

Policy Title: Rapid Response Team

Policy Number: PCER-04

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Manual/Section: PC/ER

Applicable Catalogs: CAH

Policy Statement

LHC will provide a process for a rapid assessment and treatment of a patient with acute status changes. The goal of the Rapid Response Team (RRT) is to improve outcomes by providing critical care resources for rapid intervention of a declining patient.

Procedure

1. To activate the LHC emergency response system for a Rapid Response.
 - i. If in an area with a "Rapid Response" button – activate the button and the ED Registration staff will overhead page the Rapid Response.
 - ii. For areas without a "Rapid Response" button, call 5599 for all hospital page and state "Rapid Response" and exact location – repeated 3 times.
 - iii. If not near a Rapid Response button phone, ask bystander to find staff to help.

2. Criteria Guidelines for Initiating the RRT

Any or all of the criteria meets the guidelines for initiating the RRT Team. The key to using the guidelines properly is the early identification of:

 - a. Nursing staff worried about acute decompensation of patient
 - b. Acute change in heart rate <40 or > 130 beats per minutes
 - c. Acute change in systolic blood pressure < 90 mmHg despite treatment
 - d. Acute change in respiratory rate <8 or >28 breaths per minute
 - e. Acute increase in oxygen requirements / deterioration in oxygen saturation
 - f. Acute change in level of consciousness
 - g. Significant acute bleeding
 - h. New onset or prolonged seizures

3. Members of the RRT may include but are not limited to:
 - a. ED Physician – Physician leader until relieved by attending physician
 - b. Admitting physician (on call physician) – Physician leader to relieve the ED physician as soon as possible
 - c. ED Nurse – Will respond when there are 2 nurses staffed in the ED
 - d. ED Technician – Will respond and assist as directed
 - e. House Supervisor (Team Leader)
 - f. Pharmacist – Assist with medication doses and IV drips (if in house)
 - g. Lab- Obtain samples / provides POC for bedside ABGs
 - h. Cardiopulmonary – Airway management / use of ISTAT in coordination with lab personnel
 - i. Med / Surg Nurse – Bring crash cart, other duties as assigned (Assigned every shift to respond to RRT outside of department)
 - j. Patient's Primary Nurse
 - k. CRNA – Airway management

I. Imaging – Respond with portable x-ray

4. Roles and responsibilities

- Primary Nurse Responsibilities
 1. Promptly activates RRT when indicated.
 2. Provides information to RRT and medical staff.
 3. Remain present during the activation.
 4. Assists RRT with obtaining supplies.
 5. Actively participates in assessments and interventions.
 6. Notification of family and ongoing psychosocial support

- RRT RN (House Supervisor)
 1. Serves as the Team Leader and delegates responsibilities to other RRT responders.
 2. Assists the assigned health care providers with care of the patient to include:
 - a. Patient assessment
 - b. Identify needed resources and activate Crisis Call List
 - c. Provide interventions
 - d. Evaluate the effectiveness of interventions
 - e. Transport patient if indicated to other care settings
 - g. Ensure appropriate ongoing assessments and interventions are provided.
 - i. Provide education and support to unit healthcare providers.

- RRT Cardiopulmonary (In house 0700-1900 or as needed)
 1. Provides respiratory assessment and interventions
 2. Communicates with the medical team as it relates to respiratory care
 3. Evaluates effectiveness of interventions
 4. Documents activities
 5. Assists the RRT RN as directed
 6. Ensure appropriate ongoing assessments and interventions are provided.

- Lab Personnel
 1. Brings ISTAT to bedside to perform ABGs, Troponin, Hct, Chem 8, Lactate as ordered.
 2. Anticipate activation of Massive Transfusion Protocol as ordered

5. Debriefing - QI / QA (Lead by House Supervisor)

- a. A post RRT debriefing should take place within 2 hours of the RRT to ensure:
 - i. Accurate and appropriate documentation / medication administration within the medical record
 - ii. Review effectiveness of RRT response
 - iii. Code Critique will be sent to all participants to collect feedback for performance improvement.
 - iv. Enter event into the Healthcare Safety Zone Portal, "Clarity".

6. Ongoing QI / QA

- a. LHC is committed to provide staff with opportunities to drill for RRT to ensure appropriate response and competence.

References

Institute for Healthcare Improvement, 5 Million Lives Campaign. Getting Started Kit: Deploying Rapid Response Teams How-to Guide. 2007

Approval by ED Committee on 1/22/2019