

## Policy: Rapid Response Team

ORGANIZATIONAL: Affects two or more departments.							
Folder	Organizational Choices: Clinical			Sub-Folder (If Applicable)	Procedures-Techniques		
Original Effective Date	1/1/2008	Scope	What departments does this policy apply to? State "All" as is may apply to the entire organization. All				
Approved (Approver/Date)	MDRC: 2/21/19;MEC: 2/26/19; Director of Patient Care Services 1/3/2019						
Last Reviewed/ Revised Date	3/8/2019	OSHA Category (If Applicable)	Not Applicable	Standard (If Applicable)	N/A	Number of pages	3

### PURPOSE:

To improve the safety of hospitalized patients whose condition is deteriorating quickly

### GUIDELINES:

The RRT will be comprised of experienced Critical Care and or Progressive Care Nurses and Respiratory Therapist (RT). There should be one RRT nurse and one respiratory therapist responding to a single intervention. Team members will be trained in BLS and ACLS. The ACLS prepared nurse will direct interventions according to established protocols.

Written criteria describing early warning signs of a change or deterioration in a patient's condition provide guidance to the floor nurse to know when to seek further assistance from the RRT. The RRT will respond to calls from staff, patients, family members or others who may be concerned about a patient's condition or care.

### GOALS OF THE RAPID RESPONSE TEAM INCLUDE:

1. React promptly and appropriately to deteriorating clinical status.
2. Assess and stabilize - the team assists the staff member in assessing and stabilizing the patient's condition.
3. Assist with communication - the team will organize the information to be communicated to the patient's physician.
4. Education and support - the team will take on the role of educator and support to the staff, patient, and families to help them understand what happened with the patient and assist with development of the staff's critical thinking skills.
5. Assist with transfer (if necessary) - the team will assist with transfer to a higher level of care.

### PROCEDURE:

#### EARLY WARNING SIGNS OF A CHANGE OR DETERIORATION IN A PATIENTS CONDITION

1. Change in patient's condition
2. An acute change in heart rate > 130 or < 45

3. Acute change in systolic blood pressure < 90
4. Acute change in respiratory rate or shortness of breath
5. Acute change in O2 saturation
6. Change in level of consciousness or mental status change
7. A staff member is worried about a patient or has a “gut feeling”

#### RESPONSIBILITY OF THE NURSE CALLING THE RAPID RESPONSE TEAM

1. Assess the patient and identify the crisis or concern.
2. Call the RRT at pager number 278-8628 or call 5200 on any hospital phone.
3. The primary nurse is to remain in the patient’s room throughout the event.
4. Provide the following patient information to the RRT upon arrival:
  - a. Events leading up to calling the RRT to intervene
  - b. Previous assessment
  - c. Medical record accessible in the room
  - d. Patient’s history
  - e. Admission diagnosis
  - f. Any recent abnormal lab values
  - g. Code status
  - h. Current vital signs
  - i. Any test or procedure that might be related to the event
5. The primary nurse should document the event(s) leading up to calling the RRT.

#### ROLES/RESPONSIBILITIES OF THE RAPID RESPONSE TEAM

1. Core expectations of the RRT will include:
  - a. Available to respond within 5-10 minutes of receiving notification
  - b. Huddle with the patient’s primary nurse to receive patient information.
  - c. Utilize SBAR as a method of communication and documentation.
  - d. Facilitate accurate and timely communication among all care team members.
  - e. Assist in stabilizing the patient using the pre-arrest protocols and collaboration with providers.
  - f. Coordinate interventions during a response.
  - g. Provide non-judgmental feedback to the person who initiated the RRT.
  - h. Document interventions performed during the response.
  - i. Assist with the transfer to a different level of care when necessary.
2. Additional Rapid Response Team Nurse responsibilities are:
  - a. Interrupting cardiac rhythm strips in Centralized Telemetry Monitoring prior to posting in the medical record.
3. Additional RRT Respiratory Therapist responsibilities are:
  - a. Assess the patient for respiratory assistance needs.
  - b. Responsible for oxygen set-up, delivery, and arterial blood gases as needed.

**REFERENCES:**

5 Million Lives Campaign. *Getting Started Kit: Rapid Response Teams*. Cambridge, MA: Institute for Healthcare Improvement; 2008.

Stevens, J. P. (2018). Rapid response systems. Retrieved January 3, 2019, from <https://www.uptodate.com/contents/rapid-response-systems>

**Attachments:** None