RAPID RESPONSE RECORD

Privacy Act Statement: The authority to request this information is contained in 5 U.S.C. Section 301 and Departmental Regulations.

DATE:	ROOM:	TIME CALLED:	ARRIVAL TIME:	SECURE TIME:

PRIMARY REASON FOR CALL

- ☐ Staff worried about a patient
- ☐ Patient/family concerned about a change in the patient's condition
- ☐ Acute change in HR<40 or >100 bpm
- ☐ Acute change in systolic BP<90 or > 180 mmHg
- ☐ Acute change in RR<8 or >28 per min
- ☐ Acute change in saturation <90% despite O2 or increasing O2 demand
- ☐ Acute change in conscious state/mental status or seizure
- ☐ New onset chest discomfort
- ☐ Pediatric Criteria _____

SITUATION:

Recommendations / Interventions

Airway / Breathing

- ☐ Oral Suctioned
- ☐ Neb Treatment
- ☐ Intubated
- ☐ NPPV
- ☐ Bag Mask
- ☐ 02 Mask / Nasal
- ☐ ABG
- ☐ CXR
- ☐ No intervention

Circulation

- ☐ IV Fluid Bolus
- ☐ EKG
- ☐ CPR
- ☐ Defibrillation
- ☐ Cardioversion
- ☐ No Intervention

Medication(s):

Other Interventions:

BACKGROUND:

ASSESSMENT:

Temp: Bp HR: RR: Pox: GCS:

Outcome:

- ☐ Stayed in Room
- ☐ Transferred to ICU
- ☐ Evaluated by physician
- ☐ Code called
- ☐ Other

RECOMMENDATION:

COMMENTS/NOTES:

FOLLOW-UP REPORT

PHYSICIAN NOTIFIED:	TIME:	SUBMITTING RN SIGNATURE	DATE/TIME

PATIENT'S IDENTIFICATION: *(For typed or written entries, give:*
Name – last, first, middle, SSN; Sex; Date of Birth; Rank/Grade.)

THIS IS A QUALITY ASSURANCE DOCUMENT PROTECTED BY 10 USC 1102.

PLEASE FAX OR FORWARD COMPLETED FORM TO PATIENT SAFETY AT FAX NUMBER 542-7898