

GP briefing note on the national Early Warning Score

Introduction

A number of GPs have requested more information from the Trust about the use of Early Warning Scores (EWS). This briefing outlines how the EWS should be used to help you in the management of patients. It should never replace clinical review, but does provide a consistent way of detecting acute illness in patients. For all those GPs that are transferring patients to secondary care or providing medical cover to our patients in community hospitals, this briefing is essential reading to ensure our care is consistent and of a high quality.

What is the Early Warning Score?

The national EWS was introduced by the Royal College of Physicians. It is a simple system in which a score is given to certain physiological observations that are already routinely undertaken when patients come to, or are being monitored in, hospital.

The EWS charts used within the Trust are based very closely on the national EWS to ensure a high level of consistency in the detection of acute illness in patients in our care.

Using EWS

The scoring system is made up of six simple physiological observations:

- respiratory rate
- oxygen saturations
- temperature
- systolic blood pressure
- pulse rate
- level of consciousness.

A score is allocated to each as they are measured, with greater scores reflecting the potential for acute illness in the patient in our care. The score for all six measurements is then combined, to provide an overall early warning score for the patient.

The EWS should always be reviewed with a consideration of the patient's actual clinical condition.

Regular observations will be completed throughout their episode of care. A review of the EWS over several hours or days also allows us to look at trends in a patient's condition.

The scores are recorded in the EWS chart - see opposite - which can be found at the end of each patient's bed.

Use of EWS within the Trust

The EWS should be cross-referenced to the Trust's policy on the management of patients at risk of deterioration (see www.northdevonhealth.nhs.uk/gp). This policy requires that all in-patients have their physiological observations monitored on admission, and routinely after that. Additionally, all patients must have a clearly-documented treatment/medical plans in place, regardless of their EWS.

What the overall scores mean:

EWS score below 2

- Continue monitoring physiological observations every 12 hours, as a minimum
- Readings recorded on the patient's observation chart

EWS score of 6 or above

- Any patient with EWS of 6 or above will have observations every two hours as a minimum, and require urgent GP review
- GPs will be contacted by the nursing staff, who should be able clearly articulate which vital signs are abnormal or deteriorating (see SBAR briefing note)
- The patient's medical plan must also be reviewed and communicated to the nurse caring for the patient

The monitoring frequencies of other EWSs are contained in the policy.

If you decide that the frequency of observations should be outside these specified in the guidance, then the rationale should be recorded in the patient's clinical notes. Likely exceptions are where the patient is palliative or has some specific recommendations within a treatment escalation plan (TEP).

Compliance with the standards in physiological observations monitoring and escalation processes are audited monthly and reviewed by the Trust's senior clinicians.

Concerns are then looked at through our incident reporting and significant event audit reviews.

I hope you find this briefing note useful. I would welcome feedback.

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