



Department:	Provision of Care		
Document:	Multidisciplinary Policy and Procedure		
Title:	Adult Rapid Response Team		
Applies To:	All Healthcare Provider		
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1. PURPOSE:

- 1.1 Reduction of emergency transfers, cardiac arrests and deaths (in non – ICU patients) by intervening with a specially trained team when patients develop acute changes or progressively deteriorating.
- 1.2 The goal is to prevent 'failure to rescue' events by intervening early.
- 1.3 Improve clinical outcomes and decrease length of hospital stays.
- 1.4 Augment a culture of safety attitude.

2. DEFINITIONS:

- 2.1 **Rapid Response Team** – is a team of health care providers that responds to hospitalized patients with early signs of deterioration on non – intensive care units to prevent respiratory or cardiac arrest. The rapid response team is not intended to bypass regular communication with the patient's physician or to be a substitute for the appropriate provision of usual patient care. A rapid response team (RRT) also known as a medical emergency team (MET) and high acuity response team (HART), critical care outreach team (CCOT).
- 2.2 **Cardio Pulmonary Resuscitation (CPR)** – usually refers to the following: intubation, bag-mask ventilation, mechanical ventilation, chest compression, administration of rescue cardiac and vasoactive medication, cardioversion and defibrillation.
- 2.3 **Do Not Resuscitate (DNR)** – which refer to that, in the event of a cardiac and/ or pulmonary deterioration or arrest, cardiopulmonary resuscitative measures will not be initiated.
- 2.4 **Code Blue** – an emergency situation announced by overhead paging in the hospital in which a patient is in cardiopulmonary compromise, requiring a team of providers (sometimes called code team) to rush to the specific location and begin immediate resuscitative efforts.

3. POLICY:

- 3.1 The role of the rapid response team is not to replace the responsibility of the attending team, ICU consultation or the code blue role,
- 3.2 Members of the team should include, but not limited to:
 - 3.2.1 Attending physician
 - 3.2.2 Attending nurse
 - 3.2.3 Ward charge nurse
 - 3.2.4 ICU physician - ICU nurse
 - 3.2.5 Anesthesiologist
 - 3.2.6 Respiratory therapist
- 3.3 Any member of the health care team may activate the Rapid Response Team without risk of negative consequences.
- 3.4 All Rapid Response Team must be ACLS certified (Adult), and BLS certified.
- 3.5 The attending physician will continue to be responsible for the care of the patient in the ward as long as the patient not transferred to a higher level of care.
- 3.6 The Rapid Response Team should be called according to the criteria (appropriate for age).

- 3.7 The call for Rapid Response Team should be done through overhead speakers.
- 3.8 The Rapid Response Team should reach to the needed location within 5minutes from time of activation.
- 3.9 Rapid Response Team members should identify themselves upon arrival to the patient bedside.
- 3.10 Activation of the Rapid Response Team authorize the member to:
 - 3.10.1 Access the patient's record
 - 3.10.2 Write physician's order as needed.
 - 3.10.3 Arrange transfer to higher level if necessary
 - 3.10.4 Access the crash cart
 - 3.10.5 Discuss with family regarding the patient's situation and update.
- 3.11 Rapid Response Team should record and document the assessment, intervention and recommendations.
- 3.12 Rapid Response Team should not be called if the patient labelled with "Do Not Resuscitate" status.

4. PROCEDURE:

- 4.1 Indications for Rapid Response Team activation including but not limited to:
 - 4.1.1 The patient unable to protect his airway, stridor or excessive secretions
 - 4.1.2 Acute alteration in the mental status
 - 4.1.3 If vital signs showed the following readings:
 - 4.1.3.1 **Adult:**
 - 4.1.3.4.1 Pulse: <60 or >125
 - 4.1.3.4.2 Systolic blood pressure: <90
 - 4.1.3.4.3 Respiratory rate:<12 or >20
 - 4.1.3.4.4 Oxygen saturation (on O₂): <90%
 - 4.1.4 Staff member worried about the patient (e.g. Unexpected change in status)
- 4.2 The attending nursing staff will notifies the head nurse to activate the team through the switchboard on the number "2222" ask for Rapid Response Team with mentioning the location, type, floor and room number.
- 4.3 Staff member's returns to patient and remains there and continue the ongoing assessment until Rapid Response Team arrive.
- 4.4 The Rapid Response Team will perform complete assessment, initiates treatment, attempts to stabilize and establishes a plan of care for the patient.
- 4.5 If patient condition stabilized, will remain in the ward, or if condition not responding, patient requires urgent transferred to higher level of care.
- 4.6 Documentation:
 - 4.6.1 The team will document their assessment, MD response, interventions and patient response on the Rapid Response Team Record.
 - 4.6.2 This will remain part of the medical record.
 - 4.6.3 Primary nurse and RRT review RRT record for completeness and accuracy.
 - 4.6.4 The team will provide non-punitive, non-judgemental feedback to the staff member activating the team.
- 4.7 Role of different staffs:
 - 4.7.1 Unit nursing staff are responsible for:
 - 4.7.1.1 Recognizing the physiological triggers that warrant a Rapid Response Team intervention.
 - 4.7.1.2 Contacting the patient's attending physician five minutes prior to the call for Rapid Response Team.
 - 4.7.1.3 Explaining the Rapid Response Team role to patients and their families.
 - 4.7.1.4 Ensuring the patient's room is equipped with suction, oxygen and all tools needed.
 - 4.7.1.5 Having chart and medication administration record available for the Rapid Response Team.
 - 4.7.1.6 Providing Rapid Response Team with the patient's admission diagnosis.

- 4.7.1.7 Providing the Rapid Response Team with a brief overview of the patient's current condition including vital signs, intake and output, neurological vital signs, current lab work (e.g. ABG's hemoglobin, platelet count, WBC, potassium and magnesium values)
- 4.7.1.8 Assisting the Rapid Response Team in the care of the patient by:
 - 4.7.1.8.1 Assembling required IV lines and other supplies e.g. chest tubes, central lines, cut down tray etc.
 - 4.7.1.8.2 Administering required blood products.
 - 4.7.1.8.3 Assisting with diagnostic procedures e.g. chest X - ray, ECG etc.
 - 4.7.1.8.4 Contacting other services as directed.
 - 4.7.1.8.5 Assisting with and/or documenting care interventions on the patient record as required.
 - 4.7.1.8.6 Providing care, monitoring and following up as directed by the Rapid Response Team
- 4.7.1.9 Activating a code blue as directed by the Rapid Response Team, in the event the patient has a cardiac arrest.
- 4.7.1.10 Completing all required documents for the patient's chart.
- 4.7.1.11 Attending the debriefing session with the Rapid Response Team post call.
- 4.7.1.12 Completing and submitting the Rapid Response Team form to the head nurse to be handled to discuss in the monthly committee meeting.
- 4.7.2 Respiratory therapist are responsible for:
 - 4.7.2.1 Perform respiratory assessment.
 - 4.7.2.2 Make sure that the room is equipped with suction, oxygen and all tools needed.
 - 4.7.2.3 Provide ventilation, oxygenation and airway management.
 - 4.7.2.4 Provide blood gas as indicated.
- 4.7.3 Attending physicians are responsible for:
 - 4.7.3.1 Recognizing the physiological triggers that warrant a Rapid Response Team intervention.
 - 4.7.3.2 Providing Rapid Response Team with a synopsis of the patient's admission and a summary of the patient's current condition and the treatments already initiated.
 - 4.7.3.3 Reporting any medications that are infusing.
 - 4.7.3.4 Participating with the Rapid Response Team in the management of the patient.
 - 4.7.3.5 Updating the family members of the patient's status.
 - 4.7.3.6 Attending the debriefing session with the Rapid Response Team post call as necessary.
- 4.7.4 The ICU physician/ anesthesiologist:
 - 4.7.4.1 Direct the Rapid Response Team
 - 4.7.4.2 Discuss with ICU team and the primary team if required.
 - 4.7.4.3 Initiate consultation to other services if needed.
 - 4.7.4.4 Arrange bed in higher level of care if needed.
 - 4.7.4.5 Write the recommendation.
 - 4.7.4.6 Complete the Rapid Response Team form
 - 4.7.4.7 Debriefing

5. MATERIALS AND EQUIPMENT:

- 5.1 Cardiac Monitor
- 5.2 Pulse Oximeter
- 5.3 Mechanical Ventilator
- 5.4 Crash Carts
- 5.5 Ambu Bag
- 5.6 Oxygen Flow Meter and Nasal Cannula/ Non – Rebreather Mask
- 5.7 Suction Flow Meter and Suction Supplies
- 5.8 Blood Pressure Cuffs and Stethoscope

6. RESPONSIBILITIES:

- 6.1 Attending Physician
- 6.2 Senior ICU Physician
- 6.3 Direct Nurse Caring the Patient
- 6.4 Respiratory Therapist

7. APPENDICES:

- 7.1 N/A

8. REFERENCES:

- 8.1 MOH Guidelines For Adult ICU Care.
- 8.2 MCH, Directorate of Health Affairs Holy Capital.

9. APPROVALS:

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