Name: Date of Birth: Time of Birth: CHI:	and Trig	rn Early Warning Track gger (NEWTT2) Ospital / Dept. etc. m	
	fants- please	: (24 hour) tick box as appropriate. ation pathway as highlighted overleaf.	
Sepsis		Intrapartum Risks	
PRoM > 18hrs in Preterm Baby PRoM > 24hrs in Term Baby Maternal Temperature ≥ 38°C Chorioamnionitis Maternal GBS in vaginal swab / MSSU Confirmed invasive GBS sepsis in previous bab Preterm birth following spontaneous labour (PRoM: Prolonged Rupture of Membranes GBS: Group B Streptococcus)		Significant Meconium stained liquor Arterial cord pH \leq 7.0 Cardiopulmonary Resuscitation (CPR) at birth Base Excess \geq -12mmol/l APGAR \leq 7.0 at 5 minutes Resuscitation at > 10 minutes Other (specify)	
Metabolic: Blood sugar Monitoring		Other	
Gestational age < 37 weeks Maternal Diabetes Maternal Beta-blockers Birth weight < 2nd centile for sex & gestational (See table below & refer t centile chart on Badger) Other (specify)	age	< 37 weeks gestation Unplanned birth outside hospital (BBA) Poor feeding At risk of symptomatic Neonatal Abstinence syndrome Mum received opiates within 6 hours of birth Other (specify) (IPPV: Intermittent positive-pressure ventilation)	
Weight < 2nd Centile		Infants needing immediate review by DR / ANN	P
Gestationa Age Boys Weight Gir (weeks) (Kg)	ls Weight (Kg)	Abnormal movements	

Weight < 2nd Centile							
Gestationa 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					

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

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:						
	Date: / / Time: :						

Name:	
Date of Birth:	
Time of Birth:	
CHI:	

Newborn Early Warning Track and Trigger (NEWTT2)

NEWTT2 score 0 1 2



A score for each vital sign is required at each entry

\subseteq						each e									
		ANY criti	cal (PU	IRPLE)	obse	rvatio	ns = in	nmedia	te esca	alation.	Consid				
	son for observations						Si	gned				Print n	ame & GM	C/NMC nur	nber
<u> </u>	uency & duration											 			
Date					\perp				_						
Time	e 														
Ter	nperature	39.0 —							2						39.0
۰C	•					+	-	+	2					+	
		38.0				1		+	1						38.0
		37.0							0						37.0
									0						
		36.0 ——							2						36.0
									2						<u> </u>
		Temperature alert	: Impleme	nt thermal	control	measures a	ind re-che	k temperatu	re within 1	hour					
Res	spirations	80							2						80
Bre	eaths / min					+	+	+	1					+	
		70 —							1						70
		60							0						60
						+	+	+	0					+	·
		50 —							0						50
		40						\Box	0		\vdash				40
						+	+	+	0		 	-+		+	ł <u>.</u> .
		30							1						30
		20 —							2						20
C ***	nting procent?					+-	_	-						_	
Gru	inting present?		1			+	1		2						
	art rate	180 ——				+	1	+	2					+	180
Bea	ats / min	170 —							1						170
						-		\perp	1					_	,,
		160 ——							0						160
		150 ——							0						150
						+	1	+	0						
		140			_	+-	+	+	0					+	140
		130							0						130
						+	1	+	0					+	
		120 ——				+	+	+	0					+	120
		110							0						110
						+	+	+	0					+	
		100							1						100
		90 ——						\perp	1					4	90
						+	+	+	1					+	
		80 —							2						80
		60 —							2						60
_	SpO2 <90% (or very pale / Blue)														<u></u>
Colour	SpO2 90-94%								1						
	SpO2 ≥95% (or Pink / Normal)								0						
Neuro	Unrousable / Floppy / ? Seizure Lethargy/Irritable / Poor tone								1						
z	Responsive / Good tone								0						
Feeds	Not feeding Feeding reluctantly								2						
- F	Feeding well								0						
rer	High parental concern								2						
Carer	Some parental concern No parental concern								0						
a	<1.0 mmol/L														
Glucose	1.0 - 1.9 mmol/L								2						
Ū	2.0 - 2.5 mmol/L ≥2.6 mmol/L								0						
Gluce	ose when measured - Should be co	onsidered in any ba	by feeding	reluctan	tly / poc	orly, or oth	er observ	ations sugg	est unwell						
	and the co	NEWTT2 TOTAL	,		7. 550	7, 2, 9411	1	3.00						1	TOTAL
	Mor	nitoring frequency	<u> </u>			$\dot{\top}$	 	+-			·	$\overline{}$	$\overline{}$		Monitoring
		n of care YES / NO													Escalation
		Initials			D. C	4.		and all i	1 Audies						Initials
					Refer	to back pa	ige for th	resholds and	triggers						

Newborn Early Warning Track and Trigger (NEWTT2)

How to use the NEWTT2 track and trigger tool to determine the level and timelines of escalation

Calculate and document 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

Check the total against the NEWTT2 escalation tool and follow instruction in the escalation table for that set of observations

Healthcare professional concern can initiate a neonatal review at any time regardless of the zone colour of an observation or total score

For a score of zero continue routine care

Thresholds and Triggers

• 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

Score 1		Score 2-3 Score 4-5		Score ≥6	Any critical observation	
	Inform shift lead	ler - Consider SPC	2 +/- blood glucos	se if not done alre	eady	
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 minures	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 still no response within required time frame,

escalate to consultant

time frame, escalate to consultant and inform shift leader

If no review within expected

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

• The secondary contact would be expected to attend within the initial review timing, calculated from the documented time or primary escalation.

SBAR Handover					
S	Situation				
В	Background				
A	Assessment				
R	Recommendation				
Document all actions and discussions in patient record					

Record of actions to NEWTT2 Triggers							
Date 8 Time	NEWTT2 Trigger	Ongoing Plan: should include frequency of observations, acceptable parameters and action plan	Print Name				
Invest	igations						
Time do	ctor notified of	bloods sent:	N/A 🗆				
		SBAR Handover					
S	Situation						
В	B Background						
A	Assessment						
R	Recommendation						
	Document all actions and discussions in patient record						