I. Policy:
Grinnell Regional Medical Center will provide a multidisciplinary medical team to respond within minutes to assess and treat a patient whose condition may be deteriorating. The core Rapid Response Team (RRT) will consist of the following: House supervisor; ICU or ED nurse; ED physician (if available); Respiratory Therapist; and the primary care nurse. The RRT will use a set of treatment protocols approved by the medical staff to begin treatment while the primary care physician is being notified. The primary care physician will remain in charge of the patient’s care and outcomes unless delegated to another physician.

Policy Statements:

A. The RRT call is never intended to bypass regular communication with the patient’s physician or remove the role of the primary director of the patient’s care.
B. The goal of the team is to provide early and rapid intervention in order to promote better outcomes such as: reduced cardiac and/or respiratory arrests in the hospital; reduced or timely transfers to the ICU or a higher level of care; reduced patient intubations; and reduced number of hospital deaths, etc.
C. Criteria for staff to call the RRT is as follows:
   - Staff member concerned/worried about the patient
   - Acute change in Heart Rate (less than 40 or greater than 130)
   - Acute change in Systolic Blood Pressure (less than 90 mm/Hg)
   - Acute change in Respiratory Rate (less than 8 or greater than 28) or threatened airway
   - Acute change in oxygen saturation which reflects the percentage of red blood cells saturated with oxygen (level is less than 90% despite oxygen being utilized on the patient)
   - Acute change in Level of Consciousness
   - Acute significant bleed
   - Patient’s oxygen requirements increase to 50% or greater (normal air breathed is 21% oxygen)
   - New, repeated, or prolonged seizures
   - Failure to respond to treatment for an acute problem/symptoms

II. Procedure:
1. When an employee is concerned about the condition of a patient or feels that a patient needs immediate intervention, they should call the RRT via pager system. The individual paging the RRT should enter RRT and patient’s room number or location to which the RRT should respond.
2. Once the page is received, the RRT members should respond to that room/location within 10 minutes.
3. House Supervisor responsibilities  
   • Upon making house rounds, inquires about patients that might potentially require assistance from the RRT. 
   • During the RRT event, ensures the rapid response bag is brought to the location and facilitate the team with communication and possible transfer needs. 
   • Direct the communication to obtain additional team (i.e. lab, radiology, pharmacy) support as needed. 
   • Assist with treatment per protocol 
4. ICU/ED nurse responsibilities  
   • Speak with the primary nurse to get the situation, background and assessment of the patient 
   • Assist with further assessment of the patient 
   • Assist with treatment per protocol 
   • Speak with the family/patient about the situation 
   • Assist/facilitate with transfer to higher level of care if indicated 
5. ED physician responsibilities  
   • Assess the patient’s physical status, review the medical record for pertinent history/lab findings and prescribe treatment as they feel the situation warrants 
   • Determine if patient requires a higher level of care (i.e., transfer to a monitored bed, the Step-down Unit or ICU) 
   • Confers with the attending physician and communicates information about the RRT call and actions taken 
6. Respiratory therapist responsibilities  
   • Provide additional respiratory assessment, immediate oxygen therapy, delivery of aerosolized medications, assistance in delivering mechanical ventilation, invasively or through Non-Invasive Positive Pressure Ventilation (NPPV). 
   • Provide additional treatments as necessary after consultation with the physician. 
   • Assist with and provide treatment as necessary to facilitate transfer to higher level of care. 
7. Primary care nurse responsibilities  
   • Relay pertinent background information needed for assessment 
   • Assist with treatment per RRT protocol 
   • Contact the primary care physician with a patient update as soon as possible 
8. A member(s) of the team will either continue to stay with the patient until they are stable or assist with the transfer of the patient to a higher level of care. 

VI. Documentation:  
A. The Rapid Response Team Record form and survey will be located in the ICU binder, Rapid Response bag and on crash carts. 
B. The Rapid Response Team Record form is completed by the ICU or ED nurse. The original copy of the form is placed in the patient’s chart under the Physician Progress Notes and a copy of the record form and the survey will go to Risk Management.