



KAISER PERMANENTE

Los Angeles Medical Center Policies and Procedures

Location: LOS ANGELES MEDICAL CENTER	Old Policy Number:	On-Line Policy Number: 3121
Section: OPERATIONS	Effective Date: 11/08	Page: 1 of 6
Title: GUIDELINES FOR RAPID RESPONSE TO CHANGES IN A PATIENT'S CONDITION	Review / Revise Dates: 11/08, 12/08, 07/09, 09/09	
Approved by: POLICY & PROCEDURE COMMITTEE – 10/09 MEDICAL EXECUTIVE COMMITTEE – 10/09	<input checked="" type="checkbox"/> Medical Center Wide <input type="checkbox"/> Department Specific	<input type="checkbox"/> Non-Clinical <input checked="" type="checkbox"/> Clinical

REFERENCES:

Institute for Health Care Improvement, www.IHI.org
Joint Commission Hospital Accreditation Standards
Harriett Lane Handbook

PURPOSE:

To provide a rapid response through early evaluation and management of adults and pediatric patients whose condition may be deteriorating.

POLICY:

The following guidelines are to be used by clinicians in determining the need to request specially-trained individuals to intervene when a patient's condition may be worsening

GUIDELINES:

A. Adult Triggers:

1. Any staff member (for example, registered nurse, physical therapist, respiratory therapist (RT), physician, radiology technician, Interventional Radiology nurse that is concerned about a patient's condition
2. Acute change in heart rate < 50 or > 130 bpm
3. Persistent change in heart rate up or down 25% or more
4. Acute change in systolic blood pressure < 90 mmHg
5. Acute change in respiratory rate < 8 or > 28 per min
6. Acute change in saturation < 90 percent despite O₂
7. Acute change in conscious state
8. Acute mental status change
9. Acute changes in urinary output (less than 50 ml in 4 hours)
10. Severe/uncontrolled pain or pain scale 7-10 after treatment
11. Persistent/changing pattern of chest pain
12. Any new focal neurologic deficit or acute changes in neuro status (e.g., sign/symptom of stroke, herniation, cerebral vasospasm)

Los Angeles Medical Center Policies and Procedures

Location: LOS ANGELES MEDICAL CENTER	Policy #: 3121	Effective Date: 11/08	Page: 2 of 6
--	--------------------------	---------------------------------	------------------------

13. Persistent bleeding or large hematoma at the puncture site
 14. Feeling that “something is not quite right” or a persistent concern about something
- A. Pediatrics Triggers:
1. Any staff member (nurse, physical therapist, respiratory therapist, physician) that is worried
 2. Age appropriate bradycardia
 3. Age appropriate tachycardia
 4. Poor perfusion (pallor, mottling, circumoral cyanosis)
 5. Delayed capillary refill (greater than 3 seconds)
 6. Cool extremities
 7. Acute change in respiratory rate
 - a. Increased work of breathing (nasal flaring, use of accessory muscles, abdominal breathing)
 - b. Grunting
 - c. Retractions (substernal, intercostal, supraclavicular)
 8. Acute change in oxygen saturation < 90 percent despite use of supplemental oxygen
 9. Age appropriate change in systolic blood pressure < 90 mmHg
 10. Acute change in level of consciousness
 11. Acute mental status change
 12. Acute changes in urinary output (less than 1-3 ml/kg/hr)
 13. Severe/uncontrolled pain
 14. Bilious, bloody or projectile vomiting
 15. Abdominal distention
 16. Diarrhea greater than 20 ml/kg/hr for greater than 4 hours
 17. Feeling that “something is not quite right” or a persistent concern about something
- B. Family members, patients or staff based on their perception of a change in the patients’ condition can activate a rapid response by stating their concern to the primary nurse or the Charge Nurse.

PROCEDURE:

- A. On the in-patient unit, Cardiac Cath Lab, Interventional Radiology, Radiology and Ambulatory Surgery Center, the responsible caregiver, i.e., primary nurse, Charge Nurse, RN, Respiratory Therapist, etc., will:
- a. Notify the appropriate specially trained physician of the patient’s condition.
 - i. For Interventional Radiology cases, the nurse will notify the physician who performed the case.
 - b. Provide a situational briefing to physician using ISBAR (Attachments A & B)
 - c. Implement interventions and evaluate the effectiveness of the interventions.

Los Angeles Medical Center Policies and Procedures

Location: LOS ANGELES MEDICAL CENTER	Policy #: 3121	Effective Date: 11/08	Page: 3 of 6
--	--------------------------	---------------------------------	------------------------

- B. Pre-op, PACU, Same Day Surgery Discharge Area - 4867 Sunset Blvd and Ambulatory Surgery Pre-op, PACU - 4760 Sunset Blvd.**
- a. The anesthesiologist is available for rapid response via the Perioperative Departmental paging system and the nurse will page the anesthesiologist for a change in patient's condition.
 - b. The nurse anesthetist can intervene before the physician arrives.
 - c. 4867 Sunset Blvd, the nurse will activate the system by picking up any phone within the department and dial "10014". After the tone the caller will state "Any anesthesiologist STAT and state the nursing station where the physician should go. The page should be repeated 3 (three) times until an anesthesiologist arrives.
 - d. 4760 Sunset Blvd., using the voice call system, the nurse will page "Any anesthesiologist STAT" and state the nursing station where the physician should go.
 - e. If the patient's condition continues to deteriorate the anesthesia will be paged STAT to the corresponding area. The nurse shall state, "Any anesthesiologist STAT and state the nursing station where the physician should go.
 - f. The RN/ Clinical Nurse Coordinator (CNC) will also notify the surgeon of the patients deteriorating condition.
 - g. The RN/CNC will provide a situational briefing to anesthesiologist/surgeon/ nurse anesthetist using ISBAR (Attachments A & B)
 - h. The RN/CNC will implement interventions and evaluate the effectiveness of the interventions.
- C. The CNC /Charge Nurse/Clinical Nurse Specialist will assist the primary nurse/responsible caregiver with the evaluation, treatment, and interventions.**
- D. The attending physician will notify the family of the change in the patient's condition.**
- E. Operating Rooms - 4867 Sunset Blvd and 4760 Sunset Blvd**
- a. 4867 Sunset Blvd., the nurse will call for help using the nurse help button located in each OR room. The Charge Nurse/ADA will respond to the call and summon additional help by using the Perioperative Departmental paging system.
 - b. 4760 Sunset Blvd., using the voice call system, the nurse will page "Any anesthesiologist STAT" to the Operating Room.
- F. Radiology Oncology - 4950 Sunset Blvd.**
- The Registered Nurse/Therapist will:
- a. Notify the **physician** of changes in the patient's condition
 - b. Implement interventions as ordered by the physician.
- G. GI Lab - 1526 Edgemont**
- The Registered Nurse will:
- a. Notify the **physician** of changes in the patient's condition
 - b. Implement interventions as ordered by the physician.
- H. Mental Health Center**

Los Angeles Medical Center Policies and Procedures

Location: LOS ANGELES MEDICAL CENTER	Policy #: 3121	Effective Date: 11/08	Page: 4 of 6
--	--------------------------	---------------------------------	------------------------

- a. The responsible caregiver, i.e., Registered Nurse (RN), Licensed Vocational Nurse or Licensed Psychiatric Technician will:
 1. Request assistance from a Registered Nurse Practitioner (RNP), Physicians Assistant (PA) or RN Assistant Department Administrator (ADA) using the overhead page system. Dial "36" or "39" and state the unit location and room number.
 2. Provide a summary of the patient's condition using ISBAR (Introduction, Situation, Background, Assessment, Recommendation/Request) (Attachments A & B).
 3. Implement interventions as ordered
 4. Notify the appropriate specially trained physician of the patient's condition.
 5. Provide a situational briefing to the physician using ISBAR (Attachments A & B)
 - b. The Registered Nurse in conjunction with the RNP, PA, or ADA will assess the patient to determine next steps and evaluate the effectiveness of the interventions.
 - c. The Charge Nurse or ADA will assist the primary nurse/responsible caregiver with the evaluation, treatment, and interventions.
 - d. The attending psychiatrist or ADA will notify the family of the change in the patient's condition.
- I. Documentation – Los Angeles Medical Center and Mental Health Center**
- a. The responsible caregiver will document changes in the patient's condition, physician notification and the interventions executed in KP HealthConnect under multi-disciplinary notes.

OWNER/RESPONSIBLE PARTY – Patient Safety Officer

Los Angeles Medical Center Policies and Procedures

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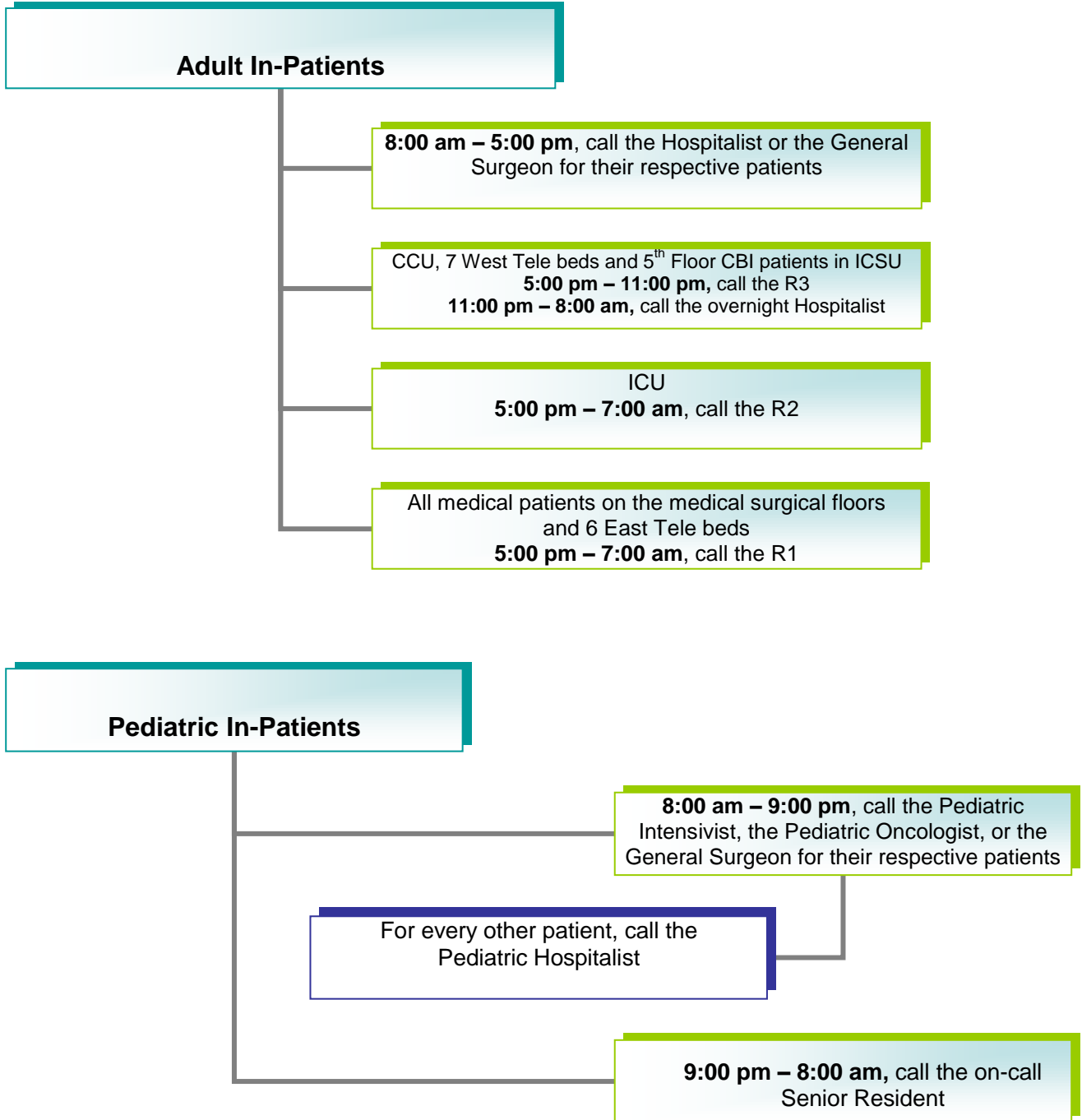
11/08

Page:

5 of 6

Attachment A

Physician Notification



Los Angeles Medical Center Policies and Procedures

Location: LOS ANGELES MEDICAL CENTER	Policy #: 3121	Effective Date: 11/08	Page: 6 of 6
--	--------------------------	---------------------------------	------------------------

Attachment B

Situational Briefing Using ISBAR

I	Introduction	Introduce self and patient
S	Situation	I am calling about (patient name and location) The patient's code status is _____ The problem I am calling about is _____ "I am afraid the patient is _____"
B	Background	I just assessed the patient personally and _____ Vital signs are:
A	Assessment	I think the problem is: say what you think it is or "I am not sure what the problem is but the patient is deteriorating"
R	Recommendation/Request	I am requesting that you: say what you would like to see done <ul style="list-style-type: none"> ○ "Transfer the patient to critical care" ○ "Come to see the patient now" ○ "Talk to the patient or family (e.g., about code status)" Do you need any tests: CXR, ABG, EKG, CBC If a change in treatment is ordered, then ask: <ul style="list-style-type: none"> ○ How often do you want vital signs? ○ If the patient does not get better, when would you want us to call again?