

Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Time of Birth: \_\_\_\_\_  
 CHI: \_\_\_\_\_

## Newborn Early Warning Track and Trigger (NEWTT2)

Service / Hospital / Dept. etc.  
 Ward/ Team \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Time: \_\_\_\_ : \_\_\_\_ (24 hour)

At Risk Infants- please tick box as appropriate.  
 Record observations and follow escalation pathway as highlighted overleaf.

Sepsis	
PRoM > 18hrs in Preterm Baby	<input type="checkbox"/>
PRoM > 24hrs in Term Baby	<input type="checkbox"/>
Maternal Temperature $\geq 38^{\circ}\text{C}$	<input type="checkbox"/>
Chorioamnionitis	<input type="checkbox"/>
Maternal GBS in vaginal swab / MSSU	<input type="checkbox"/>
Confirmed invasive GBS sepsis in previous baby	<input type="checkbox"/>
Preterm birth following spontaneous labour	<input type="checkbox"/>
<small>(PRoM: Prolonged Rupture of Membranes GBS: Group B Streptococcus)</small>	

Metabolic: Blood sugar Monitoring	
Gestational age < 37 weeks	<input type="checkbox"/>
Maternal Diabetes	<input type="checkbox"/>
Maternal Beta-blockers	<input type="checkbox"/>
Birth weight < 2nd centile for sex & gestational age <small>(See table below &amp; refer to centile chart on Badger)</small>	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>

Weight < 2nd Centile		
Gestational Age (weeks)	Boys Weight (Kg)	Girls Weight (Kg)
35	1.65	1.6
36	1.9	1.8
37	2.1	2.0
38	2.3	2.2
39	2.5	2.45
40	2.65	2.6
41	2.8	2.75
42	2.9	2.85

Intrapartum Risks	
Significant Meconium stained liquor	<input type="checkbox"/>
Arterial cord pH $\leq 7.0$	<input type="checkbox"/>
Cardiopulmonary Resuscitation (CPR) at birth	<input type="checkbox"/>
Base Excess $\geq -12\text{mmol/l}$	<input type="checkbox"/>
APGAR $\leq 7.0$ at 5 minutes	<input type="checkbox"/>
Resuscitation at > 10 minutes	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>

Other	
< 37 weeks gestation	<input type="checkbox"/>
Unplanned birth outside hospital (BBA)	<input type="checkbox"/>
Poor feeding	<input type="checkbox"/>
At risk of symptomatic Neonatal Abstinence syndrome	<input type="checkbox"/>
Mum received opiates within 6 hours of birth	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>
<small>(IPPV: Intermittent positive-pressure ventilation)</small>	

Infants needing immediate review by DR / ANNP	
Abnormal movements	<input type="checkbox"/>
Apnoea	<input type="checkbox"/>
Bilious vomiting	<input type="checkbox"/>
Floppy / unrousable	<input type="checkbox"/>
Jaundice < 24 hours	<input type="checkbox"/>
Respiratory distress commencing or continuing for > 4 hours after birth	<input type="checkbox"/>

These criteria are a guide only to increase surveillance and early detection of a deteriorating baby.  
 They also serve to prevent avoidable separation of mother and baby during the immediate postnatal period.

Completed by: (PRINT NAME)

Designation:

Signature:

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_ : \_\_\_\_







## Newborn Early Warning Track and Trigger (NEWTT2)

How to use the NEWTT2 track and trigger tool to determine the level and timelines of escalation					
<b>Calculate and document</b> the total of 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 instruction 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 continue routine care</b>					
Thresholds and Triggers					
<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 SPO2 +/- blood glucose if not done already				
Primary escalation and response (use SBAR framework)	Repeat observations in <1 hour	Refer to paediatric / neonatal Fy2 doctor / ANNP	Refer to paediatric / neonatal Fy2 doctor / ANNP	Refer to paediatric / Neonatal Fy2 doctor / ANNP. The Middle Grade doctor / ANNP should be informed	Refer to paediatric / neonatal Fy2 doctor / ANNP AND Middle Grade 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)
Take steps to manage / address any obvious concerns / problems					
	If no review within expected time frame, escalate to Middle Grade 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 or primary escalation.</li></ul>					
SBAR Handover					
S	Situation				
B	Background				
A	Assessment				
R	Recommendation				
Document all actions and discussions in patient record					



Record of actions to NEWTT2 Triggers			
Date & Time	NEWTT2 Trigger	Ongoing Plan: should include frequency of observations, acceptable parameters and action plan	Print Name

Investigations
Time doctor notified of bloods sent: _____ N/A <input type="checkbox"/>

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