Date:__________ Room # / Location:__________ Time Called:__________ Arrival Time:__________ Event Ended:__________

PRIMARY REASON FOR CALL:

Staff concerned / worried
Specify:______________________________

- ☐ Chest pain
- ☐ HR less than 40
- ☐ HR greater than 130
- ☐ SBP less than 90 mmHg
- ☐ RR less than 8
- ☐ RR greater than 24
- ☐ SpO2 less than 90%
- ☐ FIO2 50% or greater
- ☐ Acute significant bleed
- ☐ Failure to respond to treatment
- ☐ Acute mental status change
- ☐ Seizures
- ☐ Urine output <100 ml in 4 hours
- ☐ Sign/symptoms of possible sepsis

Recommendations / Interventions:

Airway / Breathing

- ☐ Oral Airway
- ☐ Suctioned
- ☐ Nebulizer Treatment
- ☐ Intubated
- ☐ Bag Mask
- ☐ O2 Mask / Nasal
- ☐ ABG
- ☐ Chest X-ray
- ☐ No Intervention

Circulation

- ☐ IV Fluid Bolus
- ☐ Blood transfusion
- ☐ EKG
- ☐ CPR
- ☐ External Pacing
- ☐ Defibrillation
- ☐ No Intervention
- ☐ Other:__________
- ☐ Fingerstick BS
- ☐ Blood Culture
- ☐ Other Labs:__________
- ☐ NG tube inserted

Medication(s):______________________________

____

____

____

Other Interventions: (specify)______________________________

____

____

____

Outcome: ☐ Stayed in room ☐ Transferred to Critical Care
☐ Other:______________________________

Notified Physician:____________________ **Time:**__________
(name)
Physician call back time:

Signature:

Notifying RN______________________________

Critical Care RN______________________________

RT______________________________

Situation:______________________________

____

____

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____

____

Background:______________________________

____

____

____

Assessment:

Temp____ **BP**____ **HR**____ **RR**____ **SpO2**____ **GCS**____

____

____

____

Recommendations from team:______________________________

____

____

____

____

Follow-Up Report:

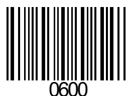
____

____

Signature:____________________ **Date/Time:**__________

RAPID RESPONSE TEAM RECORD

White Copy to Medical Record
Yellow Copy to DeKalb Quality Institute



DMC FORM #PS-0600 (04/07/06)