

UGANDA NATIONAL COVID-19 REFERALL PATHWAY FOR INTRAFACILITY REFERRAL AND ESCLATION OF CARE.

MONITOR ALL ADMITTED COVID-19 PATIENTS USING THE MODIFIED NATIONAL EARLY WARNING SCORE (NEWS2 SCORE)

	SCORE						
Physiological parameter	3	2	1	0	1	2	3
Respiration rate (per minute)	<u><</u> 8		9 - 11	12- 20		21 - 24	≥25
SpO ₂	<u><</u> 91	92 - 93	94 - 95	≥96			
Air or Oxygen		Oxygen		Air			
Systolic BP (mm Hg)	<u><</u> 90	91 - 100	101 - 110	111 – 219*			<u>></u> 220
Pulse (per minute)	<u>< 40</u>		41 – 50**	51 – 90	91 - 110	111 - 130	<u>></u> 131
Consciousness				Alert			CVPU ¹
Temperature (°C)	<u><</u> 35.0		25.1 - 36.0	36.1 - 38.0	38.1 - 39.0	<u>></u> 39.1	

CLINICAL RESPONSE TO THE NEWS2 TRIGGER THRESHOLDS

NEWS2 SCORE	Frequency of monitoring	Clinical response	
0	Minimum 12 hourly	continuous monitoring	
Total 1-4	Minimum 4-6 hourly	 A. Inform the RN who must assess the patient. B. RN decides whether increased frequency of monitoring and or escalation of care is required 	
3 in single parameter	Minimum 1 hourly	A. RN to inform the medical team caring for the patient, who will review and decide whether escalation of care is necessary	
Total 5 or more Urgent response threshold	Minimum 1 hourly	 RN to immediately inform the medical team caring for the patient. RN to request urgent assessment by the physician or team with core competencies in the care of the acutely ill patient. Provide clinical care in an environment with monitoring facilities. Consider transfer to a facility with ICU level care 	
Total 7 or more Emergency response threshold	Continuous monitoring of vital signs	 MO to immediately inform the medical team caring for the patient - this should be at least a specialist. Emergency assessment by the ICURT. Clinical care in an environment with monitoring facilities. 	

NB: For systolic BP >160mmHg alert the physician, pulse rate < 50beats/min alert the physician