Early Warning Observation Score: Recognition of the deteriorating patients for Adults and Community only	
Standard Operating Procedure (SOP)	
Ref No: 1987 **Version: 2**	
Prepared by: Deirdre Molloy	
Presented to: Care and Clinical Policies Group	**Date:** 16 March 2016
Ratified by: Care and Clinical Policies Group	**Date:** 16 March 2016
	Review date: 26 August 2018
Relating to policies:	

1. Purpose of this document:

To standardise the assessment of patients using an early warning scoring system for clinical observations, and to support the early recognition and escalation of the deteriorating patient within Community Hospitals and Community Setting. (Appendix 1 "Early Warning Observation Chart").

2. Scope of this SOP:

Torbay and South Devon NHS Foundation Trust (TSDFT) employed clinical staff.

3. Competencies required:

Registered practitioners. Skilled non registered practitioners delegated the task having been deemed competent in the skills of undertaking and recording of clinical observations under the Trust Delegation and Accountability framework.

4. Patients covered:

All Adult patients (aged 16yrs and over) who have been admitted to a community hospital as an inpatient and all patients in the community setting where clinical observations are required for patient assessment or whose clinical condition has altered. Patients who are on an End of Life Care Pathway are excluded from Early Warning Observation scoring.

5. Procedure for the Assessment of the Deteriorating patient using the Early Warning Observational Chart

Frequency of Observations for Community Hospitals Inpatients.

5.1 Early Warning observations and scoring must be completed twice daily as a minimum for all patients in an inpatient setting. (Only those patients clearly identified on an End of Life care Pathway are excluded).

5.2 Frequency of Early Warning Observations must be completed as per Escalation trigger identified on Early Warning Observation Chart. (See appendix 1)

5.3 **Escalation Trigger**. Where a patient has a Low Early Warning score of 2 or 3 the frequency of observations must be increased to a least 4 hourly. Clinical rational for not increasing observations must be agreed by the senior nurse on duty and clearly documented in the patient's medical notes.

5.4 Where the Early Warning observations have a medium score i.e. 3 in one parameter or an aggregate score of 4 or more then observations must be repeated within half an hour. If the patients score remains at 3 in one parameter or remains as an aggregate of 4 the senior nurse must be informed. Clinical observations must be repeated if no improvement and senior nurse has clinical concern patients GP or duty doctor should be informed. Further agreed action with GP or duty doctor must be documented and should include frequency of observations and escalation required. Where a medium score is related to patient's long term condition e.g. pulmonary disease then this must be clearly documented in the patient's medical records. Where the senior nurse has no clinical concern but the patient has a medium score rationale for not escalating to doctor must be recorded on patient's medical or nursing records.

5.5 Where the Early Warning observations trigger a high score i.e. aggregate is 6 or more the duty doctor/GP must be contacted immediately and/or 999 ambulance considered by senior nurse for transfer to acute hospital based on overall clinical findings. Early warning observations should be repeated every 15 minutes until ambulance arrives or an agreed medical review and plan is identified.

Frequency of Observations Community

5.6 Early Warning observations and scoring must be completed in the community setting where clinical observation is required for assessment or where a patient's clinical condition has changed. (Patients clearly identified on an End of Life care Pathway are excluded)

5.7 **Escalation Trigger.** Where the Early Warning score is low this needs to be escalated to a registered practitioner. Consideration is needed by the registered practitioner based on the patient's health needs and clinical condition as to the need for regular observations.

5.8 Patients with a medium Early Warning score of 3 in one parameter or an aggregate score of 4 or more must be discussed with the patients GP and an action plan agreed and recorded in patient's medical or nursing records. Further escalation or increase in frequency of observations may not be required if the trigger in scoring is related to the patients long term health condition, (e.g. pulmonary disease where the patients everyday oxygen saturations may not raise beyond 96%) but this must be documented.

5.9 Where the Early Warning scores is high with an aggregate of 6 or more the patients GP or duty doctor must me contacted immediately. Consider 999 ambulance for transfer to acute hospital based on overall clinical findings.

6. Early warning Observation Chart

6.1 Early Warning Observations must include:

- Temperature
- Blood pressure
- Heart Rate
- Respiratory rate
- Oxygen saturations
- Inspired Oxygen where Oxygen is administered
- Conscious level
- Early warning score total.

6.2 All Early Warning Observations charts must be:

- Dated
- Timed
- Initial signed
- Monitoring frequency recorded
- Escalation plan initiated.

Additional Parameter to be completed as relevant i.e. Blood Glucose, Pain score and urine output. **NB** these should not be counted in the Early warning scoring but do require further action if outside normal parameters.

7. Monitoring tool:

7.1 It is the responsibility of the registered practitioner to ensure that the observation have been completed correctly for their patients as required.

7.2 Each Community Hospital ward must complete a monthly audit (available on icare) to include both the accuracy of the recordings of the Early Warning Observations chart and where Early Warning scores have triggered that appropriate action has been taken.

7.3 All audits will be reviewed by the lead for the Recognition of deteriorating patients monthly.

8. Training:

Regular training on the Recognition of the Unwell Patient including use of the early warning observations chart is delivered by the Resuscitation Team and is available to all staff through the training department.

Standards:

Item	%	Exceptions

Equality Statement.
The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): Sexual Orientation; Gender; Age; Gender Reassignment; Pregnancy and Maternity; Disability; Religion or Belief; Race; Marriage and Civil Partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.

The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis. For more information about equality analysis and Equality Impact Assessments please refer to the Equality and Diversity Policy

References:

"Standardising the Assessment of Acute Illness Severity in the NHS. Recommendations for a NHS Early Warning Score (News)". A report from the Royal college of Physicians, London 2011 Draft 3.

Appendix: *i.e. Flowchart, diagrams etc.*

Appendix 1. Early Warning Observational Chart for Community Hospitals

Appendix 2. Community Early Warning Observational Chart

Amendment History

Issue	Status	Date	Reason for Change	Authorised
2	Ratified	26/08/2016	Revised	Care and Clinical Policies Group

Appendix 1

Early Warning Observational Chart for Community Hospitals. (Torbay & South Devon NHS Foundation Trust)

Torbay NHS
Care Trust

Early Warning Observation Chart

Admission date: dd/mm/yy Ward:

Patient name:
NHS no:
Hospital no:
DOB:

Date																					
Time																					
Temperature	≥39°																				≥39°
	38°																				38°
	37°																				37°
	36°																				36°
	≤35°																				≤35°
Blood Pressure Record Systolic & Diastolic. Score Systolic BP only	230																				230
	220																				220
	210																				210
	200																				200
	190																				190
	180																				180
	170																				170
	160																				160
	150																				150
	140																				140
	130																				130
	120																				120
	110																				110
	100																				100
	90																				90
	80																				80
	70																				70
	60																				60
	50																				50
Heart Rate	>140																				>140
	130																				130
	120																				120
	110																				110
	100																				100
	90																				90
	80																				80
	70																				70
	60																				60
	50																				50
	40																				40
	30																				30
Resp Rate	≤25																				≤25
	21-24																				21-24
	12-20																				12-20
	9-11																				9-11
	≤8																				≤8
SpO_2	≥96																				≥96
	94-95																				94-95
	92-93																				92-93
	≤91																				≤91
Inspired O_2%	%																				%
Conscious Level	Alert																				
	V/P/U																				
EWS score (score with all obs)																					
Initials/sign																					
Monitoring frequency																					
Escalation plan (Initiated) Y/N/na																					
Initiated																					
Additional Parameters	BM																				
	Pain score (0-10)																				
	Urine output (ml/kg/hr)																				

0 1 2 3

EWS 0-1: Routine observations.
EWS 2: Increase observations and inform nurse in charge.
EWS 3: Inform nurse in charge and request medical review.

Patient not for score system
Initial (Doctor)

NHS Patient obs chart January 2012 - reproduced with kind permission from Royal Devon and Exeter NHS Foundation Trust

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Early Warning Score (EWS) Escalation Trigger

Low: 0	Stable
Low: Aggregate 1-3	Score 1 - Inform senior nurse in charge Score 2-3 - Increased frequency of observation to at least 4 hours. Inform senior nurse in charge
Medium 3 in one parameter Aggregate 4 or more	Medium-score group Inform senior nurse in charge. Repeat observations. If no improvement in vital signs in 1 hour or if serious concern, call duty doctor. Document action taken using SBAR.
High Aggregate 6 or more	High-score group Contact duty doctor/GP immediately. Consider 999 ambulance for transfer to acute hospital. Document action taken using SBAR.

NHS Early Warning Score (NEWS)

Physiological parameters	3	2	1	0	1	2	3
Pulse	≤40		41-50	51-90	91-110	111-130	≥131
Temperature	≤35.0		35.1-36.0	36.1-38.0	38.1-39.0	≥39.1	
Systolic BP	≤90	91-100	101-110	111-219			≥220
Respiration rate	≤8		9-11	12-20		21-24	≥25
Consciousness level				A			V, P or U
Oxygen saturations	≤91	92-93	94-95	≥96			
Any supplemental oxygen		Yes		No			

Guidance Notes

- The **early warning score** is not intended to replace common sense and experience but to support these. The system is relevant particularly to patients whose condition has changed in an unexpected way.
- **Remember:** an 'out-of-hours' doctor may be occupied many miles from the hospital, so discussion of a deteriorating patient may involve over-the-phone guidance about acute nursing management and a decision about whether to transfer the patient to an acute hospital.
- **Remember:** a 'Do Not Attempt Resuscitation' decision does not preclude treatment for other serious medical problems.

SBAR *(to support clinical handover of patient with raised EWS)*

Situation:	Patients details, identify reason for report, describe your concern.
Background:	Reason for admission, significant medical history, medications, investigations/ treatments.
Assessment:	Vital signs, clinical impression/concerns.
Recommendation:	Be specific, explain what you need, make suggestions, clarify expectations, confirm actions to be taken.

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Appendix 2

Community Early Warning Observational Chart (Torbay & South Devon NHS Foundation Trust

Community EWS Tool August 2013

Torbay and Southern Devon NHS
Health and Care

Early Warning Observation Chart

Patient name: .....
NHS no: .....
DOB: .....

Admission date: Team:

	Date																				
	Time																				
Temperature	≥39°																				≥39°
	38°																				38°
	37°																				37°
	36°																				36°
	≤35°																				≤35°
Blood Pressure	230																				230
Record Systolic & Diastolic	220																				220
	210																				210
Score Systolic BP only	200																				200
	190																				190
	180																				180
	170																				170
	160																				160
	150																				150
	140																				140
	130																				130
	120																				120
	110																				110
	100																				100
	90																				90
	80																				80
	70																				70
	60																				60
	50																				50
Heart Rate	>140																				>140
	130																				130
	120																				120
	110																				110
	100																				100
	90																				90
	80																				80
	70																				70
	60																				60
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	94-95																				94-95
	92-93																				92-93
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Inspired O_2%	%																				%
Conscious Level	Alert																				
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Escalation plan (Initiated) Y/N/n/a																					
Initiated																					
Additional Parameters	BM																				
	Pain score (0-10)																				
	Urine output (ml/kg/hr)																				

0 1 2 3

EWS 0-1: Routine observations.
EWS 2: Increase observations and inform nurse in charge.
EWS 3: Inform nurse in charge and request medical review.

Patient not for score system
Initial (Doctor)

Torbay and Southern Devon NHS Health and Care NHS Trust

Community EWS Tool August 2013

Community/ Intermediate Care Early Warning Score (EWS) Trigger Actions

Score	Category	Obs Interval	Recommended Actions
0-2	Low	At each visit or 24 hourly if in IC placement	• May be discontinued if 5 consecutive scores of 0 • Reinstate if patient condition/ presentation changes e.g. increased breathlessness **Nurse Actions** Inform Nurse in Charge if score increased Review frequency of visits required Increase frequency of observation
3-5 3 in one parameter or aggregate 4 or more	Medium	12 hours or Daily visit	**Nurse Actions** Inform Nurse in Charge Minimum of 12 hourly or daily visit – consider increase frequency of observations if upper score and/or rising Inform GP if serious concern –indicate if score rising
6	High	6-12 hourly	**Nurse actions** • Inform Nurse in charge • Inform GP immediately –use SBAR to communicate • Referral to out of hours nurse for further monitoring **Doctor actions for consideration** Consider patient visit/assessment Consider hospital admission
7+	High		**Nurse actions** • Emergency admission via 999 • Continuous monitoring of observations • remain with patient until paramedic arrives • Inform GP immediately –use SBAR to communicate **Doctor actions for consideration** Telephone liaison with A&E

GUIDANCE NOTES

The early warning score is not intended to replace common sense/experience but to support these. The system is relevant particularly to patients whose condition has changed in an unexpected way. It should be used to improve the assessment of acute illness, detect clinical deterioration and initiate a timely and competent clinical response.

SBAR (to support clinical handover of a patient with raised EWS)

Situation: patients details, identify reason for report, describe your concern
Background: reason for visit, significant medical history, medications, investigations/treatment
Assessment: vital signs, clinical impression, concerns
Recommendation: be specific. Explain what you need, make suggestions, clarify expectations, confirm actions to be taken

Community EWS Tool August 2013

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

"The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves". (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

Quality Impact Assessment (QIA)

	Please select			
Who may be affected by this document?	Patient / Service Users	☐	Visitors / Relatives	☐
	General Public	☐	Voluntary / Community Groups	☐
	Trade Unions	☐	GPs	☐
	NHS Organisations	☐	Police	☐
	Councils	☐	Carers	☐
	Staff	☐	Other Statutory Agencies	☐
	Others *(please state):*			

Does this document require a service redesign, or substantial amendments to an existing process?	☐
If you answer yes to this question, please complete a full Quality Impact Assessment.	

Are there concerns that the document could adversely impact on people and aspects of the Trust under one of the nine strands of diversity?	Age	☐	Disability	☐
	Gender re-assignment	☐	Marriage and Civil Partnership	☐
	Pregnancy and maternity	☐	Race, including nationality and ethnicity	☐
	Religion or Belief	☐	Sex	☐
	Sexual orientation	☐		
If you answer yes to any of these strands, please complete a full Quality Impact Assessment.				
If applicable, what action has been taken to mitigate any concerns?				

Who have you consulted with in the creation of this document? *Note - It may not be sufficient to just speak to other health & social care professionals.*	Patients / Service Users	☐	Visitors / Relatives	☐
	General Public	☐	Voluntary / Community Groups	☐
	Trade Unions	☐	GPs	☐
	NHS Organisations	☐	Police	☐
	Councils	☐	Carers	☐
	Staff	☐	Other Statutory Agencies	☐
	Details *(please state):*			

Rapid Equality Impact Assessment *(for use when writing policies and procedures)*

Policy Title (and number)		**Version and Date**	
Policy Author			

An equality impact assessment (EIA) is a process designed to ensure that a policy, project or scheme does not discriminate or disadvantage people. EIAs also improve and promote equality. Consider the nature and extent of the impact, not the number of people affected.

EQUALITY ANALYSIS: How well do people from protected groups fare in relation to the general population?
PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below

Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)

Age	Yes ☐ No☐	Disability	Yes ☐ No☐	Sexual Orientation	Yes ☐ No☐
Race	Yes ☐ No☐	Gender	Yes ☐ No☐	Religion/Belief (non)	Yes ☐ No☐
Gender Reassignment	Yes ☐ No☐	Pregnancy/ Maternity	Yes ☐ No☐	Marriage/ Civil Partnership	Yes ☐ No☐

Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers[1]; travellers[2]; homeless[3]; convictions; social isolation[4]; refugees)	Yes ☐ No☐

Please provide details for each protected group where you have indicated 'Yes'.

VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion

Is inclusive language[5] used throughout?	Yes ☐ No☐
Are the services outlined in the policy/procedure fully accessible[6]?	Yes ☐ No☐
Does the policy/procedure encourage individualised and person-centered care?	Yes ☐ No☐
Could there be an adverse impact on an individual's independence or autonomy[7]?	Yes ☐ No☐

If 'Yes', how will you mitigate this risk to ensure fair and equal access?

EXTERNAL FACTORS

Is the policy/procedure a result of national legislation which cannot be modified in any way?	Yes ☐ No☐

What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)

Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?

ACTION PLAN: Please list all actions identified to address any impacts

Action	**Person responsible**	**Completion date**

AUTHORISATION:
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them

Name of person completing the form		**Signature**	
Validated by (line manager)		**Signature**	

Please contact the Equalities team for guidance:
For South Devon & Torbay CCG, please call 01803 652476 or email marisa.cockfield@nhs.net
For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pfd.sdhct@nhs.net
This form should be published with the policy and a signed copy sent to your relevant organisation.

[1] Consider any additional needs of carers/ parents/ advocates etc., in addition to the service user
[2] Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them
[3] Consider any provisions for those with no fixed abode, particularly relating to impact on discharge
[4] Consider how someone will be aware of (or access) a service if socially or geographically isolated
[5] Language must be relevant and appropriate, for example referring to partners, not husbands or wives
[6] Consider both physical access to services and how information/ communication in available in an accessible format
[7] Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy