

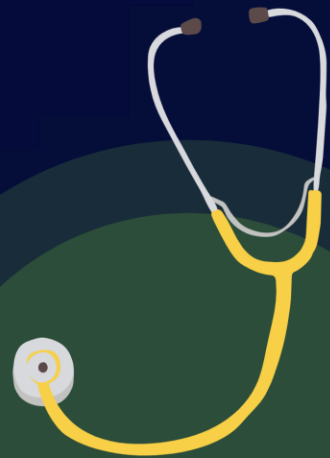


Imperial College London
Surgical Society
Junior Anatomy Series

CPA SUMMARY GUIDE

NEWS

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The 6 Parameters:

- respiration rate – breaths per minute
- oxygen saturation - %
- systolic blood pressure (& diastolic) – mmHg
- pulse rate - bpm
- level of consciousness or new confusion
 - Alert
 - Confused
 - Voice – is the patient only responding to voice
 - Pain – is the patient only responding to pain
 - Unresponsive
- Temperature – oC

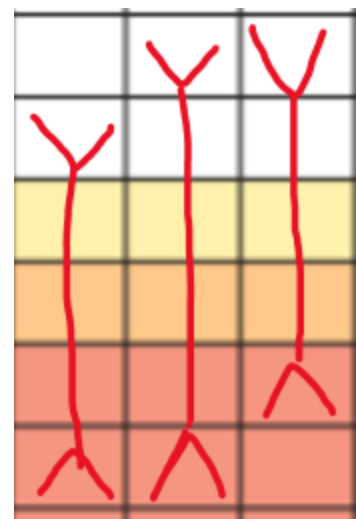
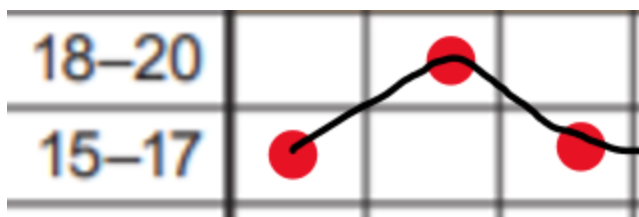
Physiological parameter	Score						
	3	2	1	0	1	2	3
Respiration rate (per minute)	≤8		9–11	12–20		21–24	≥25
SpO ₂ Scale 1 (%)	≤91	92–93	94–95	≥96			
SpO ₂ Scale 2 (%)	≤83	84–85	86–87	88–92 ≥93 on air	93–94 on oxygen	95–96 on oxygen	≥97 on oxygen
Air or oxygen?		Oxygen		Air			
Systolic blood pressure (mmHg)	≤90	91–100	101–110	111–219			≥220
Pulse (per minute)	≤40		41–50	51–90	91–110	111–130	≥131
Consciousness				Alert			CVPU
Temperature (°C)	≤35.0		35.1–36.0	36.1–38.0	38.1–39.0	≥39.1	



How to record data?

REMEMBER - SpO₂ Scale 2 used for **patients with confirmed type II respiratory failure**

- Use dots (sometimes crosses may be used) in each square
- Except Blood pressure (as shown below), the top arrow is systolic and bottom arrow is diastolic and joint the 2 arrows
- If more than 1 set of data is provided (i.e. on 2 different occasions), join the data using a straight line



Blood pressure



What action should you take?

- The response you take is dependent on the NEWS score, this should be part of the **Response in SBAR**
- If the NEWS Score >5 or scores a 3 in any single parameter – Think SEPSIS
- Inform the clinician of the relative risk associated with the NEWS score i.e. high risk
- The frequency of monitoring should also be mentioned

NEW score	Frequency of monitoring	Clinical response
0	Minimum 12 hourly	<ul style="list-style-type: none">• Continue routine NEWS monitoring
Total 1–4	Minimum 4–6 hourly	<ul style="list-style-type: none">• Inform registered nurse, who must assess the patient• Registered nurse decides whether increased frequency of monitoring and/or escalation of care is required
3 in single parameter	Minimum 1 hourly	<ul style="list-style-type: none">• Registered nurse to inform medical team caring for the patient, who will review and decide whether escalation of care is necessary
Total 5 or more Urgent response threshold	Minimum 1 hourly	<ul style="list-style-type: none">• Registered nurse to immediately inform the medical team caring for the patient• Registered nurse to request urgent assessment by a clinician or team with core competencies in the care of acutely ill patients• Provide clinical care in an environment with monitoring facilities
Total 7 or more Emergency response threshold	Continuous monitoring of vital signs	<ul style="list-style-type: none">• Registered nurse to immediately inform the medical team caring for the patient – this should be at least at specialist registrar level• Emergency assessment by a team with critical care competencies, including practitioner(s) with advanced airway management skills• Consider transfer of care to a level 2 or 3 clinical care facility, ie higher-dependency unit or ICU• Clinical care in an environment with monitoring facilities



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- ✓ Are we missing anything?
- ✓ Want to see more of something?
- ✓ What are we doing well?
- ✓ Finding anything confusing?

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