



Before calling our healthcare professional line **0300 123 9806** please use this checklist to ensure you have the information we may ask for.

Information	✓	Notes
The level of response required: Level 1, Level 2 , Level 3 or Level 4. <i>See reverse for more information</i>		
NEWS2 *		
Summary of patient's condition		
Name of authorising healthcare professional (HCP)		
Contact details of authorising HCP		
Location the patient needs collecting from		
Destination (inc. ward/clinic)		
Patient's full name		
Patient's NHS number		
Patient's mobility (walking /wheelchair/ stretcher / incubator – including type)		
Provide details of any patient infections		
Advise if there are any family or clinical escorts		
If the patient requires medication en route, is it ready to transport?		
Probability of clinical deterioration		
Special requirements / instructions		
Anything else you think we need to know		

*The National Early Warning Score (NEWS2) can be used to guide decision making but should not be used to replace clinical judgement when requesting an emergency ambulance response. *A copy of NEWS2 can be on the reverse of this checklist*

NEWS 2 SCORE (May 2019)

Physiological parameter	Score						
	3	2	1	0	1	2	3
Respiration rate (per minute)	≤8		9–11	12–20		21–24	≥25
SpO ₂ Scale 1 (%)	≤91	92–93	94–95	≥96			
SpO ₂ Scale 2 (%)	≤83	84–85	86–87	88–92 ≥93 on air	93–94 on oxygen	95–96 on oxygen	≥97 on oxygen
Air or oxygen?		Oxygen		Air			
Systolic blood pressure (mmHg)	≤90	91–100	101–110	111–219			≥220
Pulse (per minute)	≤40		41–50	51–90	91–110	111–130	≥131
Consciousness				Alert			CVPU
Temperature (°C)	≤35.0		35.1–36.0	36.1–38.0	38.1–39.0	≥39.1	

LEVEL 1 - 7 minute response – Immediate Life Threatening Emergency

LEVEL 2 - 18 minute response - Emergencies

LEVEL 3 – 1hr or 2hr response - Urgent

LEVEL 4 - 4hr response - Non Urgent

HCP Level 1 (HCP 1) Category 1 (7 Minute mean response time)

This level of response should be reserved for those exceptional circumstances when an HCP requires immediate, additional clinical assistance from the ambulance service to treat a patient in need of immediate, life-saving intervention such as resuscitation. Examples would include cardiac arrest, anaphylaxis, life threatening asthma, obstetric emergency, airway compromise and cardiovascular collapse (including septic shock)

HCP Level 2 (HCP 2) Category 2 (18 Minute mean response time)

This level of response is based on the clinical condition of the patient and their need for immediate additional clinical care in hospital in an emergency department or acute receiving unit (i.e. medical or surgical assessment unit, delivery suite). Patients with a National Early Warning Score (NEWS2) 7 or greater may trigger a request for this level of response. Patients with a NEWS2 score of 6 or less may be suitable for HCP Level 2 response by exception only and HCPs must be able to detail the clinical reason. Examples may be patients with sepsis, myocardial infarction, CVA, acute abdomen, acute ischaemic limb, acute pancreatitis, major gastrointestinal haemorrhage and overdose requiring immediate treatment.

Healthcare professionals requesting a Level 1 or 2 response MUST remain with the patient until arrival of the emergency ambulance (where they are at the scene) to hand over the patient to the attending ambulance clinician.

HCP Level 3 (HCP 3) 1 or 2 hour locally commissioned response

This level may be commissioned for patients who require urgent admission to hospital. Examples may be patients who require urgent investigations to inform ongoing care such as CT, MRI, ultrasound or who need an urgent assessment by a specialist. Mental Health emergency admissions and patients with respiratory conditions, or suspected fractures (not due to major trauma) are examples that may be suitable for a Level 3 response.

HCP Level 4 (HCP 4) 4 hour locally commissioned response

This is for all other patients who do not fit the above definitions and require admission to hospital by ambulance for ongoing care but do **not** need to be managed as an emergency. Examples may be patients being admitted directly under specialty teams as well as those being admitted to emergency departments for further investigation who do **not** require emergency investigation or treatment immediately upon arrival.