

### NEWTT2 Escalation Record

Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_:\_\_\_ NEWTT2 score \_\_\_\_\_

- Score 1-3** (Request **Tier 1** review within **1 hour**)
- Score 4-5** (request **Tier 1** review within **15 minutes**)
- Score ≥ 6** (request **Tier 1** review **within 15 minutes and inform Tier 2**)

Shift Leader Informed       SBAR referral to Paediatric/Neonatal team

**S:**

**B:**

**A:**

**R:** I have already done \_\_\_\_\_

Agreed action \_\_\_\_\_ & review within \_\_\_\_\_

**Referral Accepted by:**  Tier 1 Doctor/ANNP     Tier 2 Doctor/ANNP

Referrer Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Grade : \_\_\_\_\_ NMC: \_\_\_\_\_

Consider a **2222** call if there are any **critical observations for Tier 1 AND Tier 2 review**

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