KPJ KLANG
SPECIALIST HOSPITAL

NURSING SERVICES
RAPID RESPONSE TEAM (RRT) RECORD
EWS_2

Name	:
MRN	:
D.O.B	:
Sex	:
Ward	:
Bed No	:

Date & Time :

Date :   **Time RRT Called** :   **Time RRT Arrived** :

CALLER TO COMPLETE

Person (Name) placing call   :   Responders   :   ☐ MO/Physician   ☐ A&E SRN   ☐ ICU SRN   ☐ On-call UM

Covering Physician   :   Notified Yes/ No   :   Response Yes/ No   :   Arrival Time   :

SITUATION		BACKGROUND

☐ *Concern that something is wrong*
☐ *Respiratory*
   ☐ *Respiratory Distress (rate <8 or >28 BPM)*
   ☐ *Change in Respiratory Rate*
   ☐ *SaO_2 less than 90% on O_2*
    (<90% despite supplement O_2)
☐ *Cardiovascular*
   ☐ *Change in Systolic BP (<90 mmHg)*
   ☐ *Change in HR (<40 or >130 BPM)*
	☐ *Pain assessment*
	   ☐ *Failure to Respond to Treatment*
	☐ *Neurological*
	   ☐ *Acute Change in Level of Consciousness*
	   ☐ *Difficulty Speaking*
	   ☐ *Agitation, Delirium or Seizures*
	☐ *Temperature*
	   ☐ *Above 38.6 °C*
	☐ *Others*
	_____
	_____
	_____
		☐ Diabetes
		☐ Renal ☐ Dialysis
		☐ CHF
		☐ Stroke
		☐ Surgery _____
		☐ Pneumonia
		☐ Others:
		
		☐ **DNR**

RRT ASSESSMENT ON ARRIVAL:

Initial vital signs: (2 or more consider early sepsis)

Temp : _____   HR : _____ (bpm)   RR : _____   BP : _____ O_2 Sat : _____

APVU : _____   Breath Sounds : _____   Pain Level : _____ (0 – 10 Scale)   POCT Glucose : _____

UNRESPONSIVE PATIENT:
- Administer 50ml D50 (**1 amp**)
- Time administered: _____
- Repeat POCT in **20 mins**: _____

AIRWAY/ BREATHING:
- Titrate FiO_2 to maintain patient's O_2 saturation >**92%** (use any modality)
- Time: _____
- Modality used: _____

CIRCULATION:
- If **no signs/ symptoms of Heart Failure & SBP <80mm**: Administer 500ml 0.9% NS x 1
- Time administered: _____
- ☐ N/A
- ☐ 12 lead ECG Time: _____

TEST/LABS:
- **Check POCT glucose If low:** If patient awake: administer 25ml D50
  Time administered: _____
  Repeat POC Glucose: _____
- **PORTABLE CXR** _____
  Rule out Pneumonia (HX new/ sudden onset respiratory symptoms/ distress & no CXR obtained within last 24 hours)
- **ISTAT POCT ABG, Lactate, & Electrolytes if not previously done in the last 30-60 minutes**
  Time: _____
  pH: _____   Lactate: _____
  CO_2: _____
  PO_2: _____
  HCO_3: _____

Continue documentation of medications & vital signs in continuation sheet

RRT FINAL ASSESSMENT: **RRT DEPARTURE TIME:**

Temp : _____   HR : _____ (bpm)   RR : _____   BP : _____ O_2 Sat : _____

LOC : _____   Breath Sounds : _____   Pain Level : _____ (0 – 10 Scale)

Disposition: ☐ No transfer   ☐ ICU or CICU   ☐ OT   ☐ Made DNR   Time of transfer   :

Physician: _____

RRT Doctor: _____

RRT UM/ RN : _____

Follow Up Visit (by On-call Manager): _____   Time of Visit: _____

RRT Call Debrief Conducted:	☐ **Yes**	☐ **No**
Family Involved in Debrief	☐ **Yes**	☐ **No**
☐ Patient had subsequent Code Blue;	☐ Patient expired;	☐ Patient survived to discharge (Date) _____

SBAR report to physician about a critical situation

Reporting Person:
Nama/ Date/ Time

Reported to:
Name

S	<u>**Situation**</u>
	I am calling about <u>< patient name and location></u>
	The patient's code status is <u><code status></u>
	The problem I am calling status is _____.
	     I am afraid the patient is going to arrest.
	I have assessed the patient personally:
	Vital Signs are: Blood Pressure _____/_____, Pulse _____, Respiration _____ & Temperature _____
	I am concerned about the:
	    Blood pressure because it is less than 90 or 30 mmHg below usual.
	    Pulse because it is ☐ over 130 or ☐ less than 40.
	    Respiration because it is ☐ less than 8 or ☐ over 24.

B	<u>**Background**</u>
	The patient's mental status is:
	    Alert and oriented to person, place and time.
	    Confused and ☐ cooperative or ☐ non-cooperative.
	    Agitated or combative.
	    Lethargic but conversant and able to swallow.
	    Stuporous and not talking clearly and possible not able to swallow.
	    Comatose, Eyes closed. Not responding to stimulation.
	The skin is:
	    Warm and dry
	    Pale
	    Mottled
	    Diaphoretic
	    Extremities are cold
	    Extremities are warm
	The patient ☐ is not or ☐ is on oxygen:
	    The patient has been on _____(l/min) or (%) oxygen for _____ minutes (hours)
	    The oximeter is reading _____%
	    The oximeter does not detect a good pulse and is giving erratic readings

A	<u>**Assessment:**</u> **This is what I think the problem is:** <u><say what you think is the problem></u> **The problem seems to be ☐ cardiac ☐ infection ☐ neurologic ☐ respiratory** _____ **I am not sure what the problem is but the patient is deteriorating** **The patient seems to be unstable and may get worse, we need to do something**

R	<u>**Recommendation:**</u>
	I ☐ suggest or ☐ request that you <u><say what you would like to see done></u>
	    Transfer the patient to critical care
	    Come to see the patient at this time
	    Talk to the patient or family about code status
	    Ask the on-call family practice resident to see the patient now
	    Ask for a consult to see the patient now
	Are any tests needed:
	    Do you need any tests like ☐ CXR, ☐ ABG, ☐ EKG, ☐ CBC or ☐ BMP?
	    Others:
	If a change in treatment is ordered then ask:
	    How often do you want vital signs?
	    How long do you expect this problem will last?
	    If patient does not get better when would you want us to call again?

<u>**ADDITIONAL DOCUMENTATION**</u>   **Continuous documentation on progress note if necessary**

_____
_____
_____
_____
_____
_____