Catholic Medical Center **Patient Name: _____ Date of Birth_____**
Rapid Response Team
Documentation Tool **Medical Record Number: _____**

area below to be completed by patient's nurse when calling team

DNR □Yes □No **DNI** □Yes □No **Team Called:** Date: _____ Time: _____ Arrived:_____

Situation: Initial Vitals: Temp:_____ HR _____ BP: _____ RR: _____ Sp02: _____%

Primary reason for call:

Heart Rate: □ Less than 40 □ Greater than 130 *Resp Rate:* □Less than 8/min □Greater than 24/min

Blood Pressure: □ Less than 90mmHg □ Greater than 200mmHg *O2 Sat:* Less than 92% with increasing oxygen requirements

Urine Output: Less than 120ml in 4 hours *Conscious State:* Acute change Seizures (new onset/prolonged)

Staff Member: □ Worried about the patient *Patient:* Failure to respond to treatment acute significant bleed

Background: *Admit date:* _____ *Diagnosis:* _____

Chi*ef complaint/precipitating events:*

_____

_____

Significant *diagnostic results:*_____

Complications this admission: _____

Most Recent Labs: H&H____ WBC _____ Na_____ K_____ Cl_____ BUN_____ Creat_____Other_____

ABGs: pH_____ pCO2_____ pO2_____HCO3_____ BE_____ K_____ Hgb_____

.

Assessment:

1. Airway □patent □partial obstruction □fully occluded

2. Breathing □spontaneous □unlabored □labored □shallow □irregular □apneic

Breath sounds right: □clear □diminished □rales less ½ up □rales greater ½ up □wheeze □absent

Breath sounds left: □clear □diminished □rales less ½ up □rales greater ½ up □wheeze □absent

3. Circulation □pale □pink □ashen □cyanotic

Skin: □hot □warm □cool □dry □diaphoretic

Pulses:	**+4**	**+3**	**+2**	**doppler**	**absent**
Radial	□	□	□	□	□
Femoral	□	□	□	□	□
Pedal	□	□	□	□	□

Capillary Refill Time: □ Brisk □Sluggish

ECG Pattern: _____

Hemorrhage location: _____

4. Neurological

□ awake □alert □oriented □confused

□lethargic □obtunded □nonresponsive □combative

□cooperative □inappropriate

Speech: □clear □garbled □aphasic

Facial droop: □right □left □pronator drift

Right pupil: □brisk □sluggish □NR Size:_____

Left pupil: □brisk □sluggish □NR Size:_____

Weakness: □RUE □RLE □LUE □LLE

5. Pain Level: (0-10) _____ quality: _____ location: _____ radiation to: _____ duration: _____

Recommendations

Attending Dr. _____ Time call placed: _____ Call back time:_____

Consult Dr. _____ Time call placed: _____ Call back time:_____

IVF: Bolus of_____ Maintenance infusion: _____

Oxygen: □N/C@ _____l/min □F/M _____l/min □Venti-mask _____% □NRB @ 100% □intubate

Cardiac: □external paced □transvenous pacer □epicardial pacer Mode: □atrial □ventricular Rate:_____ MA:_____

Diagnostics: □12 lead EKG □ABG □Chem BG □ Chest Xray □Labs: _____

Nursing: □IV cath: size:____ location:_____ □Insert NG/OG Tube □Insert foley catheter

Action: □Request MD to see patient Remain on current Unit Request transfer to: □ICU □CMU □CVSU

Disposition: □Remains on current unit □ Transferred to _____ Time call ended:_____

_____ _____

Primary RN name Nursing Coordinator name

_____ _____

ICU RN name Respiratory Therapist name

Original to Chart, Copy to Director, Copy to Donna Proulx, ICU