



UTMB Health Angleton Danbury Campus  
132 E. Hospital Drive  
Angleton, TX 77515

Institutional Handbook of Operating Procedures Policy ADC Rapid Response Team Guidelines	
Section:	Responsible Vice President:
Subject:	Responsible Entity:

UTMB respects the diverse culture needs, preferences, and expectations of the patients and families it serves to the extent reasonably possible while appropriately managing available resources and without compromising the quality of health care delivery.

## I. Title

*Rapid Response Guidelines*

## II. Policy

### **The purpose of Rapid Response Team and Guidelines:**

- Provide rapid and early intervention to promote improved outcomes for patients who experience a change in their condition.
- Reduce hospital morbidity and mortality.
- Promote timely transfer to the appropriate level of care when indicated.
- Provide the patient and/or family a means to quickly access additional patient care assistance when they perceive additional help is needed.

**The Rapid Response Team (RRT)** will be comprised of the assigned RN member of the Code 99 Team, Staff Coordinator/COA, ED Physician/Hospitalist, and Respiratory Therapist.

The patient's attending physician will be notified as soon as possible that an RRT has been activated.

### **Criteria for activating the RRT include:**

- Staff member is worried about the patient.
- Patient/family member is worried about the patient.
- Acute change in heart rate with HR <40 or >130.
- Acute change in systolic BP <90 mmHg.
- Acute change in RR <8 or >28.
- Acute change in oxygen saturation <90% despite O2.
- Acute change in mental status and/or conscious state.

## III. Procedures

When a nurse, patient, family member, or health care provider believes that a patient needs immediate or emergency intervention, the RRT will be called.

- Nurse, patient, family member, or health care provider will dial extension 333 and state that the Rapid Response Team is needed and will state the location needed.
- The Operator overhead pages Rapid Response Team to location, not room number

**Primary Nurse/Caregiver's Responsibility:**

- Remain with the patient and provide the RRT with the SBAR (Situation, Background, assessment, and any recommendations).
- The primary caregiver will deliver care to the patient as needed; on an ongoing basis and provide complete documentation of care delivered.

**RRT RN Responsibilities:**

- Assist with further assessment of the patient and document findings on the RRT record.
- Administer intervention after consultation with physician.

**RRT Respiratory Therapist Responsibilities:**

- Assist and treat within the scope of care and document on the RRT record as appropriate.
- Administer intervention according to physician order.

**Staffing Coordinator/COA Responsibilities:**

- Assist RRT RN with coordination of activities of the RRT as needed.
- Communicate with the patient/family.
- Coordinate any patient care unit transfers.
- Oversee completion of documentation.
- Assist in resolution of any unresolved patient care issues.

**RRT member responsibilities:**

- A member of the RRT will remain with the patient until stable or until the patient has been transferred to a higher level of care.

**IV. Documentation**

The incident must be recorded in patient's record as soon as possible following the event.

**V. Education**

**Patient/Family Education**

- Patient information and visitor guide book
- Signage posted in patient's room

**Employee Education**

- Activation of the RRT will be included in all new clinical employee orientation.
- Education for the roles of the RRT members will be provide prior o assignment to the team.

**VI. References:**

Joint Commission PC 02.01.19 & PI 01.01.01 EP39