Upper Chesapeake Health

Rapid Response Team Report
(To be completed by RRT Responder)

Date:___________    Time notified:___________ Location called to:___________ Code status of patient:_________

Team arrived within (circle): ≤ 5 mins  6-10 mins  11-15 mins  16-20 mins  21-25 mins  26-30 mins  > 30 mins

RRT called by:(Print) __________________ (Circle): Primary Nurse Charge Nurse Respiratory AC Pt. Family Other:______

Within the previous 12 hours, was the patient admitted to the hospital or transferred to a lower level of care?  Yes  No
If Yes, from where?________    Type of RRT (circle):  RRT  STEMI RRT  Pediatric Pt Requested  Family Requested

Primary Reason RRT Was Contacted
(Check All That Apply)

- General concern for patient
- Acute change in HR
- Acute change in BP
- Acute change in RR
- Acute change in O2 saturation
- Acute change in urinary output
- Acute change in mental status
- Failure to respond to treatment
- Chest pain
- Other:__________________________________________

Interventions

- Airway management
- Suctioned
- Nebulizer treatment
- Ventilatory support
- Oxygen
- ABG
- Pulse oximetry
- CXR
- Code status changed to DNR
- No interventions
- Cardiac monitoring
- IV placed
- IV fluid bolus
- Blood given
- EKG
- Labs
- Advanced Directives followed
- Medications
- Recommendations only
- Other ________________________________

Outcome

- RRT response without interventions
- Stabilized with RRT interventions only
- Patient transferred to higher level of care _________(specify)
- Expired during RRT
- Coded & survived
- Coded & expired
- No interventions
- Nurse:__________________________________________
- Respiratory Therapist:__________________________
- Other:__________________________________________

Follow Up

Duration of RRT/PRRT involvement (circle): 0-15 mins 16-30 mins 31-45 mins >45 mins ________(specify)

Were there any defects in the RRT/PRRT process today?  Y  N

Comments:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

RRT/PRRT Responder filling out form (print name): __________________________________ Phone #_________________