

NEWTT2 Joint Escalation and Review Record

Date: ____/____/____ Time: ____:____

Total NEWTT2 score _____

Escalation Level:

Score 1-3 (Request Tier 1 review within 1 hour)

Score 4-5 (Request Tier 1 review within 15 minutes)

Score ≥ 6 (Request Tier 1 review immediately & inform Tier 2)

Critical observations? Consider a 2222 call and Request Tier 1 AND Tier 2 review

Escalation completed:

Shift Leader Informed

Referral to Paediatric/Neonatal Team

Referral Accepted by: Tier 1 Doctor / ANNP Tier 2 Doctor / ANNP

S :

B :

A :

R : I have already done _____

Please will you _____, and
review within _____

Referrer Name: _____ Signature: _____

Grade: _____ NMC: _____

NEWTT2 Review Date: ____/____/____ Time: ____:____

Gestation: _____ Age: _____ Birth Weight: _____ kg Delivery Mode: _____

History: (Sepsis risk factors, maternal medications, feeding, parental concerns etc)

Examination:

Heart rate: _____ Resp rate: _____ Temperature: _____ °C

Name.....

Date of birth.....

Time of birth.....

Hospital No.....

NHS No.....

Investigations:

- Blood glucose _____ mmol/L
- SpO₂: Pre-ductal: _____% Post-ductal: _____%
- Capillary blood gas:
pH pCO₂ BE Bicarb Lactate
- Consider chest X-Ray and pre/post ductal BP measurement (Do you need to inform tier 2?)

Name.....
 Date of birth.....
 Time of birth.....
 Hospital No.....
 NHS No.....

Impression: (Is baby unwell? Could this be sepsis? Cardiac? Metabolic?)

Plan:

Senior review required? Frequency of observations: _____

Parents updated Next review: _____

Plan handed over to: _____ (midwife caring for mother and baby)

Name: _____ Signature: _____

Grade: _____ GMC / NMC no.: _____

NEWTT2 Re-review

Date: ____/____/____ Time: ____:____

Heart rate: ____ Resp rate: ____ Temp: ____°C SpO₂: ____ % Blood glucose: ____ mmol/L

Name: _____

Signature: _____

Grade: _____

GMC / NMC no.: _____