University of Mississippi Health Care

Jackson, MS
Adult Rapid Response Team Record

Date:_____ **Time Called:**_____
Room # / Location: _____ **Rapid Response End Time:** _____

☐ **Notified Physician:** _____ **Time-** _____
Received Verbal Orders: No/ Yes (If yes see MD order form)

{S} ~Situation~

Primary Reason for Call (*choose one*):

- ☐ HR less than 40
- ☐ HR greater than 130
- ☐ RR less than 8
- ☐ RR greater than 24
- ☐ SpO2 less than 90%
- ☐ FIO2 50% or greater
- ☐ SBP less than 90 mmHg
- ☐ Altered LOC
- ☐ Acute Significant Bleed
- ☐ Seizures
- ☐ Acute Mental Status Changes
- ☐ Urine output less than 100ml/hr in 8hrs
- ☐ Staff concerned / worried

Specify:_____

Situation : _____

{B}

Background : **DNR:** Y / N / Unknown

☐ Arrhythmia ☐ CEA ☐ Renal ☐ DVT/PE ☐ COPD ☐ Encephalopathy
☐ CVA/TIA ☐ CHF ☐ MI/Angina ☐ Pneumonia ☐ Surgery _____
☐ HTN ☐ CAD ☐ DM ☐ Asthma _____

Other _____

{A}

Assessment :

Temp_____**BP**_____**HR**_____**RR**_____**SpO_2**_____**GCS**_____ **Glucose**_____**Rhythm ( )reg ( )irreg Chest Pain + / -**

{R} ~Recommendation(s)~

Airway / Breathing

- ☐ Oral Airway
- ☐ Suctioned
- ☐ Nebulizer Treatment
- ☐ Intubated
- ☐ NIPPV
- ☐ Bag Mask
- ☐ O2 Mask / Nasal
- ☐ ABG
- ☐ CXR
- ☐ No Intervention

Circulation

- ☐ IV Fluid Bolus
- ☐ Blood
- ☐ EKG
- ☐ Cardioversion
- ☐ No Intervention
- ☐ Other _____

Medication(s) : _____

Other Interventions (Specify): _____

Outcome:

☐ Transferred to ICU ☐ Pt. Expired ☐ Code STEMI Called **Other:** _____
☐ Stayed in room ☐ Code Called ☐ Code Stroke Called _____

Signature:

RT: _____ Date/Time: _____ **RN:** _____ Date/Time: _____

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