NEWTT2 Escalation Record

Date: ___/___/____ Time: ____:____ **NEWTT2 score** _____

Consider a **2222** call if there are any **critical observations for Tier 1 AND Tier 2 review**

[ ] **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 and inform Tier 2)

[ ] Shift Leader Informed   [ ] SBAR referral to Paediatric/Neonatal team

S:
B:
A:
R: I have already done_____

Agreed action _____ & review within_____

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

Referrer Name: _____   Signature: _____

Grade   :_____   NMC: _____

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