OLIVE VIEW-UCLA MEDICAL CENTER
POLICY & PROCEDURE

NUMBER: 197
VERSION: 4

SUBJECT/TITLE: **CODE RAPID RESPONSE**

POLICY: The Code Rapid Response provides early intervention to slow or prevent the patient's clinical deterioration and addresses three main systemic issues that impact a patient's well-being; 1) planning, including assessment, treatment and goals; 2) communication between patient and staff and among interdisciplinary staff; and 3) recognition of deterioration of patient condition. The Code Rapid Response team **does not replace** the Code Blue team.

PURPOSE: To reduce hospital mortality rates, improve safety, and bring critical care expertise to **inpatients** in non-intensive care settings.

DEPARTMENTS: All

DEFINITIONS:

Code Rapid Response: A response team that is available 24-hours a day, 7 days a week to respond to an urgent clinical patient situation. Code Rapid Response is primarily intended for the deteriorating patient in the inpatient setting, including inpatients that are sent to other departments such as Cardiology, Radiology and Nuclear Medicine for special tests and procedures.

Primary Team: The team directly responsible for the care of the patient.

Cross-Cover Team: The team that will provide care to patients while the primary team is physically not present in the hospital (after hours).

SBAR (Situation, Background, Assessment and Recommendation): A military model utilized for effective communication in a crisis situation.

PROCEDURE: Code Rapid Response is a team that consists of a Critical Care R.N., Respiratory Therapist, ICU Resident, and Radiology Technologist. The Code Rapid Response team shall be activated when clinical staff identifies that a patient's condition is deteriorating.

The Hospitalist will oversee the Code Rapid Response when the ICU Attending is not present. After hours Code Rapid Response will be supervised by the Attending on-call for the patient.

If the patient suffers a respiratory or cardiac arrest, a Code Blue will be called.

1. Reasons to Initiate a Code Rapid Response: Early Warning Signs
   - Respiratory distress (rate <8 or >28 per minute), threatened airway, change in breathing pattern, decrease in pulse oximeter (<90% despite O2)
   - Acute change in patient's B/P (SBP: <90mmHg) and/or HR (<40 or >130)
   - Acute change in level of consciousness, mental status, new seizure or prolonged seizure
   - Decreased urine output (<50ml in 4 hours)
   - Abnormal bleeding
   - Chest pain
   - The nurse or other staff member is concerned about the patient; "Something is wrong."
   - The "rule of thumb" is: responsive patient = Code Rapid Response; non-responsive patient = Code Blue.

2. The Registered Nurse assesses the patient. If he/she determines that the patient's condition is deteriorating, or the patient needs immediate intervention:
   A. The R.N. will activate the Code Rapid Response by calling the hospital operator, ext. 114. The operator will announce "Code Rapid Response"
   B. The R.N. assigned to the patient will reassess vital signs and obtain a blood sugar using a glucometer.
   C. The R.N. will ensure that the patient's Electronic Health Record, including the MAR, is accessible for review by the Code Rapid Response Team.
   D. The R.N. will communicate an assessment of the patient's condition using the SBAR format for information transfer to the Code Rapid Response/ICU Nurse Responder.
   E. The R.N. must notify the patient's Primary Team or Cross-Cover Team, utilizing established lines of communication (Intern, Resident and Attending). The R.N. may delegate this to the charge nurse/nurse manager.
   F. A Code Rapid Response can be initiated by any member of the care team.

3. The Code Rapid Response/ICU Nurse Responder taking the call from the floor will:
   A. Document significant patient information on the Code Rapid Response Record, including blood sugar results.
   B. Screen the Code Rapid Response Code Call to determine if patient is

post-op. If patient is post-op, will also notify Anesthesiology (818) 529-0372 (pager)

C. Notify the ICU On-Call Resident and the Code Rapid Response Respiratory Therapist.
D. Call the Hospital Operator to page Code Rapid Response.
E. Notify the Hospitalist (818) 313-1850 between the hours of 1800-0100.
F. Will bring a portable monitor and the Code Rapid Response cart to the bedside.

4. On arrival to the unit, the Code Rapid Response team will receive a brief clinical report from the patient's primary RN.

5. The primary R.N. will remain in the patient's room and assume a "recorder/assistant" role by:
   A. Providing any additional information or equipment required;
   B. Ordering chest x-rays and additional labs as requested by the MD.

6. The Code Rapid Response team will re-assess the patient, gather additional patient data, and initiate appropriate "urgent" intervention.

7. The Code Rapid Response team will obtain a full set of vital signs, place the patient on the monitor and complete a focused assessment aimed at stabilizing the patient.

8. The ICU Resident will assess the patient and recommend treatment/intervention until the Primary Team/Cross-Cover Team arrives and assumes care of the patient. Any or all members of the Code Rapid Response team can be dismissed by the Primary/Cross-Cover Team, once they have arrived.

9. The Code Rapid Response Respiratory Therapist will:
   A. Place a pulse oximeter and complete a focused assessment including lung sounds and work of breathing.
   B. Will use Ambu Bag to provide supplemental oxygen while waiting for other respiratory supplies.
   C. Draw an ABG, titrate oxygen, suction and administer respiratory treatments as ordered by M.D.
   D. Will remain in the room until dismissed by the Code Rapid Response M.D. or Primary M.D.

10. If the patient requires a higher level of care, the patient will be transferred and the ANO/Patient Flow will be notified.

11. If the patient requires transfer to the ICU, the Code Rapid Response/ICU

Nurse Responder will remain at the bedside until the patient leaves the unit.

12. A Nursing Attendant, from the unit initiating the Code Rapid Response call, will be assigned to deliver specimens to the lab, pick-up blood products from the Blood Bank and other errands, as directed.

13. The Primary/Cross-Cover Team will notify the family of a change in patient condition or location.

14. The Primary/Cross-Cover Team will notify the primary/cross covering Attending of a change in patient condition or location.

15. Once a Code Rapid Response has been called, it can only be canceled by the Code Rapid Response team.

16. All members of the Code Rapid Response team will stay until dismissed, or a disposition has been agreed upon.

17. The Code Rapid Response RN will clarify the disposition, with the responding physician, at the end of every call.

18. The Code Rapid Response/ICU Nurse Responder will complete the Code Rapid Response Record (paper form). The (original) form will be scanned into the patient's Electronic Health Record by HIM. A copy of the Code Rapid Response record will be forwarded to the Clinical Nursing Director over ICU/Medical Nursing Services, and will also be scanned to the Pharmacy.

References:	
Approved by: Bonnie Bilitch (Chief Nursing Officer), Judith Maass (Chief Executive Officer), Shannon Thyne (Chief Medical Officer)	Date: 04/25/2018
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