

NATIONAL EARLY WARNING SCORE ADULT PATIENT OBSERVATION CHART

Escalation Protocol Flow Chart

Total Score	Minimum Observation Frequency	ALERT	RESPONSE
1	12 Hourly	Nurse in charge	Nurse in charge to review if new score ¹
2	6 Hourly	Nurse in charge	Nurse in charge to review
3	4 Hourly	Nurse in charge & Team/On-call SHO	1. SHO to review within 1 hour
4-6	1 Hourly	Nurse in charge & Team/On-call SHO	1. SHO to review within ½ hour 2. Screen for Sepsis 3. If no response to treatment within 1 hour contact Registrar 4. Consider continuous patient monitoring 5. Consider transfer to higher level of care
≥ 7	½ Hourly	Nurse in charge & Team/On-Call Registrar Inform Team/On-Call Consultant	1. Registrar to review immediately 2. Continuous patient monitoring recommended 3. Plan to transfer to higher level of care 4. Activate Emergency Response System (ERS) <i>(as appropriate to hospital model)</i>
Note: Single Score triggers			
Score of 2 HR ≤ 40 (Bradycardia)	½ Hourly	Nurse in charge & Team/On-call SHO	1. SHO to review immediately
*Score of 3 in any single parameter	½ Hourly or as indicated by patient's condition	Nurse in charge & Team/On-call SHO	1. SHO to review immediately 2. If no response to treatment or still concerned contact Registrar 3. Consider activating ERS
<p>*In certain circumstances a score of 3 in a single parameter may not require ½ hourly observations i.e. some patients on O₂.</p> <ul style="list-style-type: none"> • When communicating patients score inform relevant personnel if patient is charted for supplemental oxygen e.g. post-op. • Document all communication and management plans at each escalation point in medical and nursing notes. • Escalation protocol may be stepped down as appropriate and documented in management plan. 			
<p>IMPORTANT:</p> <ol style="list-style-type: none"> 1. If response is not carried out as above CNM/Nurse in charge must contact the Registrar or Consultant. 2. If you are concerned about a patient escalate care regardless of score. 			