

Guidelines for activating Rapid Response Team include but are not limited to:

- Intuitive sense that something is wrong
- Decrease in LOC or Acute changes in LOC
- New onset of agitation/restlessness
- Slurred Speech
- Sudden loss of movement or weakness of face, arm or leg
- Acute changes in RR <8 or >28 per min
- Stridor/noisy breathing
- Increase work of breathing
- Sat<90%
- Acute changes in the heart rate <50 or >120 bpm
- Acute changes in systolic BP <90mmHg
- New onset of chest pain
- Seizures
- Significant bleeding
- No improvement in condition despite treatment
- Potential serious medication errors
- S/P fall with evidence of any of the following: Head Injury, Any complaints of pain, Obvious injury or deformity, History of anticoagulant medication, Osteoporosis, & Recent surgery
- Inability to contact or communicate with physician. This does not exclude the attempts to contact the primary physician but can assist in a rapid response to meet the needs of a changing condition of a patient; visitor or employees
- When in doubt anyone can call a Rapid Response
- ***Patients screened positive for Severe Sepsis or Septic Shock***

