**Unique Plan Description: Rapid Response**

**Plan Selection Display: Rapid Response**

**PlanType: Medical**

**Version: Testing**

**Available at:     *EVERGREEN HEALTH***

**Rapid Response**

**Admit/Transfer/Discharge**

cid:image001.png@01D327D5.8A8BA040      Rapid Response Called

cid:image001.png@01D327D5.8A8BA040      MD to RN Communication

*Provider to decide where to transfer patient.*

**Vitals/Assessments**

cid:image001.png@01D327D5.8A8BA040      Vital Signs

*Heart Rate | Respiratory Rate | Blood Pressure, every 5-15 minutes or more often if not within normal limits.*

cid:image001.png@01D327D5.8A8BA040      Monitor

*Cardiac Monitor, Begin EKG monitoring; continue until rapid response concludes.*

**Nursing**

cid:image001.png@01D327D5.8A8BA040      Notify MD - Other

*IF: Rapid Response called, THEN: Contact Attending Provider or their coverage.*

cid:image001.png@01D327D5.8A8BA040      Pulse Oximetry

*Place patient on continuous pulse oximeter.  Initiate Oxygen Administration Policy and titrate O2 to maintain SpO2 greater than 92%.*

**Respiratory Therapy**

cid:image001.png@01D327D5.8A8BA040      ABG RT Draw

*Stat, ONCE, For SpO2 less than 90%, indicated for suspected CO2 retention*

**IV Fluids**

IV bolus with 250 mL Normal Saline (NS) for SBP less than 90 (NOTE)\*

cid:image001.png@01D327D5.8A8BA040      sodium chloride 0.9% (bolus)

*250 mL, Solution, Intravenous, Q5MIN, PRN Hypotension, For 1, doses, for SBP less than 90, infuse over 5 minutes.*

*Comments: For Symptomatic hypotension*

**Medications**

cid:image001.png@01D327D5.8A8BA040      RT Nebulizer Tx

*Q15MIN, PRN for Shortness of Breath/Wheezing, for wheezing or hypoxia, SpO2 less than 90% Respiratory Therapist may administer via small volume nebulizer.*

cid:image001.png@01D327D5.8A8BA040      albuterol-ipratropium

*3 mL, Solution, Nebulizer, Q15MIN, PRN Shortness of Breath/Wheezing, for wheezing or hypoxia, or SpO2 less than 90% Respiratory Therapist may administer via small volume nebulizer:*

cid:image001.png@01D327D5.8A8BA040      naloxone

*0.4 mg, Injection, IV-Push, Q5MIN, PRN Other, For 3, doses, over sedation, unresponsiveness*

cid:image001.png@01D327D5.8A8BA040      nitroglycerin

*0.4 mg, Tablet, Sublingual, Q5MIN, PRN, Chest Pain, may repeat x 3 every 5 minutes. HOLD for SBP less than 90 mmHg.*

***Hypoglycemic***

cid:image001.png@01D327D5.8A8BA040      glucagon

*1 mg, Injection, IM, Q15MIN, PRN, Blood Glucose, glucose less than 50 mg/dL and pt has no IV access OR blood glucose 51 to 69 mg/dL pt not able to swallow and no IV access. Refer to Hypoglycemia Protocol.*

*Comments: Place patient on his/her side after administration (Glucagon may induce nausea and/or vomiting).*

cid:image001.png@01D327D5.8A8BA040      glucose 15 g oral gel

*15 g, Gel, Oral, Q15MIN, PRN, Blood Glucose, glucose 51 to 69 mg/dL and patient is alert, able to swallow and not NPO. Refer to Hypoglycemia Protocol*

cid:image001.png@01D327D5.8A8BA040      dextrose 50% syringe

*25 g, Injection, IV-Push, Q15MIN, PRN, Blood Glucose, glucose less than 50 mg/dL (25 g = 50 mL) and patient NOT on insulin infusion. Refer to Hypoglycemia Protocol*

cid:image001.png@01D327D5.8A8BA040      dextrose 50% syringe

*12.5 g, Injection, IV-Push, Q15MIN, PRN, Blood Glucose, glucose 51 to 69 mg/dL (12.5 g = 25 mL) and patient NOT on insulin infusion. Patient not alert or unable to swallow. Refer to Hypoglycemia Protocol*.

*Comments: If no IV access, see glucagon 1 mg order.*

cid:image001.png@01D327D5.8A8BA040      dextrose 50% syringe

*25 g, Injection, IV-Push, Q15MIN, PRN, Blood Glucose, glucose less than 50 mg/dL (25 g = 50 mL) and patient ON insulin infusion and patient NOT conscious/stuporous, THEN: turn off infusion prior to administering dose. Refer to Hypoglycemia Protocol.*

cid:image001.png@01D327D5.8A8BA040      dextrose 50% syringe

*12.5 g, Injection, IV-Push, Q15MIN, PRN, Blood Glucose, glucose 51 to 69 mg/dL (12.5 g = 25 mL). and patient ON insulin infusion and patient IS conscious, THEN: turn off infusion prior to administering dose. Refer to Hypoglycemia Protocol.*

**Labs**

cid:image001.png@01D327D5.8A8BA040      POC Glucose RN

*6XD, blood glucose (bedside glucometer) for delirium, seizure, signs of stroke or suspected hypoglycemia.*

cid:image001.png@01D327D5.8A8BA040      POC Lactate RN

For acute stroke workup order POC Creat RN, must have Creatinine to perform CT Angio.

cid:image001.png@01D327D5.8A8BA040      POC Creat RN

For acute stroke workup order Protime with INR, must have INR for patients on anticoagulation.

cid:image001.png@01D327D5.8A8BA040      Protime with INR

*Blood, Nurse collect, Stat collect*

cid:image001.png@01D327D5.8A8BA040      PTT (Partial Thromboplastin Time)

*Blood, Nurse collect, Stat collect*

**DI/Diagnostic Tests**

cid:image001.png@01D327D5.8A8BA040      EKG RT Stat

*Stat, Portable, Stat 12- lead EKG for Chest Pain*