



CRITICAL CARE RESPONSE TEAM (CCRT)

GUIDELINES

Last edit: December 2020

TABLE OF CONTENTS

Content	Pages
Definition	3
Purpose	3
Inclusion Criteria	3
Exclusion Criteria	3
Indications for calling CCRT	4
Team Composition	5
CCRT Roles	5
CCRT Responsibilities	5-7
Treatment Protocols	7
Documentation	7
Appendix 1-SBAR	8
Appendix 2-COVID Zone	9

Definition:

Rapid response systems are programs that are designed to improve the safety of hospitalized patients whose condition is deteriorating quickly. They are based on prospective identification of high-risk patients, early notification of a team of responders who have been preselected and trained, rapid intervention by the response team, and ongoing evaluation of the system's performance.

Rapid response systems are being utilized increasingly throughout the world, particularly in developed countries. In 2005, the Institute for Healthcare Improvement made implementation of rapid response systems a key part of the 100,000 Lives Campaign to improve the quality of care in hospitals and reduce mortality rates.

Purpose:

Hospitals traditionally provided a cardiac arrest team to care for patients on the brink of death. In many cases, patients outside the ICU deteriorate for many hours prior to their cardiac arrest, without access to critical care expertise or equipment. Patient deterioration goes unrecognized until severe signs of impending death are obvious. Even when deterioration is noted earlier, ward staff often experience delays in getting physicians to the bedside to abort the road to cardiac arrest.

The purpose of the CCRT is to support hospital personnel with early intervention for adult inpatients who demonstrate acute changes and/or are progressively deteriorating. The CCRT is not intended to replace/bypass regular communication with the patient's physician or to remove the role of the primary care provider.

The goal of the CCRT is to improve inpatient outcomes by providing a means for rapid and timely intervention for a declining patient.

Inclusion Criteria

Any patient aged 16yrs or greater who is registered as an inpatient at the Belleville General Site.

Exclusion Criteria

Any patient who is registered as an inpatient at the Belleville General Site
Patients 15yrs of age and under
Any patient registered at North Hastings, Picton or Trenton Hospital

Indications for calling CCRT for Consult

1. Any nurse may activate the CCRT when rapid assessment is deemed necessary for a deteriorating patient based on any of the following
 - a. A staff member is worried about the patient
 - b. Acute change in heart rate <50 or >130 beats per minute
 - c. Acute change in systolic blood pressure <90mmHg or >200mmHg
 - d. Acute change in respiratory <8 or >28 breaths per minute
 - e. Acute change in oxygen saturation <90% (<88% if COPD) or increasing O2 demands
 - f. Acute change in level of consciousness
 - g. Significant bleeding
 - h. Seizures
2. CCRT will remotely follow any patients admitted to the high risk Covid Zone (see appendix for process)
3. The role of CCRT is not to assume the responsibilities of the code blue team. If upon arrival the team determines that the patient is in imminent cardiopulmonary failure, they are to call a code blue.

Activation of CCRT

1. Activate CCRT by dialing 5999 and as for the CCRT to be paged to the specific inpatient unit and room number
2. Switchboard will treat the activation as an emergency page
3. A page will be sent out the CCRT
4. Information sent out in the page to include
 - a. CCRT
 - b. Unit name
 - c. Room number
5. Primary nurse to complete SBAR form consulting CCRT (see appendix)

Team Composition

Team members will include but are not limited to:

1. Critical Care Registered Nurse with
 - a. Current ACLS and BLS certification
 - b. Certified in the ICU medical directives (Pacer, Defibrillation/Life sustaining medications and CCRT medical directives at QHC)
 - c. Current ICU permanent staff member at BGH
2. Patient's primary nurse who is to remain with the patient to assist the CCRT and provide patient information
3. Registered Respiratory Therapist upon consultation
4. Intensivist assigned to CCRT upon discussion with the CCRT RN or consultation from the MRP
5. Inpatient unit staff who will provide support to the CCRT when needed

CCRT Roles

The CCRT has several key roles

1. The team assesses and stabilizes the patients' condition and organizes information to be communicated to the physician
2. The CCRT RN will utilize consults as an avenue to provide education and mentoring to ward staff
3. If circumstances warrant, the team assists with the patient transfer to a higher level of care.
4. The CCRT RN is responsible for follow up assessments for 48hrs for patients who were discharged from ICU and following CCRT consultation (including patients who were admitted to ICU but never received and bed and were transferred to medicine- (see appendix for process)

CCRT responsibilities

The **PRIMARY NURSE** will provide the following information to the CCRT:

1. Patient chart
2. Current medication administration record
3. Current vital signs
4. Code status
5. What promoted the call to CCRT
6. Interventions that were attempted and the results
7. Pertinent medical history
8. Other pertinent information regarding labs and diagnostic tests

NURSE (Primary or CCRT)

1. IV placement
2. Bloodwork/diagnostics
3. Attach patient to defibrillator monitor
4. Fluid and medication administration as indicated

REGISTERED RESPIRATORY THERAPIST (RRT) will:

1. Perform a comprehensive respiratory assessment
2. Initiate appropriate medical directives based on assessment
3. Provide ventilation and oxygenation, airway management and blood gas interpretation
4. Assist in transfer of patient to a higher level of care if required and give report to ICU RRT if required

PHYSICIAN (MRP) will:

1. Be available for consultation with the CCRT when needed
2. Complete assessments and interventions for patients as they see fit
3. When appropriate, facilitate timely consultations and transfers to ICU (in consultation with the intensivist)
4. Reduce or mitigate avoidable or inappropriate ICU admissions

CCRT RN will:

1. Respond in a timely manner to requests for help. If managing multiple calls, place a phone call to the units in order to triage.
2. Perform a comprehensive patient assessment (including vital signs, blood glucose, cardiac rate and rhythm, fluid status, pain, anxiety, recent medication history, recent surgical history, lab values and diagnostic test results)
3. Initiate appropriate medical directives based on assessments
4. Make recommendations for interventions to the patients MRP
5. Assist the bedside nurse with obtaining and implementing orders
6. Support the ward staff by providing education regarding patient condition, diagnosis and treatment
7. Review the patient with the ICU MD responsible for CCRT (Intensivist #2)
8. Assist in transfer of patient to a higher level of care if required and give report using SBAR reporting method
9. Update CCIS on an ongoing basis
10. Complete bullet rounds with the CCRT MD to review follow up patients
11. Attend huddles if possible, to discuss CCRT (educational opportunity)
12. Collaborate frequently with the ICU PCL/TL to discuss any patients CCRT is worried about
13. Assist in the ICU as required, including break coverage with the understanding that a CCRT consult takes priority and break coverage will be reassigned
14. Assist with blood draws, IV starts and procedures if requested and only as time permits. It is the expectation that seasoned/expert team members of the requesting unit and other units in the hospital (including PCL's) are utilized before calling CCRT for assistance.

The **CCRT RN** will **NOT** be expected to:

1. Attend code stroke or code blue as primary RN
2. Assume a primary ICU assignment except in exceptional circumstances and after consultation with the unit manager

The **CCRT MD (Intensivist #2)** will:

1. Review the patient and provide consultation following CCRT RN assessment
2. See urgent consults promptly
3. Make a decision regarding further management and potential need for transfer in collaboration with the MRP
4. Perform bullet rounds with the CCRT RN to review all CCRT on their follow up list (ICU discharges and CCRT consultation follow-ups)

Treatment Protocols

Dependent upon the patient's needs and in the absence of a physician, the members of the CCRT may initiate CCRT approved medical directives for assessment and/or initial management. See Critical Care Response Team Diagnostics and Therapeutics

Documentation

The Primary nurse is responsible for documenting in the patient's electronic record, the events/assessments which led to the CCRT consult

CCRT RN will document the intervention N-CCRT

Medical Directives implemented must be documented in the patient's chart by signing the appropriate medical directive and placing it in the MD order section

Medications administered to the patient must also be documented on the computerized medication administration record (CMAR)

Appendix 1. SBAR Tool

SBAR REPORT for CCRT Consult
 *CONTACT CCRT by calling extension **5999**

<p style="font-size: 48pt; font-weight: bold;">S</p> <p style="font-weight: bold;">SITUATION</p>	Patient name: _____. Code status: _____. Problem being called about: _____. Vital signs: NIBP ____/____, Pulse ____ bpm, Respirations ____, temperature ____, and SpO2 ____. Primary concern: _____ _____
<p style="font-size: 48pt; font-weight: bold;">B</p> <p style="font-weight: bold;">BACKGROUND</p>	The patient's mental status is: _____. The skin is (diaphoretic, mottled, hot ...): _____. The patient is or isn't on oxygen or increased oxygen demand: _____. Other information: _____ _____
<p style="font-size: 48pt; font-weight: bold;">A</p> <p style="font-weight: bold;">ASSESSMENT</p>	This is what I think the problem is: _____. The problem seems to be: cardiac, respiratory, neurologic, hypotension, other (_____).
<p style="font-size: 48pt; font-weight: bold;">R</p> <p style="font-weight: bold;">RECOMMENDATION</p>	I suggest or request: _____. CCRT medical directive: _____. Tests needed: _____. How often do you want vital signs? _____. When would you want us to call you again? _____

Appendix 2

Process for remotely following the COVID Zone patients presently located Q518-534
Goal is to keep the lines of communication open between ICU and Q5 regarding COVID patient condition

1. Patients are not routinely assessed by CCRT or CCRT MD unless officially consulted
2. Patients are not added to CCIS unless consulted
3. CCRT will check in with COVID zone nurse throughout the day in person or via telephone
4. COVID zone nurse will inform CCRT of any patients on greater than 5L/min FiO₂ or increasing O₂ demands