

rapid response system case report form

DATE :		PATIENT LABEL HERE
TIME:		
LOCATION:		

WHO CALLED? tick only, names not required ✓		WHO ATTENDED tick only, names not required ✓	
Staff Nurse		Rapid response provider/s	
Ward nurse in charge		Home team consultant	
House Officer		Home team registrar	
Registrar		Home team house officer	
Consultant		Ward nurse in charge	
Patient/family/carers		Ward staff nurse	
Other (specify): _____		Other (specify): _____	

PATIENT VITAL SIGNS ON ARRIVAL OF TEAM:			
RR:	SaO2:	O2 flow:	BP: /
HR:	Heart rhythm: (if known)	GCS/AVPU:	Temperature:

REASON FOR RAPID RESPONSE CALL: tick all criteria present ✓			WHAT DO YOU THINK IS WRONG WITH THE PATIENT? ✓
Cardiorespiratory arrest		Mandatory call criteria met	
Decreased LOC/GCS/seizure		Uncontrolled pain	
Respiratory failure		Bleeding	
Cardiovascular failure		Adverse medication effect	
Renal failure		Concern/worry	
Metabolic/electrolyte disturbance		Other (specify): _____	

MANAGEMENT tick all that apply ✓			
Airway suction		Volume resuscitation	
Airway adjuncts (not intubation)		IV access	
Intubation		ECG / Bloods / CXR / BSL (circle)	
Bag-valve-mask ventilation		Medication/s (specify): _____	
High flow O2		Other (specify): _____	
DC shock/electrical cardioversion			
CPR			

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IMMEDIATE PATIENT OUTCOME <small>tick box</small> ✓			
Transfer ICU		Remain on ward: palliation	
Transfer other (specify): _____		Remain on ward: treatment-limiting decision made	
Remain on ward: full active management		Died	

EVALUATION <small>Please complete the following immediately after the rapid response call</small>	
Was this a late call? (rapid response call criteria reached >15 mins before call made)	<input type="radio"/> YES <input type="radio"/> NO
Was the home team contacted prior to rapid response criteria being met?	<input type="radio"/> YES <input type="radio"/> NO
Were escalation criteria altered by you?	<input type="radio"/> YES <input type="radio"/> NO
Had escalation criteria been altered by the primary team?	<input type="radio"/> YES <input type="radio"/> NO
Did you need to spend time clarifying treatment limitations and/or the resuscitation status of the patient?	<input type="radio"/> YES <input type="radio"/> NO
During this rapid response call were any of the following problems encountered? <input type="radio"/> Equipment missing or malfunctioning <input type="radio"/> Rapid response provider human error <input type="radio"/> Ward staff human error <input type="radio"/> No ICU bed available <input type="radio"/> ICU bed available but no staffing <input type="radio"/> Other	
Comments: 	
Name and signature of person completing this form: <hr/>	