

# Newborn Early Warning Track and Trigger (NEWTT2)



Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Time of Birth: \_\_\_\_\_  
 Hospital Number: \_\_\_\_\_  
 NHS Number: \_\_\_\_\_

**NEWTT2 score**

A score for each vital sign is required at each entry

**ANY critical (PURPLE) observation = immediate escalation. Consider 2222**

Reason for observations	Signed	Print name & GMC/NMC number
Frequency & duration		

Date	Time

Temperature °C	39.0					2					39.0
						2					
	38.0					1					38.0
						0					
	37.0					0					37.0
					1						
36.0					2					36.0	
					2						

**Temperature alert:** Implement thermal control measures and re-check temperature within 1 hour.

Respirations Breaths/min	80					2					80
						1					
	70					1					70
						1					
	60					0					60
						0					
	50					0					50
						0					
	40					0					40
						0					
30					1					30	
					2						
20										20	

Grunting present?	
	1

Heart rate Beats/min	180					2					180
						2					
	170					1					170
						1					
	160					1					160
						0					
	150					0					150
						0					
	140					0					140
						0					
	130					0					130
						0					
	120					0					120
						0					
	110					0					110
						0					
	100					0					100
						1					
	90					1					90
						1					
80					1					80	
					2						
60					2					60	

Colour	SpO2 <90% (or very pale / Blue)									
	SpO2 90-94%					1				
	SpO2 ≥95% (or Pink / Normal)					0				
Neuro	Unrousable / Floppy / ? Seizure									
	Lethargy / Irritable / Poor tone					1				
	Responsive / Good tone					0				
Feeds	Not feeding					2				
	Feeding reluctantly					1				
	Feeding well					0				
Carer	High parental concern					2				
	Some parental concern					1				
	No parental concern					0				
Glucose	< 1.0 mmol/L									
	1.0 - 1.9 mmol/L					2				
	2.0 - 2.5 mmol/L					1				
	≥ 2.6 mmol/L					0				

Glucose when measured – Should be considered in any baby feeding reluctantly/poorly, or other observations suggest unwell

NEWTT2 TOTAL								TOTAL
Monitoring frequency								Monitoring
Escalation of care YES/NO								Escalation
Initials								Initials

Refer to back page for thresholds and triggers

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<b>How to use the NEWTT2 track and trigger tool to determine the level and timelines of escalation</b>
<b>Calculate and document</b> the total NEWTT2 score for a set of observations by adding together the individual scores (0-2) for every individual observation entered in a single column of the chart
<b>Check the total</b> against the NEWTT2 escalation tool and follow instructions in the escalation table for that set of observations
<b>Healthcare professional concern</b> can initiate a neonatal review at any time regardless of the zone colour of an observation or total score
<b>For a score of zero</b> continue routine care

<b>Thresholds and Triggers</b>					
<ul style="list-style-type: none"> <li>The grade of team member indicated as the primary contact for each level of clinical concern is a guide and may need to be adapted depending on the local skill mix within that care setting or organisation</li> </ul>					
	Score 1	Score 2-3	Score 4-5	Score ≥6	Any critical observation
Inform shift leader - Consider SpO <sub>2</sub> +/- blood glucose if not done already					
Primary escalation and response (use SBAR framework)	Repeat observations in <1 hour	Refer to paediatric/neonatal Tier 1 doctor/ANNP	Refer to paediatric/neonatal Tier 1 doctor/ANNP	Refer to paediatric/neonatal Tier 1 doctor/ANNP. The Tier 2 doctor/ANNP should be informed	Refer to paediatric/neonatal Tier 1 doctor/ANNP AND Tier 2 doctor/ANNP
Review timings	Escalate as for score 2-3 if the repeat score remains 1	Request a review within 1 hour	Request a review within 15 minutes	Request immediate review	Immediate review and consider neonatal emergency call (2222)
<b>Take steps to manage/address any obvious concerns/problems</b>					
Secondary contact	If no review within expected time frame, escalate to Tier 2 doctor/ANNP and inform shift leader			If no review within expected time frame, escalate to consultant and inform shift leader	
	If still no response within required time frame, escalate to consultant				
<ul style="list-style-type: none"> <li>When the primary team member(s) contacted is unable to attend or fails to attend within the expected time for the level of clinical concern, escalation to the secondary contact is required</li> <li>The secondary contact would be expected to attend within the initial review timing, calculated from the documented time of primary escalation.</li> </ul>					

<b>SBAR Handover</b>	
<b>S</b>	<b>Situation</b>
<b>B</b>	<b>Background</b>
<b>A</b>	<b>Assessment</b>
<b>R</b>	<b>Recommendation</b>
<b>Document all actions and discussions in patient record</b>	