Standard operating procedure (SOP) · HOS-SOP-002 · Version 1.0 · Approved by the ASF Expert Committee

Supports: System S1 (Hospital), criterion S1.2

At a glance

- Record vital signs for every inpatient at the frequency set for their level.
- Raise the frequency when the patient worsens.
- Act on each early warning score at the level it triggers.
- Call the senior clinician at the trigger level, and document the response.
- Stop and get help straight away if: a patient has a high early warning score and no senior clinician has been called.

1. Purpose

To find patients who are getting worse early, and to respond in a set way at each score (S1.2). The early warning score (NEWS2 or the equivalent in use) is the trigger.

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions

Term	Meaning
Early warning score	A score from the vital signs that shows how sick a patient is
Trigger level	The score at which a set response is required

4. Background

Most deaths on a ward were preceded by hours of warning signs. A score that is recorded but leads to no response protects no one.

5. Responsibilities

Role	Responsibility	Competence
Nurse in charge	Sets and checks the observation frequency on the ward	Competent in scoring
Registered nurse	Records observations and scores; calls for help at the trigger	Trained in the score
Senior clinician	Reviews the patient at the trigger level	Senior medical or nursing decision maker

6. Materials and equipment

Item	Requirement	Condition
Observation chart with the early warning score	Current	Printed on the chart
Calibrated thermometer, pulse oximeter, sphygmomanometer	Within the calibration date	Checked monthly

7. Safety

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Step 1. Observe at the set frequency.

- Record vital signs at the time set for the patient level.

Key point: Missed observations are a finding.

Step 2. Score.

- Calculate the early warning score from the vital signs.
- Mark the score on the chart.

Key point: Score every set.

Step 3. Respond at the trigger.

- Low score: continue the set frequency.
- Medium score: increase the frequency and call the nurse in charge.
- High score: call the senior clinician now.

Key point: The response is set by the score, not by a judgement made later.

Step 4. Record the response.

- Write the response, the person called and the time.

Key point: A response not written did not happen for audit.

10. Decision points

- No decision points in this procedure.

11. Special situations

Situation	Action
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

12. Escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Scheduled observations recorded on time	At least 70%	Monthly	Nurse in charge	Escalate to clinical director
High scores with senior review within 30 minutes	100%	Monthly	Duty clinical lead	Escalate to chief executive

14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

16. Related documents

ID	Title	Use
HOS-FRM-002	Observation and early warning chart	Chart used in steps 1 and 2
HOS-SOP-003	Sepsis recognition and antibiotic timing	Sepsis is one cause of deterioration

17. Evidence

Reference	Note

E-009	Score-based response per the National Early Warning Score guidance (RCP, 2017); local score set by the ASF Expert Committee by the Committee.
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

No e-learning course is linked to this document yet.

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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Related standard

- **Standard 58: Inpatient Ward Care**

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