Purpose

To provide early intervention to patients outside of the ICU to help prevent an adverse outcome.

Policy Statement

The Rapid Response Team is a group of specially trained clinicians capable of providing critical care expertise to patients. Team members include a Critical Care nurse, respiratory therapist, nurse practitioner/clinical associate/intensivist. When called to respond, the Rapid Response Team is authorized to provide any appropriate patient care.

Rapid Response Teams respond to provide care for adults (16 years or older) inpatients on units identified below (see Applicability).

NOTE: For medical emergency assistance for individuals who are not inpatients, refer to Edmonton Acute Policy #II-90, Medical Emergency Response Procedure. If the individuals is pulseless, not breathing, or has agonal breathing, call a Code Blue. Do not call the Rapid Response Team.

Applicability

This policy and procedure applies to the following units at the Grey Nuns and Misericordia sites.

Because of operational differences between the Grey Nuns Community Hospital and the Misericordia Community Hospital, program areas to which the Rapid Response Team will respond varies as outlined below.

- At the Grey Nuns, the Rapid Response Team responds to all units excluding the Level 2 Operating Room/PARR and ICN.

- At the Misericordia, the Rapid Response Team responds to the following areas:

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Medical Day ward</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orthopedics</td>
<td>Obstetrics</td>
</tr>
<tr>
<td>General Surgery</td>
<td>Psychiatry</td>
</tr>
<tr>
<td>Geriatrics</td>
<td>Emergency Department - inpatients</td>
</tr>
<tr>
<td>Alternative Level of Care</td>
<td>Diagnostic Imaging - inpatients</td>
</tr>
</tbody>
</table>

Responsibility

The Rapid Response Team, under the auspices of the responsible Intensive Care physician, will assess, stabilize and initiate treatment. Refer to Appendix for detailed staff responsibilities and accountabilities.

Principles

The principle of the Rapid Response Team is the provision of optimal patient care. Accordingly, any member of the health care team may activate the Rapid Response Team without risk of negative consequences. All applicable ICU policies apply to the Rapid Response Team.
The Rapid Response Team is not intended to be a substitute for the appropriate provision of usual patient care.

**Procedure**

**Indications for Rapid Response Team activation:**

- Acute change in **heart rate** to less than 40 or greater than 140 per minute
- Acute change in **systolic blood pressure** to less than 90 mmHg
- Acute change in **respiratory rate** to less than 8 or greater than 36 breaths per minute
- Acute change in **oxygen saturation** to less than 90% despite oxygen at 10 lpm
- Upper **airway compromise** – audible stridor
- Acute deterioration in patient **level of consciousness**
- Staff member is **worried** about the patient (eg. unexpected change in status)

1. Nursing staff member or respiratory therapist identifies a **Rapid Response Team Trigger**. Notifies unit manager/designate.
   
   1.1 Staff member returns to patient and remains there until to communicate with and assist the Rapid Response Team.

2. Unit manager/designate calls the attending physician stat. If the attending physician does not respond within five minutes, the unit manager/designate calls 66# to activate the Rapid Response Team.
   
   2.1 Switchboard activates Rapid Response pagers (and Respiratory pagers at the MCH), and announces “Rapid Response Team to (location) on the overhead system.

3. The unit manager/designate notifies the attending physician, resident/nurse practitioner on call, and any other required healthcare provider.

4. The Rapid Response Team assesses, initiates treatment, attempts to stabilize and establishes a plan of care for the patient.

   4.1 ICU care not medically appropriate; patient will **remain on ward**,  
   4.2 Patient condition stabilized and will **remain on ward, or**  
   4.3 Patient requires urgent **transfer to ICU**

   If an immediate transfer to Critical Care is not possible, the Rapid Response Team nurse or delegate will notify the charge nurse in the Emergency Department and plan to transfer the patient to the Emergency Department.

5. Debriefing occurs with the patient’s care provider team.

**Related Documents**

- Activation of the Rapid Response Team Process Flowchart - attached
- Staff Responsibilities and Accountabilities - attached

**Revisions**

March 12, 2009
The **Activation of the Rapid Response Team Process** is outlined in the following flowchart.

1. **Staff member identifies Rapid Response Team Trigger in a patient 16 years or older**
2. **Staff member notifies unit manager/designate.**
3. **Unit manager/designate confirms the patient has an active resuscitation status.**
4. **Unit manager/designate calls the attending physician stat.**
   - IF the attending physician does not respond within 5 minutes, the unit manager calls 66# to activate the Rapid Response Team.
5. **Switchboard activates Rapid Response Team pagers.**
6. **Switchboard announces overhead page, “Rapid Response Team to Station…”**
7. **Rapid Response Team arrives on the ward within 15 minutes of notification and evaluates the patient and initiates treatment.**
8. **The Rapid Response Team Leader completes the Rapid Response Team SBAR documentation and then consults with the Intensivist to determine appropriate Patient Management.**
9. **The Intensivist will directly notify the ward Attending Physician or Surgeon of the patient’s disposition.**
10. **Rapid Response Team leader provides a debriefing session involving the patient care area’s staff, including but not limited to the staff member who initiated the response.**

**Rapid Response Team Triggers**
- Acute change in heart rate to less than 40 or greater than 140 per minute
- Acute change in systolic blood pressure to less than 90 mmHg
- Acute change in respiratory rate to less than 8 or greater than 36 breaths per minute
- Acute change in oxygen saturation to less than 90% despite oxygen at 10 lpm
- Upper airway compromise — audible stridor
- Acute deterioration in patient level of consciousness
- Staff member is worried about the patient

**Patient Management**
- ICU care not medically appropriate, patient will remain on ward
- Patient condition stabilized and will therefore remain on ward
- Patient requires urgent transfer to ICU
APPENDIX

STAFF RESPONSIBILITIES AND ACCOUNTABILITIES

This appendix outlines the responsibilities of unit nursing staff, respiratory therapists, nurse practitioners and physicians who request the Rapid Response Team. Unit nursing staff, respiratory therapists, nurse practitioners and physicians who request the Rapid Response Team are encouraged to participate by assisting the Rapid Response Team, which consists of a nurse, respiratory therapist, nurse practitioner/clinical associate/intensivist.

UNIT NURSING STAFF ARE RESPONSIBLE FOR:

1. Recognizing the physiological triggers that warrant a Rapid Response Team intervention
2. Calling 66# to activate the Rapid Response Team
3. Contacting the patient's attending physician five minutes prior to the call for Rapid Response Team.
4. Uses the SBAR (situation, background, assessment, recommendations) form of communication when relaying information to care providers.
5. Explaining the Rapid Response Team role to patients and their families.
6. Ensuring the patient's room is equipped with suction, oxygen and resuscitation basket.
7. Having chart and medication administration record (MAR) available for the Rapid Response Team.
8. Providing Rapid Response Team with the patient's admission diagnosis.
9. Providing the Rapid Response Team with a brief overview of the patient's current condition including vital signs; intake/output; neurological vital signs, current lab work (eg. ABG's haemoglobin, platelet count WBC, potassium and magnesium values) and any recent changes to the patient's condition.
10. Reporting any medications that are infusing.
11. Assisting the Rapid Response Team in the care of the patient by:
   • assembling required IV lines and other supplies - eg. chest tubes, cut down tray, etc.
   • administering required blood products
   • assisting with diagnostic procedures, eg. chest X-ray, E.C.G., etc.
   • contacting other services as directed
   • assisting with and/or documenting care interventions on the patient record as required
   • providing care, monitoring and following up as directed by the Rapid Response Team
12. Activating a Code Blue or activating the emergency call bell as directed by the Rapid Response Team, in the event the patient has a cardiac arrest.
13. Photocopying and completing all required documents for the patient’s chart.

14. Attending the debriefing session with the Rapid Response Team post call.

15. Completing and submitting the Rapid Response Team Evaluation form to the Rapid Response Team Nurse Practitioner.

RESPIRATORY THERAPISTS ARE RESPONSIBLE FOR:

1. Recognizing the physiologic triggers that warrant a Rapid Response Team intervention.

2. Calling **66#** to activate the Rapid Response Team.

3. Uses the SBAR (situation, background, assessment, recommendations) form of communication when relaying information to care providers.

4. Explaining the Rapid Response Team role to patients and their families.

5. Ensuring the room is equipped with suction, oxygen, and resuscitation basket.

6. At the Misericordia Community Hospital, the respiratory therapist that initiates the Rapid Response Team intervention assumes the role of the Rapid Response Team Respiratory Therapist (see the Rapid Response Team Respiratory Therapists responsibilities).

PHYSICIANS/NURSE PRACTITIONERS ARE RESPONSIBLE FOR:

1. Recognizing the physiological triggers that warrant a Rapid Response Team intervention.

2. Calling **66#** to activate the Rapid Response Team.

3. Providing Rapid Response Team with the patient’s admission diagnosis.

4. Providing the Rapid Response Team with a synopsis of the patient’s admission and a summary of the patient’s current condition and the treatments already initiated.

5. Reporting any medications that are infusing.

6. Participating with the Rapid Response Team in the management of the patient.

7. Updating the family members of the patient’s status.

8. Attending the debriefing session with the Rapid Response Team post call as necessary.
RAPID RESPONSE TEAM MEMBERS:

All Rapid Response Team members are responsible for:
- carrying the Rapid Response Team pager and handing it off at shift change to the oncoming Rapid Response Team designate
- responding to Rapid Response Team pages within 15 minutes
- using the SBAR form of communication when relaying information to other health care providers

Rapid Response Team assignments are determined in advance of the start of shift.

A. ICU Nursing Responder staff are responsible for:

1. Collaborating with the physician/nurse practitioner to take all necessary equipment to the unit and returning equipment to the appropriate area after each call.

2. Performing a head to toe assessment to determine severity of situation.

3. Following predetermined protocols for initial diagnostic and therapeutic interventions required and assisting or performing those interventions related to the care and treatment of the patient.

4. Carrying out interventions as ordered if the physician/nurse practitioner is unable to stay with the patient. The physician/nurse practitioner must reassess the patient after the interventions are completed to determine patient outcome and must be available to the ICU nurse by phone/pager for further instructions or to discuss issues that may arise.

5. Communicating with members of the Rapid Response Team, unit staff and physicians.

6. If the patient remains on the activating care unit, ICU Nursing Responder staff are responsible for:
   - ensuring that any medications specific to “RN with SCC” do not require monitoring post administration. If they require monitoring, ensure this is properly and adequately in place prior to leaving the patient
   - transferring care to the unit staff and leaving the unit once treatment has been initiated and the patient has stabilized
   - returning to the unit to reassess the patient, if required. This is to be communicated to the unit staff
   - assisting in education and supporting unit staff in regards to patient follow up care or treatment

7. If the patient requires transfer to ICU, ICU Nursing Responder staff are responsible for:
   - remaining with the patient until transfer to ICU/CCU is facilitated
informing the ICU/CCU charge nurse of patient’s condition prior to transfer so that transfer can be arranged. If the ICU/CCU cannot accommodate the patient, the Rapid Response Team nurse, Patient Services Manager/delegate and ICU/CCU charge nurse will discuss a course of action. In the event that the patient requires transfer to the Emergency Department, the Rapid Response Team nurse will coordinate the transfer with the Emergency Department charge nurse or designate.

ensuring that the following documentation is complete:

- The Rapid Response Team nurse will utilize the “Rapid Response Team Documentation Form” to document initial assessment, medications and interventions
- The original Rapid Response Team Documentation Form will be a permanent record on the patient’s chart. A second copy of this form will need to be made by the Rapid Response Team nurse at the end of the Rapid Response Team call. This second copy will be placed in the ICU/CCU Code Blue Binder in the appropriate section (GNH) or the ICU Rapid Response Team Binder (MCH).
- If the patient is to be admitted to the ICU/CCU and there is a delay in transfer, documentation is to be started on the “Adult Intensive Care 24 Hour Flow Sheet (GNH)/Critical Care 24 Hour Flow Record (MCH)”. subsequent interventions should be documented on the Patient Care (GNCH)/Nursing Notes (MCH) form. This is a permanent part of the patient’s chart.
- initial assessment should be documented on the Adult Intensive Care 24 Hour Flow Sheet (GNCH)/Critical Care 24 hour flow record (MCH).
- any changes of the patient’s current condition should be documented on the Assessment Sheet or Patient Care (GNCH)/Nursing Notes (MCH)
- all medications administered by the Rapid Response Team should be documented on the patient’s Medication Administration Record (MAR).

8. Completing at the end of each Rapid Response Team call the following:

- debriefing with unit nursing staff to discuss the Rapid Response Team call
- providing the unit with an Rapid Response Team Evaluation survey to complete and forwarding to the ICU Nurse Practitioner
- completing a Rapid Response Team Issues Form if concerns arise while on a Rapid Response Team call or if there are comments/suggestions about the Rapid Response Team process and forwarding to the Rapid Response Nurse Practitioner.
- providing a copy of the Rapid Response Team documentation tool for the permanent patient record and another copy to the Rapid Response Team.
- maintaining the following equipment and supplies:
  - restocking supplies after each Rapid Response Team call
  - plugging in and ensuring cell phone is charged
  - plugging in the monitor and ensuring blood pressure cuff and spool printer with paper are in the monitor
  - ensuring that the back up Rapid Response Team bag/cart has the disposable lock intact. The back up bag is to be checked on the first of every month and signed off in the Rapid Response Team binder.
  - checking the clipboard for the following documents:
    - Data Collection Sheet/ Rapid Response Team Documentation Form
    - Adult Intensive Care 24 hour Flow Sheet (GNCH)/Critical Care 24 Hour Flow
Flow Record (MCH)
- Patient Care (GNCH)/Nursing Notes (MCH) supplementary charting form
- Rapid Response Team RN Satisfaction Survey
- ensuring that Rapid Response Team chart bundles are supplied at the main desk of the ICU/CCU
- The night shift Rapid Response Team RN is to check Rapid Response Team equipment with checklist at start of shift to ensure all contents are present and within expiry dates. The RN is to sign off in the binder once the check has been completed and all supplies are in order.

- The Rapid Response Team nurse is encouraged to participate in ICU consults when operationally feasible. The attending physician, ICU nurse practitioner/clinical associate will work with the Rapid Response Team ICU nurse when on consult
- The consult is similar to an Rapid Response Team call and observations are recorded in the Patient Care Record but the Rapid Response Team documents are not initiated
- Document all medications on the MAR
- The Rapid Response Team nurse may function as the second Code nurse
- On a day shift without an RN assigned to Rapid Response Team, the charge nurse, unit supervisor or CNE will assume the Rapid Response Team nurse role
- In the event of simultaneous Rapid Response Team calls, the charge nurse or delegate will go on the call

B. Rapid Response Team Nurse Practitioners / Clinical Associates are responsible for:

1. Responding to Rapid Response Team calls while on duty.

2. Ensuring that nursing unit staff/charge RN have contacted the attending physician.

3. Assessing the patient, ordering appropriate diagnostic tests, and initiating appropriate interventions as indicated, including procedures such as central line insertion, chest tube insertion, etc..

4. Responding to pages from RNs, RTs at patient's bedside for further diagnostic interventions, treatments and medications as required.

5. Communicating to the intensivist the results of assessment and interventions as well as discussing the proposed management plan.

6. Reassessing the patient, as required, for response to therapy.

7. Discussing with patients/families code status or end of life issues, when appropriate. NOTE: Nurse Practitioners cannot write DNR orders.

8. Collecting data forms related to each Rapid Response Team call.
C. Rapid Response Team Intensivists are responsible for

1. Responding to pages from nurse practitioners, clinical associates, nurses, respiratory therapists and other team members in relation to provision of care for patients assessed by the Rapid Response Team.

2. Leading in directing the plan of care in terms of assessment, diagnostics, required interventions and patient disposition, including philosophy of care.

3. Discussing patient outcome or transfer of care with the attending physician.

D. Rapid Response Team Respiratory Therapists are responsible for:

1. Performing patient assessment, diagnostic and therapeutic measures related to respiratory care.

2. Communicating the results as appropriate to the other members of the Rapid Response Team.

3. Providing ongoing assessment and appropriate therapeutic interventions to improve the pulmonary status of the patient (i.e. secretion management, titration of $O_2$).

4. Providing blood gas sample procurement, analysis and interpretation, when clinically indicated and appropriate.

5. Providing bedside spirometry testing.


8. Transport of patients with unstable airways/critically ill patients within the hospital.

9. Providing clinical assessment and administration of inhaled therapeutic gases and medications.

10. Providing resuscitation and provision of life support measures.

11. Inserting arterial lines, if required.

12. Completing written documentation of all therapies and interventions and patient response.
13. Communicating patient status as required to other team members, providing expertise and assistance to unit specific staff for the provision of safe and appropriate care for the patient.

14. Ensure that all respiratory supplies from the Rapid Response Cart have been replaced.

15. Complete weekly Rapid Response Cart checks to ensure that; respiratory medications are not expired, battery on portable suction is charged, all supplies are stocked and checked according to supply list.

16. Ensuring that the patient is included in Respiratory Therapy change of shift report.