NEWS2 update: A standardised common language for sickness across all healthcare settings

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Poor communication has a profound impact on patient care and is a leading cause of adverse events in healthcare. When the message about how ill a patient is gets lost, it can lead to serious problems, complications, and death.

The NCEPOD report: Just Say Sepsis! Found there was a lot of room for improvement in the documentation and communication of vital signs in patients later found to have sepsis.

### NCEPOD Sepsis cases: Out-of-Hospitals observations

<table>
<thead>
<tr>
<th>Vital signs recorded</th>
<th>GP (n = 129)</th>
<th>%</th>
<th>Paramedic (n=163)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temperature</td>
<td>34</td>
<td>26.4</td>
<td>146</td>
<td>89.6</td>
</tr>
<tr>
<td>Blood pressure</td>
<td>32</td>
<td>24.8</td>
<td>157</td>
<td>96.3</td>
</tr>
<tr>
<td>Heart Rate</td>
<td>40</td>
<td>31.0</td>
<td>163</td>
<td>100</td>
</tr>
<tr>
<td>Respiratory</td>
<td>8</td>
<td>6.2</td>
<td>159</td>
<td>97.5</td>
</tr>
<tr>
<td>AVPU</td>
<td>8</td>
<td>6.2</td>
<td>144</td>
<td>88.3</td>
</tr>
</tbody>
</table>

“An early warning score, such as the National Early Warning Score (NEWS) should be used in both primary care and secondary care for patients where sepsis is suspected. This will aid the recognition of the severity of sepsis and can be used to prioritise urgency of care”

NCEPOD 2015

A standardised language of sickness is critical in ensuring that sick patients across the whole healthcare pathway are urgently assessed, reviewed, transported, appropriately placed and escalated.

The National Early Warning Score (NEWS) is recommended for the assessment, management, escalation and communication of all hospital and ambulance patients and community healthcare professionals and organisations are also strongly encouraged to consider its implementation.
**National Early Warning Score (NEWS)**

Validated tool widely used in acute care comprising six biological measurements that are scored then added up to give an aggregate (or total)

- Respiration Rate
- Oxygen Saturations
- Temperature
- Systolic Blood Pressure
- Heart Rate
- Level of Consciousness (defined by AVPU)

NEWS can be used for both initial assessment of acute-illness severity and as a track-and-trigger to identify acute clinical deterioration and response

NEWS was developed from comparing the observations of emergency admission survivors and non-survivors, and as infection is the most common reason for acute admission, it is unsurprising that NEWS2 is at the heart of the national cross-system Sepsis programme.

NEWS has recently been updated to NEWS2. The major updates include the addition of:

1. An oxygen saturation sub chart for those at risk of hypercapnic respiratory failure (where oxygen saturations of 88-92% are accepted as normal) to better tailor escalation to baseline oxygen levels in those with chronic respiratory disease.
2. The addition of New Confusion (or delirium) to the level of consciousness score.
3. The reinforcement of the value of aggregate scores versus single parameter extreme recordings.

https://www.rcplondon.ac.uk/projects/outputs/national-early-warning-score-news-2

**NHS England’s Sepsis Implementation Guidance**

Sepsis can affect anybody and in all settings. Everybody needs to be aware: the public, carers, community staff, GPs and practice teams, ambulances and hospital staff. 1.8 million patients are acutely admitted with bacterial infection (termed those with suspicion of sepsis) to English NHS hospitals per year. Of these, an estimated 123,000 have sepsis and 37,000 of these die, with survivors often left with long term health problems. The sooner patients with sepsis are identified,
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The operational NHS England Sepsis Implementation Guidance was developed by an expert consensus group in October 2017 to standardise the national operational sepsis definition. It states that an aggregate NEWS ≥ 5 or more identifies adult hospital patients who are severely ill with likely organ dysfunction and who require urgent assessment by a senior clinical decision-maker. Where aggregate NEWS ≥ 5 is accompanied by suspicion of sepsis this should prompt the senior clinical decision-maker, using clinical judgment, to start appropriate treatment, as indicated, within an hour of the risk being recognised.
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(Patients with a NEWS < 5 might also have or develop sepsis. Clinicians assessing patients with a NEWS score of less than 5 should still be aware of the risk of sepsis and should specifically look for: a single NEWS parameter of 3; non-blanching rash/mottled/ashen/cyanotic skin; responds only to voice or pain, or unresponsive; not passed urine in last 18 hours/urine output<0.5 ml/kg/hr; lactate 2+ as any of these indicators suggest the possibility of underlying infection and sepsis)


A NEWS & Clinical Judgement based approach to Sepsis

Wessex PSC & WestHants CCG are committed to assisting the implementation of NEWS2 across the whole region. (Care home NEWS2 Chart)