

Dear Doctor

...../...../20.....

Re:

D.O.B/...../.....

Address

NHS no.....

History

Examination

		EWS
Resp rate		
pO ₂		
Temp °C		
Systolic		
Pulse		
AVPU		
Total EWS		

PMH

Medication

Reason for

Admission

Drugs given prior to
admission

Referring Doctor

Dr
GMC no.

National Early Warning Score 2

	3	2	1	0	1	2	3
Respiratory Rate (bpm)	<8		9-11	12-20		21-24	≥25
SpO2 Scale 1 (%)	<91	92 - 93	94 - 95	≥96			
SpO2 Scale 2 (%)	≤83	84-85	86-87	88-92 ≥93 on air	93-94 On oxygen	95-96 On Oxygen	≥97 On Oxygen
Any Supplemental Oxygen?		Yes		No			
Temperature (°C)	≤35.0		35.1-36.0	36.1-38.0	38.1-39.0	≥39.1	
Systolic Blood Pressure (mmHg)	<90	91-100	101-110	111-219			≥220
Heart Rate (bpm)	≤40		41-50	51-90	91-110	111-130	≥131
Level of Consciousness (AVPU score)				Alert			CVPU
TOTAL EWS SCORE	Score 0-4				Low risk		
	5-6				Medium Risk		
	7 or more				High risk		
Pain Score (0 – 10)							