

Rapid Response Nurse

- The deployment of a Rapid Response Team is one of the six initiatives. Health care experts say this has proven to be the most effective way of saving lives.
- The six initiatives that save lives:
 - Deploy Rapid Response Teams
 - Deliver Reliable
 - Evidence-Based Care for Acute Myocardial Infarction
 - Prevent Adverse Drug Events
 - Prevent Central Line Infections
 - Prevent Ventilator-Associated Pneumonia
 - Prevent Surgical Site Infections

Joint Commission Goal 16A

- Improve recognition and response to changes in a patient's condition.
- The organization selects a suitable method that enables health care staff members to directly request additional assistance from a specially trained individual(s) when the patient's condition appears to be worsening.

What is a Rapid Response Nurse?

A Rapid Response Nurse (RRN) is a nurse who brings critical care expertise to the patients bedside (or where ever needed).

Why Do We Need a Rapid Response Nurse?

- People die unnecessarily every single day in our hospitals. We want to respond to a " SPARK" before it becomes a " FOREST FIRE "
- Our Goal is to RESCUE not RESUSCIATION
- To *help* provide early interventions for patients who are exhibiting early signs of decompensation to prevent further deterioration that could lead to cardiac or respiratory arrest.

What is Failure to Rescue?

These three problems often lead to failure to rescue a patient in a timely manner:

1. Failure to recognize a problem
2. Failure to appropriately communicate the problem (Patient-to-staff, staff-to-staff, staff-to-physician, etc.)
3. Failures in planning and the ability to treat the problem

What difference can an RRN team make?

- Published statistics:
 - 50% reduction in non-ICU arrest (Buist, BMJ 02)
 - 44% reduction in Post-Op emergency ICU transfers and deaths by 37%
 - Reduction in arrest prior to ICU transfer (4% versus 30%)

Who Can Call The Rapid Response Nurse?

- **Anyone** may initiate the RRN including but not limited to the RN, nurse assistant, radiology personnel, respiratory therapy, physicians, physician assistants, nurse practitioners, families, visitors, and patients based on the developed criteria.
- Families and visitors may call the Rapid Response Nurse
- **Dial extension 7410**
 - Response is expected within five (5) minutes of the call. If there is no response, please call the ADMINISTRATIVE Nursing Supervisor at x8445.
 - If still no response, call the operator and have the RRN paged overhead.

When Should I Call the RRN?

- Inadequate response to previous intervention/treatment
- Altered LOC
- O2 sat <90%
- RR <8 or >28
- SBP <90 or >180
- Fio2 demands >50%
- Patient complains of chest pain
- Uncontrolled or excessive bleeding
- New, repeated or prolonged seizures
- Sudden onset of unexplained Diaphoresis.
- HR <45 or >120 or change of 20 above baseline
- New dysrhythmia onset in which RN feels uncomfortable
- Acute decline in Urine Output
- Urine Output <30 ml in 2hours (if pt does not have pre-existing renal disease).

Posted in every patient room throughout the hospital is the following sign:

- Doctors Community Hospital has a **Rapid Response Team** that can respond to patient's who may need immediate attention for a change in condition.
- Please contact a staff member if you notice any of the following changes so they can determine if the Rapid Response Nurse should be contacted.

1. Very fast, slow or irregular heart
2. Difficulty speaking or slurred speech
3. Sudden weakness on one side
4. Change in mental status
5. Difficulty Breathing
6. Sudden bleeding
7. Chest Pain
8. Fainting

At Doctors Community Hospital, the mode of communicating acute changes in a patient's condition is;

1. **Notify the Charge Nurse: Present problem and/ or concerns.**
2. **Call the Rapid Response Nurse (x7410)**
Have below information available at time of call using SBAR
 - **Situation:** Primary Patient Problem Necessitating the Call
 - **Background:** Context of Situation
 - Diagnosis/ Reason for Admission
 - Key Point in Plan of Care
 - Objective Data
 - Summary of Changes in Patient
 - Sequences of Events
 - **Assessment:** Conclusion about the patient's Condition Severity (Life-Threatening)
 - **Recommendation:** What you need or require to be done with the patient

What Is "My Role" After I Call the RRN?

- **Primary Nurse retains responsibility for:**
 - The Patient.
 - Primary Physician contact.
 - Having the complete chart available for RRN.
 - Assisting the RRN in obtaining needed medications (per protocol) from the Omnicell or Pharmacy.
 - Notifying the patient's family concerning change in patient's condition/status.
 - **Calling a Code Blue if the patient stops breathing or is pulseless.**

What Is the Rapid Response Nurse's Role?

- Assess-stabilize patients who become unstable or are deteriorating.
- Facilitate care on a 1:1 basis until the patient is stable or transferred by the nursing supervisor and the physician(s) involved.
- Provide education and training to the nursing staff.
- Support and assist physicians with procedures.
- Assist with transportation of unstable patients to procedures or a higher level of care.