



**Wessex Patient Transfer Summary (Adult)  
for General Practice (All cause deterioration)**

<b>ALLERGIES</b> (please circle & list if any allergies): YES/NO/UNKNOWN		
<b>EXAMINATION FINDINGS (ASSESSMENT)</b>		
Blood Sugar (BM):	O2 Sats when well (if known):	Peak Flow when well (if known):

	Physiological Parameters	Current Observations
<b>A+B</b>	<b>Respiratory Rate</b> (breaths/min)	
<b>A+B</b>	<b>SpO2 Scale 1</b> Oxygen Saturation (%)	
<b>A+B</b>	<b>SpO2 Scale 2</b> (*) Oxygen saturation (%)	
	<b>Air or Oxygen?</b>	
<b>C</b>	<b>Blood pressure</b> (mmHg) (Systolic BP only)	
<b>C</b>	<b>Pulse</b> (beats/min)	
<b>D</b>	<b>Consciousness</b> Score for NEW onset of confusion (no score if chronic)	
<b>E</b>	<b>Temperature</b> (C)	
	<b>TOTAL NEWS:</b>	

(\*) Use Scale 2 if target range is 88-92% e.g. in hypercapnic respiratory failure - **ONLY use Scale2 under direction of a qualified clinician.**

Physiological parameter	Score						
	3	2	1	0	1	2	3
Respiration rate (per minute)	≤8		9-11	12-20		21-24	≥25
SpO <sub>2</sub> Scale 1 (%)	≤91	92-93	94-95	≥96			
SpO <sub>2</sub> 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	

<b>RECOMMENDATION</b>	
Admit:	
999	<input type="checkbox"/>
HCP* Hotline	<input type="checkbox"/>
Non-999/Ambulance	<input type="checkbox"/>
Patient advised to self-refer by GP/HCP*	<input type="checkbox"/>
<b>Ambulance Ref NO:</b>	_____
<b>Escalation to:</b>	_____
*HCP = Healthcare Professional	

# All Cause Clinical & Organisational Response to Deterioration

For Adult ( $\geq 16$ ) non-pregnant patients in **Primary Care settings**

Wessex

Patient Safety Collaborative

## NEWS 0-2

**NEWS 0-2 This score indicates the Patient is at LOW RISK**

Follow organisational NEWS protocol. Consider:

- if the patient is safe to be left at home and/or
- safe to be reviewed in 4-12 hrs with safety netting
- Or if clinically appropriate, referral

## NEWS 3-4

**NEWS 3-4 This score indicates the Patient is at LOW RISK BUT may require secondary care assessment**

Follow organisational NEWS protocol. Consider:

- Early repeat observations until NEWS improves
- Prompt Clinical review & based on judgement:
  - Hospital admission **or**
  - Planned review in 4-12 hours with open self-referral if deterioration.

\*NB. knowledge of previous observations (within last 6 mths) is very important as some patients normally 'run' a low BP or hypoxia.

## NEWS $\geq 5$ OR Concerning Features (see box)

**NEWS  $\geq 5$  Patient is at MEDIUM RISK**  
**OR Concerning clinical features are present (see box)**

Pt's physiological parameters indicates systemic distress & organ dysfunction

- It is Likely that **Urgent** (1hr) hospital assessment will be required based on Clinical judgement
- Consider any existing **End of Life Care Plan / Advanced Directive**

## NEWS $\geq 7$

**NEWS  $\geq 7$  Patient is at HIGH RISK**  
**Severe systemic distress likely**

**999 escalation** with continuous monitoring until transfer

**Any concerning clinical features?**

- High Risk Patient (\*see box)
- New Confusion
- Worry (Dr/Nurse/Pt/Carer)
- Significant Pain
- Single NEWS parameter of 3
- Mottled / ashen / cyanosis / new rash
- Not passed urine in 8 hrs
- Feeling short of breath

**\*High Risk Patient**

- Age  $\geq 75$  years
- Immunosuppressed
- Chemotherapy
- IV Drug Abuse
- Surgery / Trauma  $<6/52$
- Broken Skin
- Indwelling line / catheter in-situ
- Current / recent antibiotics

**A NEWS 5 or more in the presence of suspected infection should prompt the clinician to THINK SEPSIS!**

**NEWS  $\geq 5$  + Clinical Judgement: Consider URGENT (1hr) hospital assessment**

**NEWS  $\geq 7$  + Clinical Judgement (but usually): HCP HOT LINE (or 999) with pre alert**