|  |  |
| --- | --- |
| **Deteriorating Patients**  **& Escalation of Care** | RCH Emergency Department |

**When to Escalate? Triggers may include:**

|  |  |
| --- | --- |
| * RR <8 or > 30 | * ↓ LOC (new onset) |
| * HR < 50 or > 125 | * Acute significant bleed |
| * SBP < 90 or DBP < 60 | * Unrelenting pain |
| * O2 sat <90 on 50% O2 | * No response to treatment |
| * ↓Urine Output < 30cc/hr | * Significant/Unexpected change |

**Deteriorating Patient**



**RN & In-Charge Nurse:** Facilitate escalation of care and contact appropriate **RESOURCES**

* RT for any respiratory concern
* ICU PCC for nursing support and to facilitate transfer to higher level of care
* Site Leader to support and add resources for unit and to escalate to operational leaders
* Manager to support unit and escalate to appropriate leaders

**Ensure family is aware of change in condition.**

**RESOURCES**

**CUS Tool**

I am **Concerned** about my patient's condition.

I am **Uncomfortable** with this situation.

I believe the **Safety** of the patient is at risk

If LPN is primary nurse 🡪 Document and handover to RN

Team Member to notify In-charge RN/PCC immediately of change in patient status

**IN-CHARGE RN/PCC**

1. Coordinates care with RN
2. Provides support with additional assessments and interventions
3. Evaluates and makes changes to staff assignments as required
4. Notify Site Leader (Nights/Weekends) to assist with meeting units/patients’ needs
5. Provides support when contacting MRP if needed

**PRIMARY RN**

1. Review MOST
2. Focused assessment to evaluate degree of instability – refer to applicable protocols (i.e. Delirium, Sepsis, COPD)
3. Initiate interventions as required (IV access, 02, blood sugar, anaphylaxis treatment, analgesics, compression)
4. Document assessment & interventions
5. Compile information (Labs, VS, MAR)
6. Call MRP or on-call MRP

* Repeat if no response within 10 min

1. If no response from MRP

* For *Surgery* call on call Surgeon – if no response escalate to PCC/Site Leader/Managers who will escalate to the appropriate Department Heads
* For *Medicine* call PCC/Site Leader/Managers who will escalate to the appropriate Department Heads

1. If still no response escalate to Medical Director (see below for contact info)

*If you need added support and/or if the physician response does not address*

*the patient’s needs escalate to operational leads (Site Leader, Managers)*

**Consult MRP: use SBAR (see template on reverse side)**

**CODE BLUE 7111 SITE LEADER CIRC RN**

**ED PCC or COL RT Colleagues in ED**

**MRP EP**

**SBAR REPORT TO A PHYSICIAN**

****

**DOCUMENT**

**THE CHANGE IN CONDITION THE PHYSICIAN NOTIFICATION UPDATE THE PLAN OF CARE**

**RECOMMENDATION**

**I think we should:** (State what you would like to see done).

My ask is….

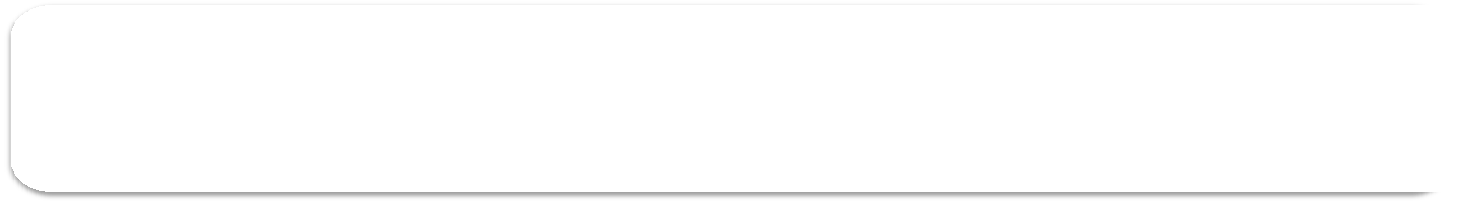
* Transfer the patient to higher level of care?
* Come to see the patient at this time?
* Talk to the patient and/or family about the code status?
* Ask for consultant to see the patient now?
  + Other suggestions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are any tests needed?** CXR ABG ECG CBC BNP

Others:\_\_\_\_\_\_\_\_\_\_\_\_

**If a change in treatment is ordered, then ask:**

* How often do you want vital signs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* If the patient does not improve, when would you want us to call again? \_\_\_\_\_\_\_



**R**

**ASSESSMENT**

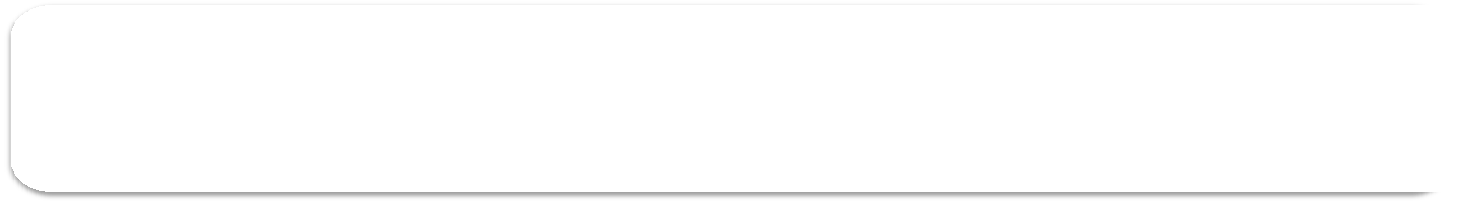
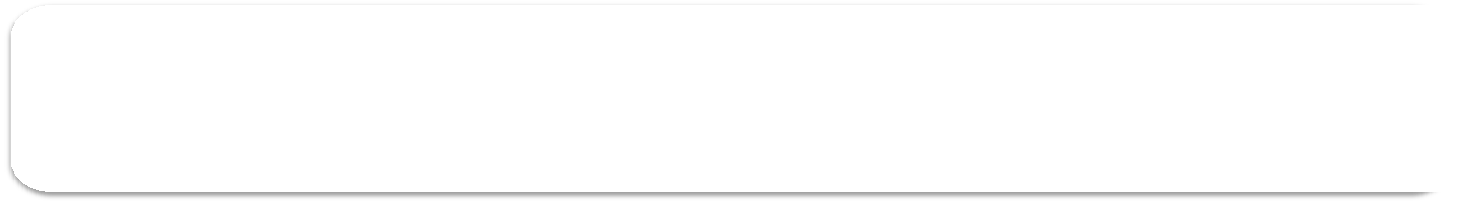
Most recent vital signs:

BP\_\_\_\_\_ Pulse\_\_\_\_ Respirations\_\_\_\_ Temperature\_\_\_\_\_

The patient **is or is not on oxygen**

**Any changes from prior assessments, such as:**

|  |  |  |  |
| --- | --- | --- | --- |
| Mental Status | Respiratory rate/ quality | | Pain |
| Neuro changes | Pulse/ BP rate/ quality | | Rhythm changes |
| Wound drainage | Retractions/ use of accessory muscles | | |
| GI/GU (Nausea, Vomiting/ Diarrhea/ Output) | | Musculoskeletal (joint deformity, weakness) | |



**BACKGROUND**

State the **admission diagnosis and date of admission**

State the pertinent **medical history** (succinctly)

A brief synopsis of **the treatment to date**

**B**

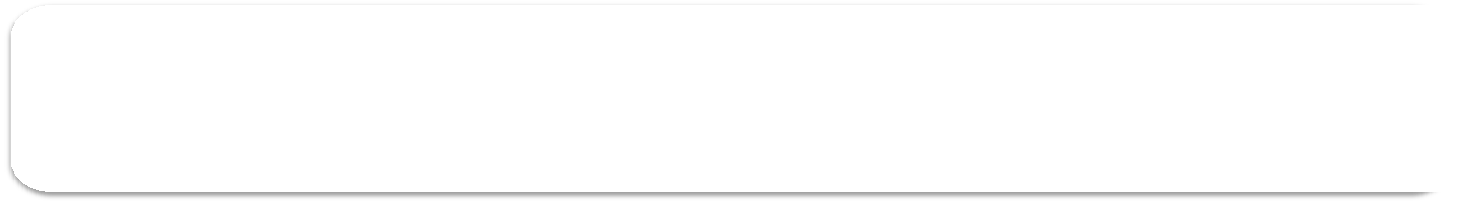
**SITUATION**

State your **name and unit**

I am calling about: **(Patient Name & Room Number)**

The **problem** I am calling about is:

**S**



**A**

BEFORE CALLING THE PHYSICIAN

* Assess the patient
* Review the chart for the appropriate physician to call
* Know the admitting diagnosis
* Read the most recent Progress Notes and the assessment from the nurse on prior shift.
* Have available when speaking with the physician: **Chart, Allergies, Meds, IV fluids, Lab/ Results**