

## Additional resources

	Day	Night
<b>SNICU Fellow</b>	1461	1461
<b>MICU Fellow</b>	3710	3710
<b>Anesthesia</b>	3911	3911
<b>EKG</b>	6-2328	3913
<b>Radiology</b>	6-3350	3205
<b>Critical Care Lab</b>	6-8689	6-8689
<b>Admissions and Transfer Center</b>	4-5000	4-5000



The University of Iowa Hospitals and Clinics



## RAPID RESPONSE TEAM (RRT)

**Goal** Prevent death in adult inpatients who are unstable outside the intensive care setting by bringing critical care support to the patient.

**RRT members** Physicians, Nurses, and Respiratory Therapists.

## Process for activating the Rapid Response Team

1. **Recognize** high-risk signs.
2. **Communicate** with the primary medical team.
3. **Call 199** to request **RRT**.
4. **Provide** your name, building, unit, room number, and service.
5. **Identify** the patient as **medical** or **surgical**.
6. **Assist** the team with the evaluation.
7. **Use** appropriate monitoring and required support.
8. **Document** the process in the electronic medical record.

## Use these as a guide to consult the Rapid Response Team. Any 2 criteria – call 199 for RRT.

1. **Temperature:**
  - a. Low - <35.0 C tympanic;
  - High - >38.9 C tympanic
2. **Respiratory**
  - a. Rate < 8 > 28 breaths per minute
  - b. SaO<sub>2</sub> < 90% on ≥ 60% FiO<sub>2</sub>
3. **Pulse rate**
  - a. < 40 beats per minute
  - b. > 120 beats per minute
4. **Systolic blood pressure**
  - a. < 90 mm Hg or change in BP > 40
  - b. > 200 mm Hg
5. **Acute change in mental status**
6. **Urine output <50 ml over 4 hours**
7. **WBC >14,000 k/mm<sup>3</sup> or CO<sub>2</sub> <16mEq/L**
8. **Caregiver worried or unsure** (example- seizures, concern for airway compromise, blood product transfusion)

## Rapid Response Team Responsibilities

1. Quickly assess patient's potential for decompensation.
2. Recognize patient's treatment wishes
3. Communicate with primary medical team
4. Communicate with ICU consultants and assess need for transfer to ICU.
5. Initiate care to prevent deterioration during assessment and transfer arrangements including:
  - a. Monitoring
  - b. Appropriate IV access
  - c. Fluids, medications, additional labs
  - d. The Critical Care Lab performs electrolytes, blood gases, glucose, lactate, and hemoglobin for use by the Rapid Response Team.
6. RRT physician will document event in the electronic medical record.

## Choice of ICU Beds:

- Primary team decision
- Overflow to be discussed by primary team, ISS Supervisor, and ICU consultants
- PACU and ED as additional resources (may not be appropriate for severely ill patients)