

# Adult Early Warning Score for Recognising and Responding to Acute Deterioration (NEWS2)

SCORE	E	3	2	1	0	1	2	3
Respiratory rate	≤4	5-8		9-11	12-20		21-24	≥25
SpO2%		≤91	92-93	94-95	≥96			
SpO2%* (Scale 2)		≤83	84-85	86-87	88-92 ≥93 ON RA	93-94 ON O2	95-96 ON O2	≥97 ON O2
O2 therapy (l/min)					Nil		Any O2	
Heart rate	≤30	31-40		41-50	51-90	91-110	111-129	≤130
Systolic BP	≤70	71-90	91-100	101-110	111-219			≤220
Level of consciousness* (AVPU)	Unresponsive	Confused Voice Response Pain Response			Alert			
Temperature (°C)		≤35.0		35.1-36.0	36.1-38.0	38.1-39.0	≥39.1	

The score for each parameter should be added together to produce a total Early Warning Score (EWS).  
Once an EWS is calculated, follow the Clinical Escalations and Actions chart.

**\* NEWS2 considerations:**

- SpO2 Scale 1 should be used for the majority of patients. Scale 2 should only be used for patients known to have a target SpO2 range of 88-92% as per the Oxygen CPG.
- Level of consciousness should be scored based on an acute change. If a patient has a chronic altered level of consciousness (e.g dementia) and does not have an acute change from their baseline, they should score zero for this parameter.



RRAD CPG



Sepsis CPG

**Start sepsis assessment if:**


- Early Warning Score ≥5
- Patient looks unwell

## Clinical Escalation and Actions | Prehospital Low Acuity Response, Patient Transport Officer and Volunteer Ambulance Officer

### RECOGNISE

All patients EWS 0-4

**Amber escalation  
EWS 5-6**


Or  amber flag sepsis criteria  
Or any single observation in RED (score 3) area

Or any clinical trigger not immediately correctable:

- Increasing oxygen requirement
- Poor peripheral circulation
- BSL < 4mmol/l or >20mmol/l with no decrease in level of consciousness
- Concern by attending clinician

Acute illness or unstable chronic disease, at risk of deterioration

**Red escalation EWS 7+**

Or  red flag sepsis criteria

Or any clinical trigger not immediately correctable:

- Partial airway obstruction or stridor
- Increasing oxygen requirements to maintain oxygen saturation >90%
- Only responds to pain on AVPU scale
- Sudden decrease in level of consciousness (drop of 2 or more points on GCS)
- BSL < 4mmol/l or > 20mmol/l with decrease in level of consciousness
- Acute behavioural disturbance with severe agitation (RASS 4)
- Serious concern by clinician

Likely to deteriorate rapidly

**Emergency escalation**

Any single observation in PURPLE (E) area

Or any clinical trigger not immediately correctable:

- Cardiac or respiratory arrest
- Complete airway obstruction
- Patient unresponsive
- Generalised seizure activity
- Serious uncontrollable haemorrhage
- Any other time critical event of serious concern to clinician

Immediately life-threatening critical illness

### RESPOND

- A-E assessment at first practical opportunity
- Full set of observations
- Regular observations - increase frequency of observations if EWS increasing
- Document all assessments, actions, and outcome

- Re-assess A-E and initiate appropriate clinical care
- Increase observation frequency
- Consider sepsis using appropriate sepsis screening tool
- Consult with SOC CSP, or call for paramedic backup where available, recommended

- Re-assess A-E and initiate appropriate clinical care
- Continuous cardiac monitoring where available and pulse oximetry along with increased frequency of observations.
- Consider sepsis using appropriate sepsis screening tool
- Consider Priority 1 transport (if in scope)
- Consider requirement for additional resources
- Consult with SOC CSP, or call for paramedic backup where available, required at earliest practical opportunity

- Re-assess A-E and initiate appropriate resuscitative care
- Priority 1 transport if not correctable (if in scope)
- Consider requirement for additional resources
- Consult with SOC CSP, or call for paramedic backup where available, required at earliest practical opportunity

\* These actions are for the prehospital environment. For escalation within a hospital/Extended Transfer of Care setting please see escalation actions for the individual facility.