

Thoracic Society to modify the NEWS chart to enhance the safety of patients with risk factors for hypercapnic respiratory failure who account for up to half of oxygen use in UK hospitals. ■

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## Response

The authors of this clinical letter have developed NEWS to accommodate the concern that they have expressed previously about the patients who are risk of hypercapnoeic respiratory failure.

The local development of a modified NEWS does take away the benefit from having a national system of warning of deteriorating physiological parameters and indeed one of the expressed intentions of developing NEWS was indeed to ensure that all clinical staff could develop a working knowledge of a commonly used NEWS system.

In earlier responses to the concerns expressed about hypercapnoea, it has been emphasised that the training package for NEWS recognises that patients who may be at risk of developing this problem should be recognised clinically and indeed clinical review of such patients should indicate whether continued call out for NEWS scores may be modified when the higher scores on NEWS simply reflect a lower (but acceptable) oxygen saturation reading. There remain two concerns – firstly that we do recognise that patients need a proper clinical assessment, and secondly that we should not accept hypoxia when the patient is not at risk of hypercapnoea. No early warning score system alone can replace this clinical assessment and patient safety must be the priority. If clinical assessment suggests that repeated calls for a high NEWS score simply related to lower saturations in the patient where 88–92% saturations are satisfactory, then this sustains patient safety and the need for frequent call out to review hypoxia is removed. If, however, the patient is inadvertently selected into the group where lower saturations are deemed acceptable but this is not appropriate to their needs, then the patient may be put at risk.

NEWS will continue to be reviewed but the benefits of a system that is in widespread use must not be lost. ■

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