Rapid Response
Code Blue

We Care
Rapid Response
Code Blue
Rapid Response-Facts

• Introduced in 1990 at Liverpool Hospital, Sydney, Australia – quickly spread world wide
• Designed to prevent in-hospital cardiopulmonary arrest
• Physiologic warning signs (instability) commonly proceed an impending cardiac arrest by several hours
When and Why Call A Rapid Response

• Any time a team member is worried about a patient’s condition is a good time to call!!!!
• Anyone may call a Rapid Response
Activation at JCMC

• Dial 6119
Rapid Response Team - JCMC

• Consists of Critical Care Nurses and Respiratory Therapists
• Available 24 hours a day, 7 days a week
• Utilized as a Consultant to “assist” with care of the patient
• Completes a Rapid Response Team Record for every Rapid Response Call (Rapid Response calls may NOT be cancelled!!)
• May institute standing orders during Rapid Response calls
Woodridge Hospital – Rapid Response Team

Activation of BHRRT:

– Dial 7979

– “Rapid response to (location)”
  “Rapid Response to (location)”
  “Rapid Response to (location)”

– Any team member may initiate a BHRRT if they have a concern about a patient’s condition

– BHRRT participants will respond to the location and provide support to the patient in crisis.
Woodridge -Behavioral Health
Rapid Response Team

Provide Early Intervention to Patients in Crisis.
– To identify those patients displaying behaviors that may indicate a crisis.
  • Pacing
  • Increased rate and volume of speech
  • Frustration or anger
  • Body language or threatening gestures
– To provide early interventions when the success of verbal de-escalation is greater.
  • Present calm, caring attitude
  • Don’t match threats
  • Acknowledge the person’s feelings “I know you are frustrated”
  • HELP Human Empowerment and Leadership Principles
    2 Day Intensive training required for all new BH team members focusing on verbal de-escalation techniques and physical interventions
– To assist the patient to feel supported and safe.
– To limit or eliminate the need for more restrictive interventions.
  • Code 6 Security Response
  • Seclusion
  • Restraint
– To prevent injury to patients and team members
– To provide excellent patient care
Code Blue.....

Do You Know What To Do???

• Call when a patient is pulseless, apneic, or has agonal respirations
• Push code blue button in patient room. Yell for help
• Start chest compressions IMMEDIATELY(within the first minute) after you determine patient is pulseless (spend no more than 10 seconds palpating for a pulse) Do not leave the patient!!
• Determine the exact time you activated the call and synchronize time with the code team recorder
• Be prepared to activate AED/Defibrillator within 2 minutes of identification of VF/pulseless VT if code team is delayed
Direct Patient Care Givers
(See Agenda For Clarification)

**Dismissed**

All Non-Clinical Team Members
- Surgical Tech
- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Respiratory Therapy
- Transporter
- Security Officer
- Diagnostic Imaging Staff
  - MRI Tech
  - X-Ray Tech
  - CT Tech

**REMAIN**
Restraints

Organizational Development
Facility Educator