COHESIVE HEALTHCARE MANAGEMENT & CONSULTING

MANGUM REGIONAL MEDICAL CENTER

TITLE		POLICY
Rapid Response Team		**EMS-003**
MANUAL	EFFECTIVE DATE	REVIEW DATE
Nursing	**02/2020**	
DEPARTMENT	REFERENCE	
Nursing	Joint Commission NPSG	

SCOPE

This policy applies to all patients of Mangum Regional Medical Center.

PURPOSE

To rapidly provide an interdisciplinary team approach (Code Team and other personnel delineated) to support assessment and treatment of a patient, whose condition is deteriorating, through the use of a defined set of early warning criteria**.**

DEFINITIONS

Rapid Response Team (RRT)-An interdisciplinary team that responds to urgent patient situations.
Non-Invasive Positive Pressure Ventilation (NPPV)-A type of mechanical ventilation which provides inspiratory and/or expiratory positive pressure ventilation via nasal or full-face mask in order to improve hypoxemia, reduce ventilatory muscle fatigue and support ventilation.

POLICY

The goal of the team is to provide clinical support and facilitate early and rapid intervention in order to promote better patient outcomes such as:

1. Reduced cardiac and/or respiratory arrests in the hospital;
2. Reduced or timelier transfers to a higher level of care hospital for diagnostic testing or treatment not available at the current facility;
3. Reduced patient intubations;
4. Reduced number of hospital deaths and reduced length of stay;
5. Reduced patient complication

PROCEDURE

1. When a member of the health care team is concerned about the condition of a patient or feels that a patient needs immediate intervention, they can call the RRT via overhead pager and state "Rapid Response Team to patient's room number". The Rapid Response Team will make appropriate recommendations for notification of Providers and family members.
2. Once the call is received, the RRT members will simultaneously respond to that room/location within 5 minutes.
3. **Rapid Response Team Responsibilities:**

1. Primary nurse:
   a. Assesses patient for evidence of early warning sign criteria
   b. Activates RRT
   c. Communicates to RRT members
   d. Initiates documentation on the Rapid Response Team Record.
2. House Supervisor and/or Charge Nurse, and or Registered Nurse
   a. Speaks with primary nurse to get the situation, background and assessment of the patient
   b. Assists with further assessment of the patient
   c. Initiates interventions as necessary according to approved protocols to include:
      1) Respiratory Distress
      2) Unresponsive Patient
      3) Hypotension
      4) Hypoglycemia
      5) Shock
   d. Speaks with family/patient about the situation
   e. In collaboration with the responsible Medical Provider, assesses the patient's physical status, reviews the medical record for pertinent history/lab findings, initiates treatment as the situation warrants, determines if patient requires a higher level of care.
   f. Places protocol in Provider's order section of medical record
   g. Documents incident and interventions on the Rapid Response Team Flowsheet

REFERENCES

Joint Commission NPSG
Lippincott Procedures

ATTACHMENTS
EMS-003A Hypoglycemia Management Protocol
EMS-003B Hypotension Management Protocol
EMS-003C Respiratory Distress Management Protocol
EMS-003D Unresponsive Patient Protocol
EMS-003E Shock Management Protocol
EMS-003F Rapid Response Team Flowsheet
EMS-003G Rapid Response Team Outcome Review

REVISIONS/UPDATES

Date	Brief Description of Revision/Change