

**Indiana Healthcare Associated Infection Initiative
RAPID RESPONSE TEAM (RRT)
DATA COLLECTION TOOL EXAMPLE**

GUIDELINES: for Staff Nurses to determine when to Call Rapid Response Team:

| | Continue Routine Care if: | Call RRT for any <u>TWO</u> New Findings: | Call RRT for any <u>ONE</u> New Finding: | Call Code Blue NOW! For <u>ANY</u> Finding: |
|----------------------|----------------------------------|--|---|--|
| Mental Status | Normal for Pt. | Decreased LOC | Acute Alteration | Unconscious |
| Airway | Normal for Pt. | Mild Alteration (whz, crackles, etc) | Unmaintainable by Pt. | |
| Breathing | Normal for Pt. | Increased or Decreased Effort | Labored | Breathing Ceased |
| Circulation | Normal for Pt. | Mild Skin Alterations (color, moisture, CRT) | Blue, Pale, Hemorrhage | Circulation Ceased |
| Pulse | 60-100 | Increase of >110 | <60 OR >140 | Non-Palpable Pulse |
| Respirations | 12-20 | 24-32 | <10 OR >32 | No Respirations |
| SBP | 120-180 | <100 – 110 OR >180 | <90 OR >180 | Unobtainable |
| O2 Sat | 95-100 | 90-94 or increased O2>4L | <90 | |

Call RRT for any of the following:

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden, severe headache with no known cause

OR – Whenever you feel uneasy about the patients' condition and need a second opinion

This section to be completed by RRT Critical Care RN:

Date: _____ Time Called: _____ Time of Arrival: _____
 Patient Name: _____ Room Number: _____
 Attending Physician _____
 Name of Person Responsible for activation of RRT: _____ RN RT Other: _____
 RRT team members: _____ RN _____ RT

Team Assessment:

Team Interventions:

RRT Protocol Orders: (check all that apply)

- Stat Chest X-ray
- Stat EKG
- Pulse Oximetry
- Respiratory Therapy Treatment: Albuterol
- Stat Arterial Blood Gases
- Stat Blood Glucose Level/Accu check
- Stat Head CT without contrast
- Initiate Bipap per RT protocol

Signed: _____, M.D. Date: _____

Patient Outcome:

- 1. Patient stabilized with protocols only
- 2. Patient stabilized after call to attending/consulting physician for orders.
- 3. Patient required transfer to higher level of care prior to any action
- 4. Patient required transfer to higher level of care after intervention
- 5. Patient coded
- 6. Patient expired

Disposition after RRT: Remained on unit Transfer to ICU Other

Time of completed evaluation: _____ Total time of ICU-RN off Unit: _____

Signatures:

_____ RN _____ RT _____ MD (if appropriate)

Keep one copy on chart, send a copy to Medical Affairs Dept.