



KPJ KLANG
SPECIALIST HOSPITAL

**NURSING SERVICES
RAPID RESPONSE TEAM
EVALUATION FORM (EWS_3)**

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

Patient Location at time of activation: _____

Patient Disposition: _____

	YES	NO
1. Did the Rapid Response Team arrive in a timely manner (5 – 10 mins)?		
2. Was the Medical Officer present during the evaluation?		
3. Was the Team knowledgeable and efficient in assessing and implementing the patient care needs?		
4. Was the Team courteous and this was a learning opportunity for me?		
5. Was the Team's response helpful in improving patient outcome?		
6. Did the Team facilitate communication with the Consultant?		
7. Did the Team give me confidence in managing the deteriorating patient?		
8. Would you recommend calling the Rapid Response Team to my peers?		

Tell us:

1. What Went Well?
2. What Did Not Go Well?
3. Any Suggestions for Change?

(Form to be sent to Secretary of the Code Blue Committee)