



COHESIVE HEALTHCARE MANAGEMENT & CONSULTING
MANGUM REGIONAL MEDICAL CENTER

RAPID RESPONSE TEAM REVIEW (EMS-003G)

RRT Intervention Date: _____ Time: _____

Screening Criteria	NA	YES	NO	
RRT Response within 5 minutes				
Crash Cart at Bedside				
Medications needed were available				
Equipment/Supplies needed were available and functioning properly				
Interventions avoided Code Blue				
Physician notified in timely manner				
Appropriate protocols/interventions applied				
Patient remained at hospital				
Patient transferred to higher level of care				
RRT Flowsheet completed				
Family notified				
Patient Outcome	Stable	Unstable	Transfer	Death

Actions/Recommendations for Improvement:

RN Signature: _____ Date: _____

DQM Signature: _____ Date: _____

**CONFIDENTIAL: For purposes of Quality Assessment / Performance Improvement
 INADMISSABLE IN ANY ADMIN, STATE or FEDERAL PROCEEDINGS**