

LAC+USC MEDICAL CENTER POLICY

Subject: RAPID RECOGNITION AND RESPONSE TO CHANGES IN PATIENT CONDITION	Original Issue Date: 2/7/17	Policy # 939
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Departments Consulted: Patient Safety Committee CPR Committee	Reviewed & Approved by: Attending Staff Association Executive Committee Senior Executive Council	Approved by: (Signature on File) Chief Medical Officer
		(Signature on File) Chief Executive Officer

PURPOSE

The Rapid Response Team (RRT) program is designed to improve staff's ability to recognize and respond quickly and appropriately to a deteriorating patient.

POLICY

Patient care staff will be trained to recognize signs of clinical deterioration. Any staff member who recognizes these signs will initiate a Rapid Response Team activation through the phone operator. The RRT will be responsible for responding immediately to the patient's bedside, performing initial assessment and intervention, and notifying the patient's existing care team (if they are not already aware). The RRT will only respond for admitted patients in the ward, telemetry unit, and Progressive Care Unit (PCU).

DEFINITIONS

Rapid Response Team – medical rescue team consisting of medical provider, nurse, and respiratory therapist.

Signs of Clinical Deterioration:

1. Acute change in heart rate
2. Acute change in systolic blood pressure
3. Acute change in respiratory rate or effort
4. Acute change in oxygen saturation
5. Acute change in urinary output to less than 50mL in 4 hours (adults only)
6. Severe, uncontrolled bleeding
7. Any staff member is worried that the patient is deteriorating even in the absence of any of the above criteria

PROCEDURE

A. Activation

1. Any staff member who recognizes criteria for a deteriorating patient admitted to a ward, telemetry or PCU unit should notify that patient's nurse at once. The nurse will then assess the patient and determine if RRT activation is needed. In the rare instance that a patient's nurse cannot be identified or contacted, any staff member may activate the RRT by dialing 1-1-1 for the phone operator from any medical center phone line.

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2. The staff member will tell the page operator they wish to activate the RRT and the location of the patient.
3. The patient's nurse will then return to the patient's bedside to continue providing care pending arrival of the RRT.

B. Response

1. Upon notification of an RRT activation, the RRT members will respond to the patient's bedside immediately. The goal is to have all members of the team at the patient's bedside within 5 minutes of the call being placed.
2. The first task of the RRT responders will be to assess the situation and provide immediate stabilizing treatment.
3. The physician member of the team will determine the identity of the patient's existing medical team and contact the team currently covering the patient, if they are not already present.

C. Disposition

1. The respiratory therapist from the RRT may be released when the RRT physician determines that he/she is not needed and/or he/she is relieved by another respiratory therapist.
2. The physician from the RRT may be released when care is turned over to another R2 or higher, or he/she has determined that the patient is stable and does not require further urgent intervention.
3. If the patient requires transfer to a higher level of care, the primary team will initiate the appropriate steps for transfer through Patient Flow and the ICU team (if patient warrants ICU transfer).

RESPONSIBILITY

All LAC+USC Medical Center Staff.

PROCEDURE DOCUMENTATION

The primary provider on the RRT is responsible for documenting a Rapid Response Note using the Code Blue/RRT template in the electronic medical record. The primary RRT nurse is responsible for documenting on the RRT data collection form (such as Attachment A) and turning it into ICU Nursing Administration.

ATTACHMENTS

Attachment – A Rapid Response Data Collection Form.

REVISION DATES

August 16, 2021