

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

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Diagnosis: _____

Allergies with reaction type: _____

SO Rapid Response

Version 4: [4/18/2019]

General response to deterioration in patient condition

- Activate Rapid Response Team
- Vital signs stat
- Cardiac monitor place patient on crash cart monitor and run a baseline rhythm strip if time allows
- Pulse oximetry continuous
- Glucose, blood, point-of-care measurement as needed signs and symptoms of hypoglycemia or change in level of consciousness
- Blood gas, arterial (east campus) or CG8+ (west campus) stat as needed for rapid obtainment of results for electrolytes (potassium or sodium) or hemoglobin and hematocrit (CG8+ only) results.
- Oxygen administration Nasal Cannula at 2 Lpm as needed for oxygen saturation less than 90% and titrate to maintain oxygen saturation greater than 90%
- Peripheral venous cannula insertion/management if not already in place
- Notify provider**

Response to unilateral weakness or S/S of Stroke (East Only)

- Activate this standing order IF the patient has a positive BEFAST or Unilateral Numbness with symptoms less than 24 hours
 - **Balance** – Sudden loss of balance or difficulty walking
 - **Eyes** – Check for visual field loss in one or both eyes or a sudden severe headache with no known cause
 - **Face** – Look for an uneven smile, Sudden numbness or weakness of the face
 - **Arm** – Sudden numbness or weakness of the arm or leg
 - **Speech** – Sudden trouble speaking or understanding others
 - **Time** – Begin triage right away
- Document time when last neurologically normal
- Perform National Institute of Health Stroke Score (NIHSS) and record score
 - **DO NOT DELAY CT Scan** or Teleneuro Consult to obtain NIHSS assessment
- Activate Tele neurology by calling Dispatch at 4421, request robot to ED CT scan
- RRT nurse to accompany to CT
- Report given to Tele neurology to include:
 - Time last known well
 - Previous history of stroke
 - Blood thinners and pertinent labs
 - Current vital signs
 - Reason for current hospitalization
 - Report any trauma, falls, or surgery within last month
- NPO
- Consult Speech Therapy
- DO NOT DELAY CT scan** to obtain ECG or Chest X ray

Radiology and Diagnostic Test

- CT Head INPT Stroke-Rapid Response Only (CT Head Stroke/Rapid Response) (CT)
 - Stat
- ECG; reason: Acute neurological symptoms
 - Stat

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Response to acute respiratory distress

- Sudden onset of increased respiratory rate greater than or equal to 24 breaths/minute, wheezing, stridor, rales, dyspnea, decreased SpO2 and/or patient complaint of shortness of breath
- Radiograph, chest, 1 view portable stat if needed for suspected pneumothorax, hemothorax or other chest abnormality
- 12-lead ECG stat Reason for exam: respiratory distress
- Blood gas, arterial (east) or CG8+ (west) stat
- albuterol 2.5 mg/3 mL (0.083 %) solution for nebulization (VENTOLIN) 2.5 milligrams by nebulizer once as needed for respiratory distress May repeat x1
- Bilevel positive airway pressure (BIPAP) as needed for worsening of respiratory distress, RT to optimize settings

Response to sudden onset chest pain

- 12-lead ECG stat obtain prior to nitroglycerin administration; Reason for exam: Chest pain
- nitroglycerin 0.4 mg sublingual tablet (NITROSTAT) 1 tablet sublingually as needed for chest pain May repeat every 5 minutes with MAX of 3 doses for a single chest pain episode within one hour; Hold for systolic blood pressure less than 90 mmHg

If allergic to morphine, select fentaNYL

- morphine 2 milligrams intravenously every 5 minutes as needed for chest pain not relieved by nitroglycerin (give up to MAX of 10 milligram for a single chest pain episode within one hour)
- fentaNYL citrate 25 micrograms intravenously every 5 minutes as needed for chest pain not relieved by nitroglycerin (give up to MAX of 100 micrograms for a single chest pain episode within one hour)

Response to symptomatic bradycardia

- Symptomatic bradycardia: heart rate less than 60 beats/minute with signs or symptoms of poor perfusion [SPB less than or equal to 90 mmHg with signs of poor perfusion such as change in level of consciousness, acute altered mental status, nausea/vomiting, dizziness, light-headedness, diaphoresis, decreased SpO2, tachypnea, and/or decreased urine output (less than 0.5 milliliters/kilogram/hour)]
- 12-lead ECG stat
- Blood gas, arterial (east) or CG8+ (west) stat
- atropine 0.5 milligrams intravenous push once May repeat every 3-5 minutes to MAX 3 milligrams
- Apply transcutaneous pacemaker if bradycardia continues

Response to ventricular tachycardia with pulse

- 12-lead ECG stat
- Blood gas, arterial (east) or CG8+ (west) stat
- Potassium level, serum stat
- Magnesium (Mg) level, serum stat

Asymptomatic

- Vagal maneuver if no contraindications and QRS is less than 0.12 seconds

Symptomatic

- Symptomatic tachycardia: heart rate greater than or equal to 150 beats/minute with hypotension (SPB less than or equal to 90 mmHg), altered mental status, signs/symptoms of shock (poor perfusion, decreased SpO2, tachypnea, and/or decreased urine output (less than 0.5 milliliters/kilogram/hour), ischemic chest discomfort and/or signs and symptoms of acute heart failure: **Initiate Code Blue**

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Response to symptomatic hypotension

- SPB less than or equal to 90 mmHg with signs of poor perfusion such as change in level of consciousness, acute altered mental status, nausea/vomiting, dizziness, light-headedness, diaphoresis, decreased SpO₂, tachypnea, and/or decreased urine output (less than 0.5 milliliters/kilogram/hour)
- Lower head of bed if position tolerated by patient
- Sodium Chloride 0.9% IV 250 milliliters continuous intravenous infusion BOLUS over 15 minutes (DO NOT GIVE IF PATIENT HAS HEART FAILURE)
- Hemoglobin and hematocrit stat as needed for suspected bleeding
- CLOT TO HOLD stat if able to obtain while drawing hemoglobin and hematocrit

Response to suspected opiate related respiratory depression

- Decreased respiratory rate (less than 8 breaths/minute) or decreased respiratory depth with signs of over sedation such as decreased SpO₂, pinpoint pupils, excessive somnolence or becoming unresponsive to physical or verbal stimuli in patients receiving opiate medications
- Communication order STOP PCA or IV opiate infusion immediately
- Blood gas, arterial (east) or CG8+ (west) stat

Unable to maintain airway

- naloxone (NARCAN) 0.4 mg/mL injection 0.4 milligram slow intravenous push as needed for respiratory rate less than 8 breaths/minute (subcutaneous or intramuscularly if no IV access). Repeat every 2 minutes (MAX 5 milligrams) until patient is responsive and able to maintain airway, respiratory rate is greater than 10 breaths/minute

Able to maintain airway

- naloxone (NARCAN) dilute 0.4 milligram in 9 milliliters normal saline (0.04 mg/mL) 0.04 milligram intravenous push as needed for respiratory rate less than 8 breaths/minute. Repeat every minute until patient is responsive to voice; respiratory rate is greater than 12 breaths/minute and undesired opiate effect is resolved

Response to suspected benzodiazepine related over-sedation

- For use in benzodiazepine over-sedation following general anesthesia or procedural sedation.
- Do not use in patients with chronic benzodiazepine use, patients on benzodiazepines to treat potentially life threatening conditions (status epilepticus, seizures, elevated ICP) or patients with significant cardiac history without provider authorization.
- Blood gas, arterial (east) or CG8+ (west) stat
- flumazenil (ROMAZICON) 0.2 milligram slow intravenous push over 15 seconds as needed for over-sedation; may repeat every minute for continued over-sedation. MAX cumulative dose: 1 milligram; In the event of re-sedation repeat doses may be given at 20-minute intervals at 1 milligram per minute to MAX of 1 milligram total dose and MAX of 3 milligrams in 1 hour.

Response to suspected severe allergic/anaphylactic reaction

- Sudden onset of sign/symptoms of allergic reaction with significant clinical effects such as urticaria, edema to lips and face, dyspnea, wheezes, stridor, diminished breath sounds and/or hypotension
- Communication order STOP all IV/epidural infusions and/or blood products immediately
- EPINEPHRINE 1 mg/mL (1:1,000) (1 mL) injection 0.3 milligram subcutaneously now
- diphenhydramine (BENADRYL) 50 mg/mL injection 25 milligrams intravenously or intramuscularly now
- hydrocortisone (SOLU-CORTEF) 200 milligrams intravenously once as needed for hypersensitivity reaction

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Response to symptomatic hypoglycemia

- Blood glucose less than 70 mg/dL and/or signs of altered mental status (confusion/irritability, slow to respond, semi-conscious or unconscious, seizure activity)

Hypoglycemia Protocol

- NOT Recommended for ages less than 18 year

Glucose Level 50 - 70 mg/dL (If able to swallow)

- dextrose 40% oral gel 15 gram orally once as needed for hypoglycemia (1 tube = 15 gram); Recheck blood glucose in 15 minutes, If less than 70 mg/dL, follow protocol again.

Glucose Level less than 50 mg/dl (If able to swallow)

- dextrose 40% oral gel 30 gram orally once as needed for hypoglycemia (2 tubes = 30 gram) Recheck blood glucose in 15 minutes, If less than 70 mg/dL, follow protocol again.

Glucose Level 50 - 70 mg/dL (If unable to swallow)

- dextrose 50% in water (D50W) 12.5 gram over 2-3 minutes intravenously once (25 milliliter = 12.5 gram) Recheck blood glucose in 15 minutes, If less than 70 mg/dL, follow protocol again.

Glucose Level less than 50 mg/dl (If unable to swallow)

- dextrose 50% in water (D50W) 25 gram intravenously once (50 milliliter = 25 gram) Recheck blood glucose in 15 minutes, If less than 70 mg/dL, follow protocol again.

Provider Signature: _____ Date: _____ Time: _____