Guidance for health care professionals to assist with completion of the NEWTT 2 chart

NB Staff should be trained to use this chart before patient use

Please mark boxes on the chart with a tick, cross or shaded black dot, other than for oxygen saturations and blood glucose where the measured value should be written in the appropriate box

Temperature (axilla)

For a low temperature/hypothermia implement thermal control measures: ensure baby is dry, wrapped in warm dry towels/blankets or dressed in dry clothes, place a hat or cover the head sparing the face, use a hot-cot or incubator. Skin- to-skin with mother, covering the infant with warm dry towels/blankets including the head while continuing recommended observations should be considered unless mother is hypothermic.

For a high temperature/hyperthermia remove any excess clothing or towels/blankets and note whether mother is febrile.

Respiration

Count respiratory efforts for ≥ 60 seconds to assess breathing rate.

Grunting

Transitional grunting present at birth and without other signs of respiratory distress may be an isolated finding and reflects the infant's adaptive responses to clearing persistent lung fluid following delivery. It often resolves spontaneously.

New onset grunting at any age or grunting in association with signs of respiratory distress such as tachypnoea, nasal flaring, intercostal and subcostal recessions, is not consistent with adaptive transitional grunting and warrants escalation.

Heart rate

Count heart rate using a stethoscope for ≥ 60 seconds or by using pulse oximetry.

Colour and Saturation

Mild cyanosis is unreliably detected by visual inspection of colour and pulse oximetry is preferred. Ideally pulse oximetry should include paired pre (right-hand) and post (either foot) ductal saturation measurements but where only one value is available the post-ductal (either foot) measurement should be used. ***When the baby is visibly blue escalation should be immediate***.

Pallor due to anaemia is often associated with normal saturations despite poor oxygen delivery because of poor oxygen carrying capacity (reduced red cells). If the infant is pale ***always*** escalate regardless of the pulse oximetry saturation readings.

Neurology

Infants with very poor tone either awake or asleep, who are unrousable or display possible seizures are likely to have poor airway control or serious illness and require immediate assistance.

Feeds

Signs of reluctant feeding include not waking for feeds, not latching, not sucking effectively, and appearing unsettled. Feeding support should be provided to reluctant feeders. Blood glucose should be measured if reluctant / non-effective feeding follows a period of effective feeding or if there are any abnormal clinical signs in addition to reluctant feeding.

Carer

Perceptions of high concern or some concern will likely vary between parents. Score for the level of actual parent(s)' concern. Use active enquiry e.g."How is your baby different from when we last assessed them?"

Glucose

Follow the British Association of Perinatal Medicine Framework for Practice regarding which babies warrant glucose testing and when: a glucose measurement may not be required at every set of observations, and a value 2.0-2.5mmol/l does not necessarily need to trigger a repeat. Measure when feeding ineffectively, where excessively quiet/lethargic, irritable, or other observations suggest illness.