



# Be on the look out...

## Special edition HOOT (High Occurrence OWL Teaching)

### Use of NEWS2 and SBAR

#### Key messages

1. Some patients may need monitoring more than the NEWS2 recommended frequency of observations. This includes those who have been critically unwell or are at risk of sudden, rapid deterioration.
2. SBAR is a tool for communication and can be very effective, as it offers a structure to keep handover simple and to the point.
3. You have approximately 2 minutes to handover the most important information about a patient that you are escalating. SBAR helps in this.

#### Case Study

A patient is admitted to your ward from ITU. They had been admitted after falling at home and was on the floor overnight. The patient had developed pneumonia and rhabdomyolysis. They have been on ITU for 4 days.

The patient is received onto your ward, with an ITU nurse who provides the handover. As they are a new patient to your ward you decide to complete a set of observations. Their observations are Resp Rate 20/min, SpO<sub>2</sub> 98% on Air, HR 86/min, BP 146/74 mmHg and a Temp of 37.4°C. They are alert.

Observation chart for the National Early Warning Score (NEWS2)

NEWS key	FULL NAME	DATE OF BIRTH	DATE OF ADMISSION
0 1 2 3			
A+B Respirations			
A+B SpO <sub>2</sub> Scale 1 Oxygen saturation %			
A+B SpO <sub>2</sub> Scale 2 Pulse rate / min			
A+B BP Scale 1 Systolic blood pressure mmHg			
A+B BP Scale 2 Diastolic blood pressure mmHg			
A+B Temp Scale 1 Core temperature °C			
A+B Temp Scale 2 Rectal temperature °C			
A+B Alert or drowsy			
C Blood pressure mean arterial pressure mmHg			
C Pulse beats per min			
D Consciousness Glasgow Coma Scale			
E Temperature °C			
NEWS TOTAL			
Monitoring frequency			
Escalation of care V/N			

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#### Escalation



#### What is the NEWS score? How often should their observations be completed?

The NEWS is 0 and according to the NEWS2 protocol, the patient should be placed on 12 hourly observations. However, this patient has just left ITU. Does 12 hourly observations sound correct?

**This is an example of where clinical judgement and experience is important. This patient should have their first set of obs completed within 30 minutes of arriving on the ward. For the next 24 hours observations should be completed no less than 4 hourly.**

You note that there has been a decline in the condition of the patient and repeat the observations. This time they are Resp Rate – 24/min, SpO<sub>2</sub> 96% on Air, HR 95/min, BP 102/53mmHg and a Temp of 38.3 °C. They are drowsier than before and are hot to touch, pale and clammy.

#### What is their NEWS? How will you escalate this patient?

The NEWS is 5. How often should the observations now be taken? Is this based on NEWS2 protocol or your clinical judgement? The appropriate medical team should now be contacted to complete an urgent assessment.

**S** Situation – what is happening? Why do you need the team?

**B** Background – why is the patient in the hospital? Any relevant medical history?

**A** Assessment – Vital signs and A-E assessment, what do you see, hear or feel?

**R** Recommendation – What do you need? Make suggestions