

## Rapid Response Flow

**RRT activated** by calling ext 55000 on landline or on vocera

RRT members arrive within 5 minutes

Primary nurse or primary team provides SBAR to RRT team

**Internal medicine on-call wards resident is team leader**

MICU resident screens for code blue, code stroke, code heart, or obvious ICU needs

Laptop is brought by IM on-call wards intern for orders, patient background information, confirm code status

ICU nurse ensures IV access, draws labs, administers meds as ordered by team leader

Respiratory therapist assesses respiratory status, provides O2, does ABG when ordered

After focused history & physical, labs, or medications, patient is stabilized, and disposition is determined by RRT team leader.

If ICU needs, transfer is facilitated by ICU resident

**Nurse manager helps assign bed** if pt needs PCU, ICU, or medicine bed (if transferring from other service) through contact with clinical coordinator during day or AOD at night

Follow up plan determined by RRT team leader if not upgrading to ICU including who follows up labs, ensures medications are given, and checks-on patient within 1 hour of call

**RRT ends, RRT team leader writes “RRT physician note”**

## RRT Responsibilities

### RRT Team Leader (on-call internal medicine resident) is responsible for:

- Patient assessment, interventions (including ensuring placement of EMR orders), assigning and monitoring task completion by RRT responders, and determining appropriate level of care for the patient.
- Working with the primary care team when making assessment and determining interventions and level of care.
- Reassessing the patient for response to interventions and determining transition care plan in collaboration with all parties involved in the RRT response.
  - Determining when to release RRT responders from the RRT event.
- Responsible for completing the “Rapid Response Team – Physician Note” in the EMR.
- Customizing a reassessment plan for the patient in coordination with the primary nurse and primary team resident or equivalent, which will include reassessment of the patient within 1 hour after the rapid response event, at a minimum.

### MICU Resident will:

- Assess for and assume care of patients as the RRT, Code Blue, Code Heart or Code Stroke Team Leader, as applicable when patients: need transfer to the MICU service or meet Code Stroke Activation Criteria, Code Heart Activation Criteria, or need escalation to Code Blue
- Contribute to patient disposition and management planning.

### RRT Critical Care Nurse.

- In the absence of an RRT team leader assumes RRT Team Leader responsibilities until the arrival of the RRT Team Leader.
- Coordinates with primary nurse to make sure they are completing their responsibilities as described above
- Is responsible for verifying or establishing intravenous access, drawing blood for laboratory tests to include blood cultures, titrating IV fluids as ordered, administering medications, and assisting with other interventions as indicated.
- Will accompany patients when they transfer to a higher level of care.
- Are responsible for completing the “Rapid Response Team – ICU nurse note” in the EMR.

### RRT Respiratory Therapist.

- Assesses respiratory status of the patient including work of breathing, chest auscultation, and pulse oximetry.
- Responsible for performing arterial blood gas, providing nebulized bronchodilators, suctioning, and administering supplemental oxygen titration (to keep sat >93% or as directed).
- Responsible for completing the “Rapid Response Team – RT note” in the EMR.

### The Nursing Manager/Supervisor

- Reassigns nurse staffing to allow the primary nurse to care for the rapid response patient.
- Facilitates and expedites patient bed assignments

### Primary Team Resident or Covering Provider:

- Will communicate with the attending of record or covering attending to update them on the patient status as soon as feasible.
- Will follow the RRT leader’s orders and work in cooperation to provide rapid assessment and intervention.
- Is expected to stay at bedside throughout the rapid response event.
- Will reassess the patient within 1 hour after the rapid response event if the patient remains under their care, and as determined in conjunction with the RRT leader.