

NEWTT2 CHART

University Hospitals Derby and Burton NHS Foundation Trust				NEWTT2	
Name:		Date of birth:		NHS number:	
How to use the Newborn Trigger and Track tool to determine the level and timelines of escalation					
<p>Calculate and document the total NEWTT2 score for a set of observations by adding together the individual scores (0-2) for every individual observation entered in a single column of the chart</p>					
<p>Check the total against NEWTT2 escalation tool and follow instructions in the escalation table for that set of observations</p>					
<p>Healthcare professional concern can initiate a neonatal review at any time regardless of the zone colour of an observation of total score</p>					
<p>For a score of zero continue routine care</p>					
Thresholds and Triggers					
	Score 1	Score 2-3	Score 4-5	Score ≥6	Any critical observation
Inform shift leader—consider SpO ₂ ± blood glucose if not done already					
Primary Escalation & Response	Repeat observations in <1 hour	Refer to paediatric / neonatal Tier 1 doctor / ANNP	Refer to paediatric / neonatal Tier 1 doctor / ANNP	Refer to paediatric / neonatal doctor / ANNP tier 1 and inform tier 2	Refer to paediatric / neonatal Tier 1 AND Tier 2 doctor / ANNP
Review timings	Escalate as for score 2-3 if repeat score remains 1	Request a review within 1 hour	Request a review within 15 minutes	Request immediate review	Immediate review (consider neonatal emergency 2222)
Take steps to avoid any obvious concerns					
Secondary contact	If no review within expected time frame, escalate to Tier 2 doctor / ANNP and inform shift leader. If still no response within required time frame, escalate to consultant			If no review within expected time frame, escalate to consultant and shift leader	
<p>When the primary team member(s) contacted is unable to attend or fails to attend within the expected time for the level of clinical concern, escalation to the secondary contact is required. The secondary contact would be expected to attend within the initial review timing, calculated from the documented time of primary escalation</p>					
Early Onset Neonatal Infection (EONI)					
Red flag risk factors			Red flag clinical indicators		
<ul style="list-style-type: none"> • Suspected or confirmed infection in another baby in case of a multiple pregnancy 			<ul style="list-style-type: none"> • Apnoea (temporary stopping of breathing); seizures; need for cardiopulmonary resuscitation; need for mechanical ventilation; signs of shock 		
Non-red flag / other risk factors			Non-red flag / other clinical indicators (purple for doctors remit)		
<ul style="list-style-type: none"> • Invasive GBS infection in previous baby; maternal GBS colonisation/bacteriuria/infection in current pregnancy • Preterm birth following spontaneous labour <37 weeks' gestation • Confirmed ruptured membranes for >18 hours before a preterm birth • Confirmed prelabour rupture of membranes at term for more than 24 hours before onset of labour • Intrapartum fever higher than 38°C if there is suspected or confirmed bacterial infection • Clinical diagnosis of chorioamnionitis 			<ul style="list-style-type: none"> • Altered behaviour or responsiveness • Altered muscle tone (for example floppiness) • Feeding difficulties (for example, feed refusal) • Feed intolerance, including vomiting, excessive gastric aspirates and abdominal distension • Abnormal heart rate (bradycardia or tachycardia) • Signs of respiratory distress (including grunting, recession, tachypnoea) • Hypoxia (for example, central cyanosis / reduced O₂ sats) • Jaundice within 24 hours of birth • Temperature abnormality (<36°C or >38°C) unexplained by environment • Persistent pulmonary hypertension of newborns • Signs of neonatal encephalopathy • Unexplained excessive bleeding; thrombocytopenia; abnormal coagulation 		
<p>In infants with any red flag or with 2 or more "non-red flag" risk factors or clinical indicators:</p> <ul style="list-style-type: none"> • NEWTT score <2: escalate for review and investigations within 30 minutes • NEWTT score ≥2: escalate for immediate review to senior paediatrician (ST4/ANNP) 					

NEWTTS score 1 2 3 **A score for each vital sign is required at each entry**

ANY critical (PURPLE) observation—Immediate escalation. Consider 2232

Reason for Observations: _____ Signed: _____ Print name & GMC/NMC No. _____
 Frequency and duration: _____

	Date:									
	Time:									
Temperature °C	39.0					2				38.0
						2				
	38.0					2				38.0
						1				
						1				37.0
						2				
						1				36.0
						2				
						2				

Temperature alert: Implement thermal control measures and re-checks within 1 hour

Respirations Breaths/min	80					2				80
						1				
	70					1				70
						1				
	60					1				60
						1				
						0				50
						1				40
						2				30
						2				20

Grunting present?						1				
Heart rate Beats/min	140					2				140
						2				
	170					1				170
						1				
	180					1				180
						1				
	160									160
	140									140
	130					0				130
120									120	
110									110	
100					1				100	
					1					
90					1				90	
					1					
80					2				80	
					2					

SpO ₂ <90% / very pale/blue										
SpO ₂ 90-94%						1				
SpO ₂ ≥95% (or pink/normal)						0				

Alert conscious	Unrliable/Floppy/?Seizure									
	Jittery / Irritable / Poor tone					1				
	Responsive / Good tone					0				

Feeding	Not feeding					2				
	Feeding reluctantly					1				
	Feeding well					0				

Parental concern	High parental concern					2				
	Some parental concern					1				
	No parental concern					0				

Respiratory rate	< 1.0 mmol/l									
	1.0-1.9 mmol/l					2				
	2.0-2.5 mmol/l					1				
	≥ 2.6 mmol/l					0				

Glucose when measured - should be considered if baby feeding reluctantly/poorly/observations suggest unwell

NEWTTS total									TOTAL
Monitoring frequency									Frequency
Escalation of care YES / NO									Escalation
Initials									Initials