i.e. higher dependency unit or ICU. • Clinical care in an environment with monitoring facilities.

Read the clinical response below and select the corresponding trigger threshold by clicking on the buttons at the bottom of the page, then click Submit.

Clinical response 1 of 5

- 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

Select the correct trigger threshold from the options below and click Submit.

0	1-4	3 in a single parameter	5 or more	7 or more

Correct

The clinical response corresponds to a trigger threshold of 7 or more.

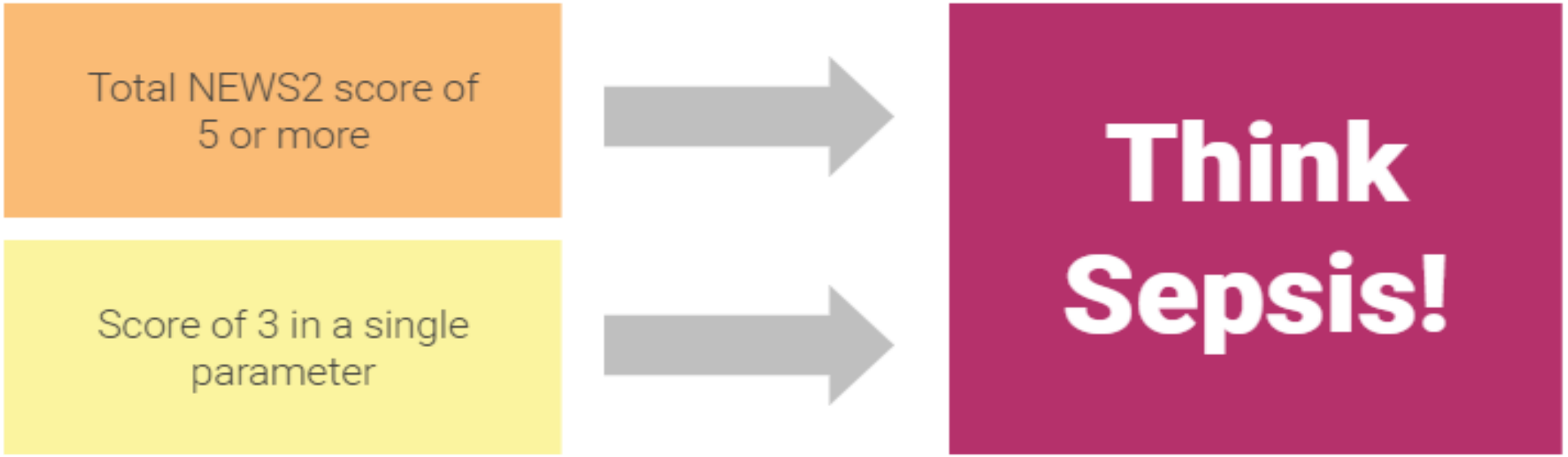
Total 7 or more Emergency response threshold	Continuous monitoring of vital signs	• Registered nurse to immediately inform the medical team caring for the patient - this should be at least at specialist registrar level. • Emergency assessment by a team with critical care competencies, including practitioner(s) with advanced airway management skills. • Consider transfer of care to a level 2 or 3 clinical care facility, i.e. higher dependency unit or ICU. • Clinical care in an environment with monitoring facilities.

Continue

Sepsis should be considered in any person with a known infection; signs or symptoms of infection; in people at high risk of infection (i.e. on chemotherapy); NEWS2 score of 5 or more - 'Think Sepsis'

Patients with suspected infection and a NEWS2 score of 5 or more require urgent assessment and intervention by a clinical team competent in the management of sepsis. Consider urgent transfer to hospital, or transfer to a higher dependency clinical area within the hospital for ongoing clinical care.

Also consider sepsis if evidence of infection and a score of 3 in one parameter.



To view the additional RCP guidance (March 2020) on escalation and response click on the buttons below.

NEWS2 score of 5 or 6

NEWS2 score of 7 or more

A NEWS2 score of 5 or 6 **that is new for the patient, unless an alternative escalation threshold has been previously determined**, indicates that:

- the patient should be monitored hourly initially
- the registered practitioner is to urgently inform a clinician competent in the assessment of acutely ill patients - this will be decided locally and could be the emergency response team (dependent on skill mix), ward doctor etc
- assessment is expected within 60 minutes
- moving the patient to an environment with monitoring facilities should be considered.

To view the additional RCP guidance (March 2020) on escalation and response click on the buttons below.

NEWS2 score of 5 or 6

NEWS2 score of 7 or more

A NEWS2 score of 7 or above **that is new for the patient, unless an alternative escalation threshold has been previously determined**, indicates that:

- the patient should be monitored every 30 minutes initially
- the registered practitioner is to urgently inform a clinician competent in the assessment of acutely ill patients - this will be decided locally and could be the emergency response team (dependent on skill mix), ward doctor etc
- assessment is expected within 30 minutes
- if there is no improvement, senior clinician review (as locally defined) is expected within 60 minutes
- moving the patient to an environment with monitoring facilities should be considered.

A structured clinical assessment should be documented that includes:

- time of escalation
- time and grade of clinical response
- clinical assessment and plan, including treatment plan and the individualised trigger score (threshold) for further response.

Examples of structured documents of clinical response to deterioration can be found on the NEWS2 pages of the RCP website.

Read the statements below relating to the physiological parameters and selecting whether you think each is TRUE or FALSE.

	TRUE	FALSE	
This clinical risk of an aggregate score of 0-4 is low.	●	○	✓
This clinical risk of an aggregate score of 5-6 is high.	○	●	✓
One component of the clinical response is 'frequency of monitoring'.	●	○	✓
A total NEWS2 score of 0 requires continuous monitoring of vital signs.	○	●	✓
For a score of 3 in a single parameter consider sepsis.	●	○	✓
For a total NEWS2 score of 5 or more consider sepsis.	●	○	✓

Clinical concern

There will be circumstances when a health care professional may judge that the NEWS2 score for a patient underestimates their concern for the patient's clinical condition.

In such circumstances care must be escalated to a more senior clinical decision maker.

Reasons not to act on NEWS2

It is recommended that reasons not to act on the NEWS2 score should be recorded in the clinical notes.

When clinical teams decide that the routine recording of a NEWS2 score is not appropriate, e.g. patients on an end life care pathway, such decisions should be discussed with the patient and recorded in the notes.

- The primary uses of NEWS2 are:
  - **Track** - To provide a continuous record of a patient's physiological status throughout the patient journey.
  - **Trigger** - To provide a standardised platform for the initial assessment of acute illness severity wherever assessment occurs.
- NEWS2 is designed for use in adults aged **16 years and above.**
- There are **6 physiological parameters** that form the basis of NEWS2.
- The NEWS2 scorecard is used to assign an individual scores to each parameter.
- Individual scores are recorded on the NEWS2 observation chart.
- The individual scores are added together to calculate the NEWS2 total score.
- The NEWS2 triggers thresholds determine the appropriate clinical response for the patient.
- Consider sepsis with an individual score of 3, or a total NEWS2 score of 5 or more.

Case 1 is an emergency admission to AMU (Acute Medical Unit). The patient is a 61 year old known hypercapnia respiratory failure (type 2) on high flow oxygen.

The observations shown to the right are reported.

Using the NEWS2 scorecard, record the scores for each individual parameter in the boxes opposite, then click submit.

Respiratory rate	8	0
Oxygen saturations	97%	0
Supplemental oxygen	15 L/min	0
Systolic blood pressure	170	0
Pulse	128	0
Consciousness	V	0
Temperature	37.1°C	0

You can access the **NEWS2 scorecard** by clicking the resources button below.

Case 1 is an emergency admission to AMU (Acute Medical Unit). The patient is a 61 year old known hypercapnia respiratory failure (type 2) on high flow oxygen.

The observations shown to the right are reported.

The total NEWS2 score is correct. Click Next to view the appropriate clinical response.

Respiratory rate	8	3
Oxygen saturations	97%	3
Supplemental oxygen	15 L/min	2
Systolic blood pressure	170	0
Pulse	128	2
Consciousness	V	3
Temperature	37.1°C	0
Calculate		13

You can access the **NEWS2 scorecard** by clicking the resources button below.

The recorded NEWS2 scores for the individual parameters and the total NEWS2 score are shown on the right. Now select the correct trigger threshold by clicking on the appropriate button below.

Total - 0	Total - 1-4	3 in a single parameter	Total – 5 or more	Total 7 or more

Total 7 or more: Continuous monitoring of vital signs

- 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

Click next to continue.

Respiratory rate	3
Oxygen saturations	3
Supplemental oxygen	2
Systolic blood pressure	0
Pulse	2
Consciousness	3
Temperature	0
NEWS2 total	13

Think Sepsis

Respiratory rate	3
Oxygen saturations	3
Supplemental oxygen	2
Systolic blood pressure	0
Pulse	2
Consciousness	3
Temperature	0
NEWS2 total	13

Based on the individual and total NEWS2 score, should you consider sepsis?

Make your selection below.

Yes

No

Think Sepsis!

For a total NEWS2 score of 5 or more you should consider sepsis.

Continue

Case 2 is a 55 year old lady who has been admitted to the medical ward with possible community acquired pneumonia.

The observations shown to the right are reported.

The individual score are correct. Now calculate the total NEWS2 score and record it in the box opposite.

Respiratory rate	26	3
Oxygen saturations	95%	1
Supplemental oxygen	No	0
Systolic blood pressure	111	0
Pulse	104	1
Consciousness	A	0
Temperature	38°C	0
Calculate		5

You can access the **NEWS2 scorecard** by clicking the resources button below.

The recorded NEWS2 scores for the individual parameters and the total NEWS2 score are shown on the right. Now select the correct trigger threshold by clicking on the appropriate button below.

Total - 0	Total - 1-4	3 in a single parameter	Total – 5 or more	Total 7 or more

Total 5 or more: Minimum 1 hourly

- 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.

Click next to continue.

Respiratory rate	3
Oxygen saturations	1
Supplemental oxygen	0
Systolic blood pressure	0
Pulse	1
Consciousness	0
Temperature	0
NEWS2 total	**5**

Think Sepsis

Respiratory rate	3
Oxygen saturations	1
Supplemental oxygen	0
Systolic blood pressure	0
Pulse	1
Consciousness	0
Temperature	0
NEWS2 total	5

Based on the individual and total NEWS2 score, should you consider sepsis?

Make your selection below.

Yes

No

Think Sepsis!

For a total NEWS2 score of 5 or more you should consider sepsis.

Continue

Case 3 is a 75 year old man discharged from the level 2 unit to the surgical ward yesterday following a colectomy.

The observations shown to the right are reported.

The total NEWS2 score is correct. Click Next to view the appropriate clinical response.

Respiratory rate	19	0
Oxygen saturations	98%	0
Supplemental oxygen	2 L/min	2
Systolic blood pressure	120	0
Pulse	82	0
Consciousness	C	3
Temperature	36.8°C	0
Calculate		5

You can access the **NEWS2 scorecard** by clicking the resources button below.

The recorded NEWS2 scores for the individual parameters and the total NEWS2 score are shown on the right. Now select the correct trigger threshold by clicking on the appropriate button below.

Total - 0	Total - 1-4	3 in a single parameter	Total – 5 or more	Total 7 or more

Total 5 or more: Minimum 1 hourly

- 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.

Click next to continue.

Respiratory rate	3
Oxygen saturations	1
Supplemental oxygen	0
Systolic blood pressure	0
Pulse	1
Consciousness	0
Temperature	0
NEWS2 total	**5**

Think Sepsis

Respiratory rate	3
Oxygen saturations	1
Supplemental oxygen	0
Systolic blood pressure	0
Pulse	1
Consciousness	0
Temperature	0
NEWS2 total	5

Based on the individual and total NEWS2 score, should you consider sepsis?

Make your selection below.

Yes

No

Think Sepsis!

For a total NEWS2 score of 5 or more you should consider sepsis.

Continue

Case 4 is an 88 year old lady admitted from a residential care home with a suspected urinary tract infection and dehydration.

The observations shown to the right are reported.

The total NEWS2 score is correct. Click Next to view the appropriate clinical response.

Respiratory rate	19	0
Oxygen saturations	97%	0
Supplemental oxygen	No	0
Systolic blood pressure	108	1
Pulse	120	2
Consciousness	A	0
Temperature	36.2°C	0
Calculate		3

You can access the **NEWS2 scorecard** by clicking the resources button below.

The recorded NEWS2 scores for the individual parameters and the total NEWS2 score are shown on the right. Now select the correct trigger threshold by clicking on the appropriate button below.

Total - 0	Total - 1-4	3 in a single parameter	Total – 5 or more	Total 7 or more

Total 1-4: Minimum 4-6 hourly

- Inform registered nurse, who must assess the patient
- Registered nurse decides whether increased frequency of monitoring and/or escalation of care is required

Click next to continue.

Respiratory rate	0
Oxygen saturations	0
Supplemental oxygen	0
Systolic blood pressure	1
Pulse	2
Consciousness	0
Temperature	0
NEWS2 total	**3**

Think Sepsis

Respiratory rate	0
Oxygen saturations	0
Supplemental oxygen	0
Systolic blood pressure	1
Pulse	2
Consciousness	0
Temperature	0
NEWS2 total	3

Based on the individual and total NEWS2 score, should you consider sepsis?

Make your selection below.

Yes

No

For this patient sepsis does not need to be considered as:

- The total score is less than 5
- No parameter has a score of 3

Continue

Case 5 is a 24 year old man admitted following a road traffic accident with sternal pain.

The observations shown to the right are reported.

The individual score are correct. Now calculate the total NEWS2 score and record it in the box opposite.

Respiratory rate	20	0
Oxygen saturations	91%	3
Supplemental oxygen	No	0
Systolic blood pressure	112	0
Pulse	72	0
Consciousness	A	0
Temperature	36.8°C	0
Calculate		3

You can access the **NEWS2 scorecard** by clicking the resources button below.

The recorded NEWS2 scores for the individual parameters and the total NEWS2 score are shown on the right. Now select the correct trigger threshold by clicking on the appropriate button below.

Total - 0	Total - 1-4	3 in a single parameter	Total – 5 or more	Total 7 or more

3 in a single parameter: Minimum 1 hourly

- Registered nurse to inform medical team caring for the patient, who will review and decide whether escalation of care is necessary

Click next to continue.

Respiratory rate	0
Oxygen saturations	3
Supplemental oxygen	0
Systolic blood pressure	0
Pulse	0
Consciousness	0
Temperature	0
NEWS2 total	**3**

Think Sepsis

Respiratory rate	0
Oxygen saturations	3
Supplemental oxygen	0
Systolic blood pressure	0
Pulse	0
Consciousness	0
Temperature	0
NEWS2 total	3

Based on the individual and total NEWS2 score, should you consider sepsis?

Make your selection below.

Yes

No

Think Sepsis!

With this patient sepsis should be considered. Even though the total score is less than 5, a 3 (red score) for respiratory rate was recorded.

Continue

Congratulations. You have successfully completed the NEWS2 case studies.

If you wish to review any of the learning material at any point you can do so using the menu tabs at the top of the page.

EXIT COURSE

NEWS2
National Early Warning Score

CERTIFICATE
of completion

This is to certify that

Franklin Espino Herrera

Has successfully completed the

Acute Care Module

Including the following learning topics:

1. Describe the benefits of NEWS
2. List the main ways in which NEWS is to be used
3. Know the six physiological parameters included with NEWS
4. Describe the NEWS system, thresholds and triggers
5. Accurately record and score parameters
6. Perform a NEWS calculation
7. Demonstrate correct use of NEWS and associated clinical responses through completing 5 case studies in acute care

NEWS eLearning Programme has been approved by the Federation of the Royal Colleges of Physicians of the United Kingdom for 1 category 1 (external) CPD credit. Certification No: 134179
1st April 2021

MODULE COMPLETED

On Monday 22nd November 2021

DOWNLOAD CERTIFICATE

Introduction

Following its launch in 2012, the NEWS has been widely adopted across the NHS, with over 230,000 healthcare professionals having completed the online competency training in the use of NEWS.

There are five NEWS modules, one for each of the following areas

Acute Care
Primary Care
Mental Health
Ambulance Care
Care/Community homes

You need only complete one of these modules in order to be awarded a NEWS certificate. The primary difference between the modules are the end of module case studies, so please undertake the module that best matches your area of practice.

Learning Objectives

1. Describe the benefits of NEWS
2. List the main ways in which NEWS is to be used
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Module Complete

You have completed the module on 22/11/2021

If you need to re complete this module in order to gain a new certificate for compliancy reasons please click to reset your progress first.

If you wish to revisit the module for revision purposes and do not need a new certificate, please click here to launch the e learning.

TASK LIST

Lesson

You have completed this online learning.

You have spent 1h 16m 34s viewing this online learning.

Want to view this again?

LAUNCH ONLINE LEARNING