University Hospitals of Derby and Burton NHS Foundation Trust

Observations and Escalation for Adult Inpatients - Summary Clinical Guideline

Reference No:CG-TRUST/2023/002

Requirement for a minimum of 4 hourly observations for the first 48 hours for all adult admissions.

Where a patient triggers on the NEWS the escalation process must be followed as indicated in the table below:

NEWS Score	Frequency of Monitoring	Clinical Response	Actions to Consider
0	Minimum 12 hourly	• Continue routine NEWS monitoring	• Routine NEWS2 scoring with each set of observations.
Total 1-2	Minimum 6 hourly	• Inform RN, who must assess the patient • RN to consider increasing frequency of monitoring and/or if escalation is required.	• If concerned escalate to the nurse in charge • Last passed urine? Is fluid balance chart required?
Total 3-4	Minimum 4 hourly	• Inform RN who will review the patient • Decision made as to whether increased frequency of monitoring and/or escalation of clinical care is required	• If concerned escalate to the nurse in charge • Last passed urine? Is fluid balance chart required
3 in single Parameter	Minimum 1 hourly	• Inform RN who must review the patient • Escalate patient to FY1 of parent medical team/Outreach. Out of hours on call FY1/2/NNP/CSP/ACP	• Re-check observations in 30 minutes • Escalate to the nurse in charge • Last passed urine? Is fluid balance chart required? • **THINK SEPSIS**
Total 5 or More URGENT Response threshold	Minimum 1 hourly	• Inform the parent medical team (FY2 or above) for assessment within 1 hour. • Escalate to Outreach/CSP/NNP/ACP *NB. If required escalation is not available or achieved, contact more senior doctor of parent medical team.*	• Re-check observations in 30 minutes • Escalate to the nurse in charge • Commence fluid balance chart • Consider IV fluids, catheterisation • **THINK SEPSIS** • **Consider Amber Care/Respect Forms**
Total 7 or more Emergency Response threshold	Continuous Monitoring of Vital signs	• Urgently inform the F2 or above/Outreach/CSP/NNP/ACP for an immediate assessment within 30 minutes. • Medical team to consider transfer to a level 2 or 3 care facility i.e. HDU/ITU *NB. If required escalation is not available or achieved, contact more senior clinician of parent or OOH team.*	• Carry out an ABCDE assessment of the patient and initiate treatment e.g. oxygen therapy, cannulation, fluid balance chart etc. • Most patients will need discussion with Senior Clinician (registrar or above) • **THINK SEPSIS** and commence the Sepsis 6 if red flags are present • Close monitoring and a minimum of half hourly observations until score is <5 for 4 consequetive hours.