



**Paris Community Hospital  
Family Medical Center**

Order set approved annually by Hospitalist Medical Director

PCH complies with HIPPA and confidentiality regulations in the exchange of information being faxed and scanned to other departments.

**PRIMARY NURSE:** \_\_\_\_\_

**Adult Rapid Response Team Guidelines/ Documentation**

**Name of PATIENT/CAREGIVER RRT:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Room#/Location:** \_\_\_\_\_ **Time Called:** \_\_\_\_\_ **Arrival Time:** \_\_\_\_\_ **Event Ended:** \_\_\_\_\_

**RESPONDERS:**

**Patient/Situation/Assessment – “SBAR”**

Temp \_\_\_\_\_ BP \_\_\_\_\_ RR \_\_\_\_\_ HR \_\_\_\_\_ SpO2 \_\_\_\_\_  
GCS \_\_\_\_\_ **Repeat RRT call : Y N**  
Admitting Diagnosis \_\_\_\_\_

**Treatment Algorithms (con't)**

**Renal Changes:** Urine output less than 20mL/hr x 8 hr

- Insert urine catheter now
- Lasix 40 mg IVP now x1

**Neurological Changes**

- Neuro assessment  Oxygen saturation
- LOC changes  ABGs
- Pupil size \_\_\_\_\_ Reaction \_\_\_\_\_
- Movement of extremities  Review of medications
- AccuChek \_\_\_\_\_
- Suspected Stroke (if onset of symptoms witnessed by staff within 2 hours immediately notify team)
- Order CT (if clinical Stroke s/s present) and RRT RN is to accompany patient to CT scan
- Follow Stroke Protocol/ assessment
- Transfer to higher level of care

**Neurological changes and any Reactions noted & reversals**

- Benadryl 25mg IVP now x1 for allergic reaction
- 1 Amp 50%Dextrose IVP now x1 for AccuChek less than 50
- Ativan 0.5 mg IVP x1 for agitation or seizure
- Narcan 0.2mg IVP now and may repeat x 3 doses for a total of 4 doses. Repeat doses Q 2-3 minutes as needed.
- Romazicon 0.2mg IVP now. May repeat dose Q 1 min. Max 1 mg in 5 min. If re-sedation occurs, repeat regimen at 20 minute intervals, up to max of 3 mg/hr.
- Remove pain patches now

**Systemic inflammatory response syndrome (SIRS) criteria:**

- Temp > 100.4° F (38° C) **OR** < 96.8° F (36° C)
- Heart rate > 90 bpm
- Resp rate > 20 breaths/min **OR** PaCO<sub>2</sub> < 32 mmHg
- WBC > 12,000/mm<sup>3</sup> **OR** < 4,000/mm<sup>3</sup> **OR** > 10% immature neutrophils
- Blood glucose > 140mg/dl in non-diabetic patient
- Stat Lactate level if sepsis suspected

**Cardiovascular (CV) Changes – Responding**

- Telemetry ordered for 24 hours
- Responding to CP
- 12 Lead EKG
- Nitroglycerin paste 1 inch topically now x1
- Nitroglycerin 0.4mg sublingual now. May repeat Q 5 min up to 3doses doses.
- HR less than 40  SBP less than 90 mmHg
- HR greater than 130  Changes in peripheral pulses

Post-Surgical Case: Y N Notified surgeon Y N  
Active Blood Loss: Y N

**TREATMENT ALGORITHMS**

**Additional Stat Lab Orders**

- CBC  Other
- PT/PTT  CK MB Stat
- BMP

**(Maintain SBP greater than 100 mm Hg)**

- ASA 325 mg PO now x1
- Morphine 2 mg IV for unrelieved CP once
- Stat Troponin

**Patient SBP less than 90 mmHg**

- Normal Saline IV bolus \_\_\_\_\_ ml now
- Remove Nitro paste or Clonidine patch now
- Initiate ACLS protocols as needed

**Pulmonary Changes** Oxygen saturation less than 90% and/or RR greater than 28

- Stat ABGs  D-Dimer Stat
- Supplemental oxygen
- Stat respiratory treatment of \_\_\_\_\_ mg Albuterol/NS
- Stat respiratory treatment of \_\_\_\_\_
- Stat portable CXR

**Patient assessment of rales/rhonchi and dyspnea**

- Decrease IV fluid to \_\_\_\_\_ ml/hr
- Lasix 20 mg IVP now x1
- Morphine 4 mg IVP now x1 for pulmonary edema
- Stat BNP
- RR less than 8  FiO<sub>2</sub> \_\_\_\_\_
- RR greater than 28  Oxygen saturation \_\_\_\_\_
- ABGs

**Outcomes/ Continued VS documentation:**

- Transfer to SCU  Other \_\_\_\_\_
- Stayed in room  Chain of Command initiated Notified
- Time: \_\_\_\_\_ T \_\_\_\_\_ B/P \_\_\_\_\_ RR \_\_\_\_\_ HR \_\_\_\_\_ SpO2 \_\_\_\_\_
- Time: \_\_\_\_\_ T \_\_\_\_\_ B/P \_\_\_\_\_ RR \_\_\_\_\_ HR \_\_\_\_\_ SpO2 \_\_\_\_\_
- Time: \_\_\_\_\_ T \_\_\_\_\_ B/P \_\_\_\_\_ RR \_\_\_\_\_ HR \_\_\_\_\_ SpO2 \_\_\_\_\_
- Time: \_\_\_\_\_ T \_\_\_\_\_ B/P \_\_\_\_\_ RR \_\_\_\_\_ HR \_\_\_\_\_ SpO2 \_\_\_\_\_
- Time: \_\_\_\_\_ T \_\_\_\_\_ B/P \_\_\_\_\_ RR \_\_\_\_\_ HR \_\_\_\_\_ SpO2 \_\_\_\_\_

**V.O./T.O.**

ORDERS READ BACK AND VERIFIED

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Physician signature** \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Only checked boxes will be implemented by approved RRT Team

**PLACE Patient Label**