

**Los Angeles County + University of Southern California
Medical Center
Rapid Response Team Record / Data Collection Form**

Date: ___/___/___ Patient's Name _____ MRUN: _____ Unit: _____
 Time RRT Beeper Goes Off: _____ Arrival Time: _____ Event Time: _____

Primary Reason for Call:

- Staff is concerned / worried
- Specify _____
- HR < 40 HR > 130
- SBP < 90 mmHg
- SpO2 < 90j%
- Acute Change in LOC
- RR > 28 RR < 8
- Change in U.O. < 50cc per 4 hr.
- Man Down

Situation: _____

Recommendations / Interventions:

Airway / Breathing

- Suctioned
- Oral Airway
- Nebulizer Tx.
- Intubated
- NPPV
- Bag Mask
- O2 Mask / Nasal
- ABG
- CXR
- Other _____
- No Intervention

Circulation

- IV Fluids
- Blood
- EKG
- CPR
- Defibrillation
- Cardioversion
- No Intervention
- Other _____

Background: _____

Assessment:
 Temp: ___ BP ___ HR ___ RR ___ SpO2 ___ GCS ___

Medications: _____

Other Interventions: _____

Follow-Up Report:

Signature: _____ **Date / Time:** _____

Outcome:

- Stayed in Room
- Transferred to ICU
- _____
- Other: _____

- Notified
 Physician: _____ Time: _____
 (name)

Signature:
 PA: _____
 RN: _____
 RT: _____

IMPRINT I.D. CARD (NAME, MRUN, CLINIC/WARD)