

Title: Rapid Response

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PURPOSE

To identify the Rapid Response team and processes around deployment of the medical emergency team.

POLICY

To provide a structured system for staff to obtain expert medical assistance to assess and stabilize the patient’s condition and organize information to be communicated to the patient’s physician.

GENERAL INFORMATION

Why call for the Rapid Response Team?

Studies have shown that patients often exhibit signs and symptoms of instability for some period of time prior to arrest. These signs and symptoms may go unrecognized in the non-ICU setting. This can result in failure to rescue. Studies are showing that when a Rapid Response Team is activated there is a reduction in non-ICU arrests.

Who may call the Rapid Response Team?

Any caregiver (nurse, therapist, physician, family member) who is worried about the patient may activate the team.

When should the Rapid Response Team be called?

The team should be activated when any of the following criteria is met.

- The caregiver is worried about the patient
- Acute change in heart rate <40 or >130

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Title: **Rapid Response**

- Acute change in systolic blood pressure <90 mmHg
- Acute change in respiratory rate <8 or >28
- Acute change in saturation <90 percent despite O₂
- Acute change in conscious state
- Acute change in urinary output to <50 ml in 4 hours
- Anytime that the family member/s are concerned about the patient condition

How do I call the Rapid Response Team?

Call the operator and ask for the Rapid Response Team to respond to ___ room number.

What are my responsibilities when the team responds?

As the caregiver, you are the most knowledgeable about the patient's change in condition and history. You should remain with the patient, answering questions for the team and participate in the assessment, plan and intervention.

PROCEDURE

Initiation of Code:

When the caregiver is worried about the patient or the patient has one of the criteria identified above, the caregiver should stay with the patient. The caregiver can call for assistance within the department to call for the Rapid Response Team or can call the operator direct to have the Rapid Response Team respond to room ___.

Announcement:

The operator will page for the Rapid Response Team to respond to room ____. This will be repeated three times.

Rapid Response Team Members:

The team should respond as fast as possible, but no later than 10 minutes after the page.

ED RN: Is responsible for leading the team through assessment, planning, communicating, delegating interventions where appropriate and complete documentation on RRT form.

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RT: Is responsible for airway assessment and management, and EKG if needed.

Administrative Supervisor/Manager: Will assist as needed.

Caregiver: The person calling the Rapid Response Team and/or the RN caring for the patient, will remain in the room, provide information to the team members, assist as directed, and call MD for further orders.

The patient will be assessed by the staff and the Rapid Response documentation form will be completed. Emergency interventions will be performed as necessary (airway stabilization, etc.). The patient's RN will call the attending physician to brief the physician on the change in status, assessment, emergency interventions if needed. Orders for additional interventions will be received and implemented.

Additional assessment, interventions and evaluation will be performed as indicated.

The patient's caregiver will remain responsible for the patient. The role of the team is to assist and educate, not to assume care for the patient.

Documentation Guidelines:

Documentation will be completed (per form #E6500, "Rapid Response Team Record/Orders") prior to the ED RN leaving the patient. Data will be compiled and reviewed by Patient Care Council with follow-up completed by the Quality Management and Credentialing Committee, as appropriate.