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Rapid Assessment Team (Adult) (RAT Team), 600.06.01

Document Type: Policy, Procedure

PURPOSE:

According to the Institute for Healthcare Improvement there are three main systemic issues which contribute to mortality rates in hospitals:

- Failures in planning (includes assessments, treatments, goals)
- Failure to communicate (patient to staff, staff to staff, staff to physician, etc.)
- Failure to recognize deteriorating patient condition

These fundamental problems can often lead to a *failure to rescue*. Establishing Rapid Assessment Teams (RAT) can aid in identifying unstable patients and those patients likely to suffer cardiac or respiratory arrest. If identified in a timely fashion, their unnecessary deaths can often be prevented.

- Intervention when the family member, RN, or other staff member is first concerned is key to the prevention of a deteriorating condition. **Studies have shown that many patients exhibit warning signs within 6 hours of arrest:**

PROCEDURE FOR ACTIVATION OF A RAT:

Dial 4444 and state "Adult" or "Pediatric" Rapid Assessment Team Activation with Room #. This will be paged overhead via the operator. The Rapid Assessment Team will respond to the bedside immediately when a RAT is activated.

CRITERIA FOR INSTITUTION OF A RAT:

- "Gut" feeling of any staff member (RN, PT, RT, physician, CNA, family member) that the patient is in trouble.
- HR <45 or >125, or any acute changes
- Systolic BP <90 or >180, or a significant change from baseline
- Resp. rate <10 or >28 per minute, or any acute changes
- O2 Sats <90 despite increased O2 administration x 5 minutes
- Difficulty breathing (frothy, blood tinged sputum, etc.)

- Acute change in urinary output to <50 ml in 4 hours
- Temp >101.5 with any of the above
- Chest pain.
- Acute change in level of consciousness, new confusion, unexplained lethargy, agitation, or seizure.
- Suspected new onset stroke:
 - Sudden weakness or numbness of the face, arm or leg on one side of the body.
 - Sudden dimness or loss of vision, particularly in one eye.
 - Loss of speech or trouble talking or understanding speech.
 - Sudden, severe headache with no known or apparent cause.
 - Unexplained dizziness, unsteadiness or sudden falls, especially along with any of the previous symptoms.

RAT team responsibility for in-patient stroke team activation: (per inpatient stroke team activation policy 699.90.00)

WHO RESPONDS TO A RAT CALL:

- Patient's primary nurse
- Lead RN from the patient's current unit
- The Lead RN from ICU
- The Designated Respiratory Therapist
- The PCC
- Phlebotomist

Instituting a RAT will bring assistance to help you evaluate the patient and make decisions about what needs to be done.

ROLES OF RAT TEAM MEMBERS:

Patient's Primary Nurse:

- Consult with lead RN or another RN
- Call a RAT if still concerned
- Collaborate with RAT team regarding treatment needs
- Remain the primary caregiver with team assistance
- Call physician for needed orders
- Carry out orders or assist with transport.
- RAT flowsheet documentation

Floor Lead RN:

- Consult with patient's primary RN regarding concerns
- Assure that the primary RN's other patients are cared for if the RAT is activated.

ICU RN

- Collaborates with the primary RN
- Obtains a brief history including current status and observed signs & symptoms related to the current event.
- Assess pt in conjunction with the primary RN and RT
- Determines needed interventions
- Assists primary RN with obtaining needed orders

- Assists with transport to ICU if needed

Respiratory Therapist:

- Assesses patient's respiratory status
- Evaluates clinical findings in relation to patient's history and current therapies
- Determine interventions in coordination with other RAT team members

PCC:

- Coordinate bed needs and patient transfers
- Assist staff if chain of command issues arise
- Act as a facilitator to assure staff are communicating needs appropriately.
- Give RAT evaluation form (1205) to the primary RN

Patient's Primary Physician:

- The patient's physician is the leader of the patient's care. It is imperative that he/she be informed of all events.
- Physicians may ask for a RAT to be activated
- If requested by the RAT team, the primary physician will conduct a bedside evaluation of the patient during the event. If the primary physician is not available due to another emergency they should contact the intensivist to assist in patient care.

DOCUMENTATION:

Primary RN:

- Documents the activation of a RAT in the patient's computerized chart
- Summary of: the events/symptoms that lead to the RAT call; the outcomes of the RAT assessment
- Document event in the RAT flowsheet

Critical Care RN:

REFERENCES:

www.IHI.org, February 8, 2012

www.ICSI.org, February 8, 2012

Scherr, K. (2012). Evaluating a New Rapid Response Team: NP-Led Versus, Intensivist-Led comparisons. *American Association of Critical-Care Nurses*, 23(1), 32-42. Retrieved February 8, 2012, from www.aacn.org

Attachments

[Rapid Assessment Team \(RAT\) Evaluation Form](#)

Approval Signatures

Approver

Date

Kirk Harper: VP, Nursing & CNO

05/2018

Approver**Date**

Crystal Wise: Administrative Assistant 04/2018

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Applicability

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