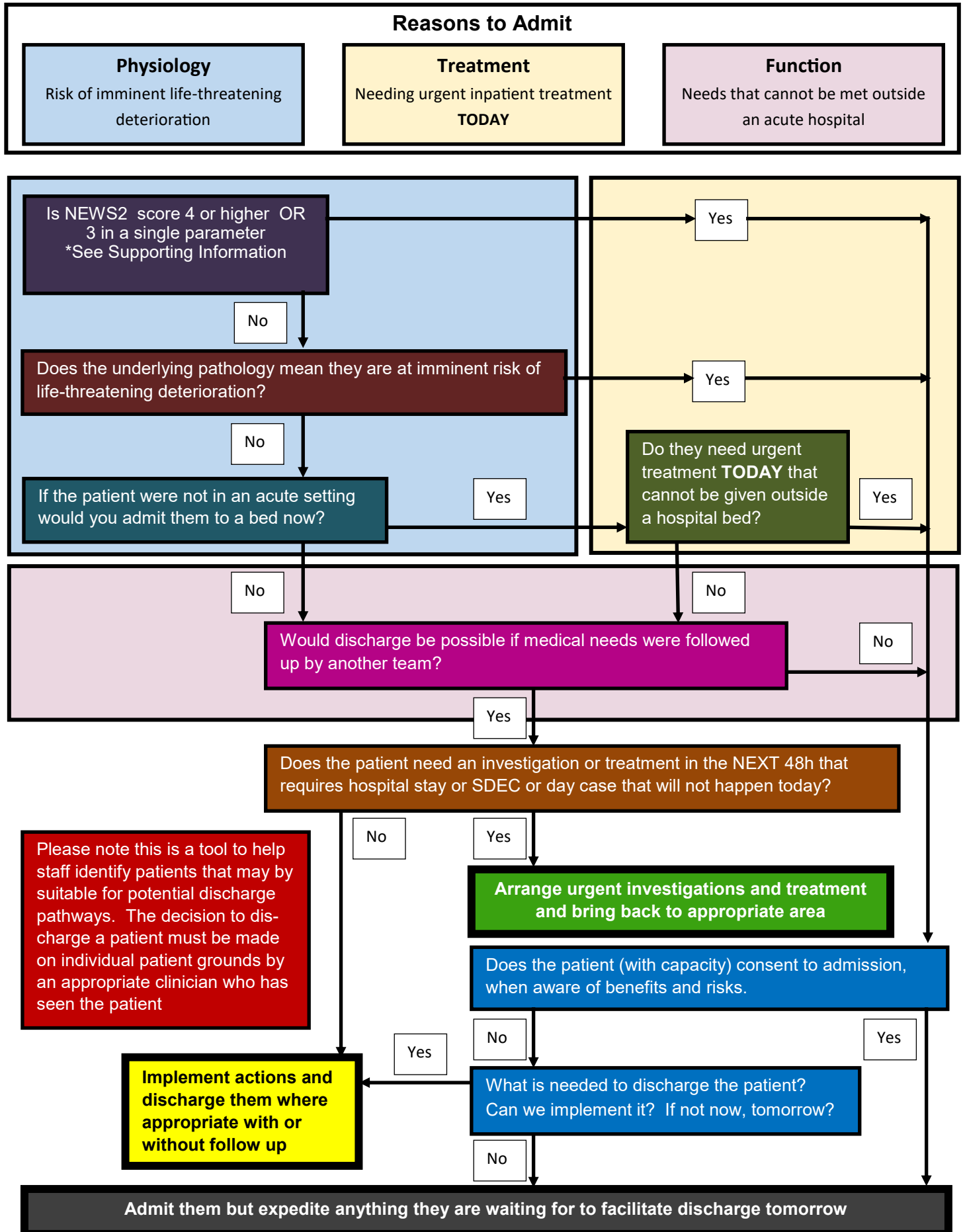


NEWS2 flow chart – Admission Decision support tool



Supporting information

Is the NEWS2 Score 4 or higher OR 3 in one parameter after treatment?

Example: Heart rate 130 after treatment

This only applies to *changes* in physiology. It is normal for some people to be confused or to require long-term oxygen

Mild delirium can be managed via SDEC and D2A pathway 1, with or without family support.

Raised temperature alone is not a reason to admit

Does the underlying pathology mean they are at imminent risk of life-threatening deterioration?

Examples:

Sudden vascular deterioration (Life-threatening ischaemia, infarction or haemorrhage of any major body part), severe metabolic disorders, Rapidly progressive conditions

If the patient were not in an acute setting now would you admit them to a bed now?

If you were seeing the patient in primary care or an outpatient clinic

Do they need urgent treatment TODAY that cannot be given outside a hospital bed?

Examples:

Surgery, Chest drain, High flow oxygen

Would discharge be possible if medical needs were followed up by another team?

Examples:

2WW clinic, Hot clinic, SDEC, Frailty assessment

Palliative care needs that cannot be met elsewhere may require admission

Discharge may not be possible for certain people at particular times (e.g. frail older people in middle of night)

Does the patient need an investigation or treatment in the NEXT 48h that requires hospital stay or SDEC or day case that will not happen today? (iv)

Examples:

Fracture for ORIF, Pleural effusion requiring investigation and / or drainage, Blood transfusion, suspected pulmonary embolus.

Patients should not be admitted for an opinion

Arrange urgent investigations and treatment and bring back to appropriate area

Examples:

Blood tests and ECG for next day surgical procedure.

Request CTPA and Medical SDEC for next day. Give 1st dose of LMWH