

Non-Contact Physical Observations

Please use this guidance when it is not possible to complete a full set of NEWS2 physical observations

If any of the statements in the red section apply to the patient, ESCALATE immediately

1 AIRWAY



Airway Obstructed, Silence? Coughing?
Gurgling? Risk of vomiting?

Consider moving patient on their side
and monitor continuously if conscious

1 AIRWAY



Able to talk, not just moans or groans
Airway clear, including when asleep

2 BREATHING



Noisy or difficult breathing even with an open
airway (Consider Agonal Breathing/Gasping)

Respiratory rate more than 20 or less than 12
breaths per minute

Consider: COPD, Asthma, Heart Failure

2 BREATHING



Breathing is quiet and chest wall movement
have regular rhythm
Respiratory rate is between 12-20 breaths per
minute (Adults only)
Not using accessory muscles of respiration or
having nasal flaring (Consider whether patient
has COPD)

3 CIRCULATION



Change in ability to mobilise

Pale or flushed, clammy, mottled, grey, cold or
swollen skin

Cyanosis - Blue tinge to lips, tip of nose or
finger nail beds

3 CIRCULATION



Normal mobility
If asleep monitor movement and observe for
change in position
Skin is warm to touch and colour is normal for
patient (i.e. no changes)
Comfortable and normal presentation for the
patient

4 DISABILITY



Unresponsive, unusually sleepy, drowsy, new
confusion, consider checking blood glucose
levels

Responds only to voice pain or stimulus

Fitting - Consider Epilepsy

4 DISABILITY



Alert
Eating and drinking without difficulty
Active (Consider patients normal level
of activity)

5 EXPOSURE



Rapid Tranquilisation, Restraint,
Smoking/Alcohol, Allergies, Sepsis?

5 EXPOSURE



Monitor and record using the non-contact
physical observations. Revert to NEWS 2
when possible

Consider additional monitoring for asthma,
diabetes, epilepsy, intoxication, medication
side effects, etc.