

**Rapid Response Team
Standing Delegation ORDERS**

Patient Label here

A Health System Performance Improvement Initiative for use in all units where patients require the Rapid Response Team.

1. Attending Physician: _____
Resident/Fellow _____
2. Code Status: ‰ Full Code ‰ DNR ‰ Comfort Care ‰ Other _____
3. Co-Morbidities: _____

4. Allergies: ‰ NKDA ‰ Allergic to: _____
5. **Initiate the following intervention for all patients:**
 - ¾ Assess patient, establish baseline vital signs, vital signs Q5 min during the event
 - ¾ Verify code status, allergies, diagnosis, history, & current medications
 - ¾ Take cardiac monitor from crash cart or take crash cart to room and place on cardiac monitor.
 - ¾ Oxygen to maintain SPO2 ≥ 90%
 - ¾ Suction equipment to bedside
 - ¾ IV insertion, Start 18-20 gauge
 - ¾ Have Intubation box ready on standby
 - ‰ **SOB/CHF exacerbation**
 - ¾ Stat EKG
 - ¾ Portable Chest X Ray
 - ¾ Stat ABG
 - ¾ Stat CBC
 - ¾ Stat BMP
 - ¾ RT Nebulizer treatment
 - ¾ Assess LOC, Elevate HOB to 30 degrees if BP stable
 - ¾ Morphine Sulfate 2mg IV x 1
 - ‰ **Chest Pain Adult**
 - ¾ Stat EKG
 - ¾ Portable Chest X Ray
 - ¾ Stat CBC
 - ¾ Stat BMP
 - ¾ Stat PT/PTT/INR
 - ¾ Stat Troponin
 - ¾ Stat Magnesium
 - ¾ Nitroglycerin 0.4 mg tablet; give 1 tab sublingual Q5 min, Stat; may repeat X 3 doses PRN chest pain. Hold for SBP less than 90 mmHg.
 - ¾ Aspirin 325 mg tab PO (chewed) Stat. Do not give if patient has had Aspirin in the last 24 hours or if patient has allergy to Aspirin.
 - ¾ Morphine Sulfate 2 mg IV Q10min, up to 10 mg in an hour, Stat, prn chest pain unrelieved by Nitroglycerin if patient not allergic to Morphine.

Initiated by Signature: _____ **Date/Time:** _____

Physician Signature _____ **Signature on File** _____ **Date** _____

%o Symptomatic Bradycardia Adult

- $\frac{3}{4}$ Stat EKG
- $\frac{3}{4}$ Stat Chest x ray
- $\frac{3}{4}$ Stat CBCD
- $\frac{3}{4}$ Stat CMP
- $\frac{3}{4}$ Stat PT/PTT/INR
- $\frac{3}{4}$ Stat Troponin & CPK
- $\frac{3}{4}$ Monitor Patient
- $\frac{3}{4}$ Atropine available at bedside
- $\frac{3}{4}$ Transcutaneous pacer available at bedside

%o Symptomatic Tachycardia Adult

- $\frac{3}{4}$ Stat EKG
- $\frac{3}{4}$ Stat Chest x ray
- $\frac{3}{4}$ Stat CBCD
- $\frac{3}{4}$ Stat CMP
- $\frac{3}{4}$ Stat PT/PTT/INR
- $\frac{3}{4}$ Stat Troponin & CPK
- $\frac{3}{4}$ Monitor Patient

%o Symptomatic Hypotension Adult

If the patient has received any narcotic medication in the last 24 hours:

- $\frac{3}{4}$ Naloxone (Narcan) 0.4 mg, IV Q 2-3 min PRN severe respiratory depression
- $\frac{3}{4}$ Discontinue PCA infusions, Remove any sedation topical medication

If patient has no cardiac history:

- $\frac{3}{4}$ Sodium Chloride 0.9 %, IV bolus, infuse 500ml at 999ml per hour. May repeat x1 if the patient does not respond

If the patient is actively bleeding and/or has had an Hgb less than 8 in the last four hours:

- $\frac{3}{4}$ Stat CBCD
- $\frac{3}{4}$ Stat CMP
- $\frac{3}{4}$ Stat PT/PTT/INR
- $\frac{3}{4}$ Type & Crossmatch, 2 units of PRB's on hold
- $\frac{3}{4}$ Sodium Chloride 0.9 %, IV bolus, infuse 500ml at 999ml per hour

%o Acute Seizures Adult

- $\frac{3}{4}$ Stat CBCD
- $\frac{3}{4}$ Stat BMP
- $\frac{3}{4}$ Stat free phenytoin level if on Dilantin
- $\frac{3}{4}$ Lorazepam (ativan) 1 mg IV (initial dose for acute seizures)
- $\frac{3}{4}$ Assess LOC and Neuro Checks Q 15min
- $\frac{3}{4}$ Stat Accucheck; Give 1 amp of D50 if blood sugar <70 & symptomatic. Repeat accucheck Q 30 min X 2 then Q 1 hour
- $\frac{3}{4}$ Seizure Precautions, position patient on side

Initiated by Signature: _____ Date/Time: _____

Physician Signature _____ Signature on File _____ Date _____

%o Altered Mental Status

- $\frac{3}{4}$ Stat EKG
- $\frac{3}{4}$ Stat CBCD
- $\frac{3}{4}$ Stat CMP
- $\frac{3}{4}$ Stat Urinalysis
- $\frac{3}{4}$ Naloxene (Narcan) 0.4 mg, IV Q 2-3 min PRN severe respiratory depression
- $\frac{3}{4}$ Flumazenil (Romazicon) 0.2 mg IV, if LOC not improved, give 0.3 mg IV, if LOC not improved
- $\frac{3}{4}$ Stat Accucheck; Give 1 amp of D50 if blood sugar <70 & symptomatic. Repeat accucheck Q 30 min X 2 then Q 1 hour
- $\frac{3}{4}$ Discontinue PCA infusions, Remove any sedation topical medication
- $\frac{3}{4}$ Assess LOC and Neuro Checks Q15 min

%o Hematemesis Stat

- $\frac{3}{4}$ Stat CBCD
- $\frac{3}{4}$ Stat CMP
- $\frac{3}{4}$ Stat PT/PTT/INR
- $\frac{3}{4}$ Type & Crossmatch; 2 units PRBC's on hold

%o Acute Allergic Reaction Adult

- $\frac{3}{4}$ If current medication is suspected as causing the allergic reaction – discontinue immediately.
- $\frac{3}{4}$ For suspected Transfusion Reaction, discontinue blood product immediately.
- $\frac{3}{4}$ Benadryl (Diphenhydramine) 25 mg IV x 1. If no access give 50 mg IM x 1.
- $\frac{3}{4}$ Closely monitor for signs of airway compromise.

%o Suspected Sepsis

- $\frac{3}{4}$ Stat ABG with lactate
- $\frac{3}{4}$ Stat CBCD
- $\frac{3}{4}$ Stat CMP
- $\frac{3}{4}$ Stat Blood Cultures X 2
- $\frac{3}{4}$ Sodium Chloride 0.9%, IV bolus, infuse 500 ml at 999 ml per hour

Initiated by Signature: _____ Date/Time: _____

Physician Signature _____ Signature on File _____ Date _____