rapid response system case report form

DATE :	
TIME:	
LOCATION:	

PATIENT LABEL HERE

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/carer		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			
DC shock/electrical cardioversion		Other (specify): _____	
CPR			

Developed by the Austalian Commission on Safety and Quality in Health Care (2012). Further information can be downloaded from www.safetyandquality.gov.au

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

EVALUATION Please complete the following **immediately** after the rapid response call

Was this a late call? (rapid response call criteria reached >15 mins before call made)	◯ YES ◯ NO
Was the home team contacted prior to rapid response criteria being met?	◯ YES ◯ NO
Were escalation criteria altered by you?	◯ YES ◯ NO
Had escalation criteria been altered by the primary team?	◯ YES ◯ NO
Did you need to spend time clarifying treatment limitations and/or the resuscitation status of the patient?	◯ YES ◯ NO

During this rapid response call were any of the following problems encountered?

- ◯ Equipment missing or malfunctioning
- ◯ Rapid response provider human error
- ◯ Ward staff human error
- ◯ No ICU bed available
- ◯ ICU bed available but no staffing
- ◯ Other

Comments:

Name and signature of person completing this form:

_____