

**Common Rapid Response
Team Interventions**

by Keith Varnes, RRT-NPS, RRT-ACCS, AE-C

This Presentation is Approved for
1 CRCE Credit Hour

No Financial Sponsors

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Learning Objectives

- Explain treatment options for common medical emergencies encountered by Rapid Response Teams.

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History

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1990s

- > Australia
- > United Kingdom
- > Pittsburgh, PA

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Common MET Criteria

- > Heart rate over 140/min or less than 40/min
- > Respiratory rate over 28/min or less than 8/min
- > Systolic blood pressure greater than 180 mmHg or less than 90 mmHg
- > Oxygen saturation less than 90% despite supplementation
- > Acute change in mental status
- > Urine output less than 50 cc over 4 hours
- > Staff member has significant concern about the patient's condition

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Additional MET Criteria

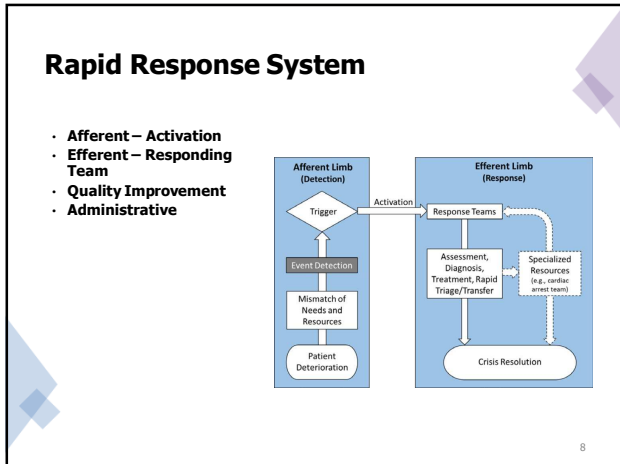
- > Chest pain unrelieved by nitroglycerin
- > Threatened airway
- > Seizure
- > Uncontrolled pain

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NEWS

National Early Warning Score (NEWS)							
PHYSIOLOGICAL PARAMETERS	3	2	1	0	1	2	3
Respiration Rate	≤8		9-11	12-20		21-24	≥25
Oxygen Saturations	≤91	92-93	94-95	≥96			
Any Supplemental Oxygen		Yes		No			
Temperature	≤35.0		35.1-36.0	36.1-38.0	38.1-39.0	≥39.1	
Systolic BP	≤90	91-100	101-110	111-219			≥220
Heart Rate	≤40		41-50	51-90	91-110	111-130	≥131
Level of Consciousness				A			V, P, or U

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Common Medical Emergencies

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Respiratory Distress

- Increased respiratory rate
- Increased WOB
- Desaturation

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Respiratory Distress

- Check SAT/ABG
- Stimulate
- Reposition/Open Airway
- Ventilate
- Oxygenate
- Reversing Agents
- Intubate

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Respiratory Distress – Non-Functional Airway

- Foreign body aspiration
- Angioedema
- Bleeding
- Stridor/Anaphylactic Shock

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Respiratory Distress – Other Causes for Low Saturation

- Pulmonary Embolism
- Shunting

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Respiratory Distress – Low Hemoglobin

- Bleeding
- Hemolysis (destruction)
- Coagulation
- Hemoglobin Abnormalities

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Respiratory Distress – Low Cardiac Output

- Acidosis
- M.I.
- Decreased contractility
- Medications
- Low volume
- Increased intrathoracic pressure
- Bradycardia
- Hyperthermia

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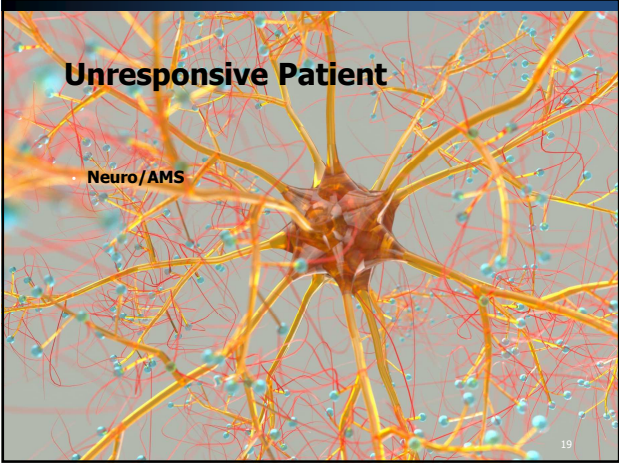
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Respiratory Distress – Low Systemic Vascular Resistance

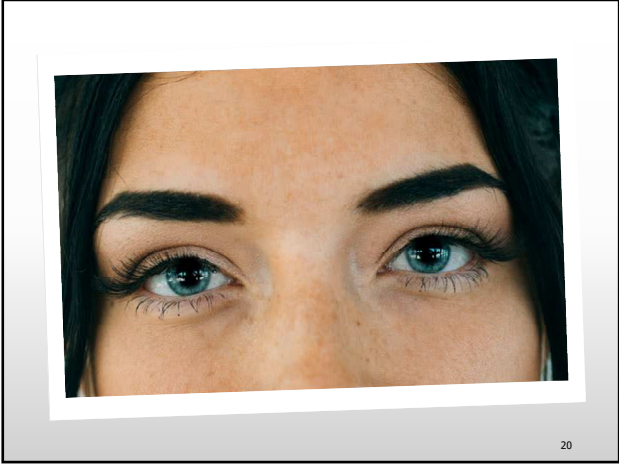
- Sepsis
- Pancreatitis
- Liver Disease
- Medications

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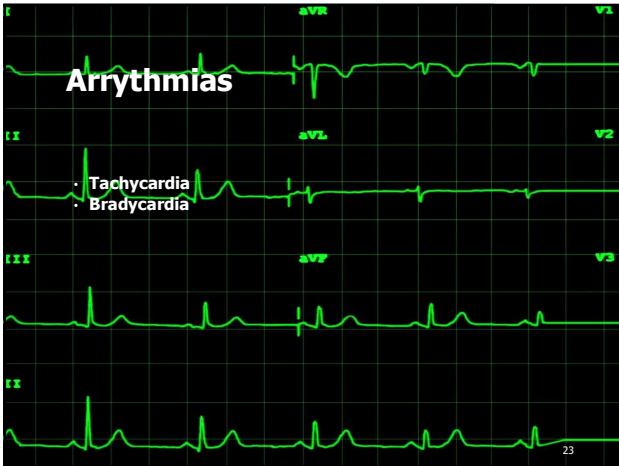
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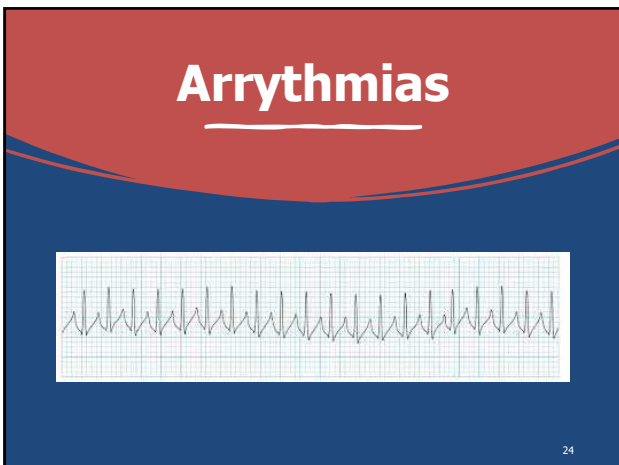
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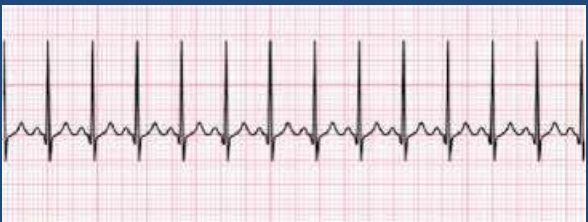
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Arrhythmias




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Arrhythmias



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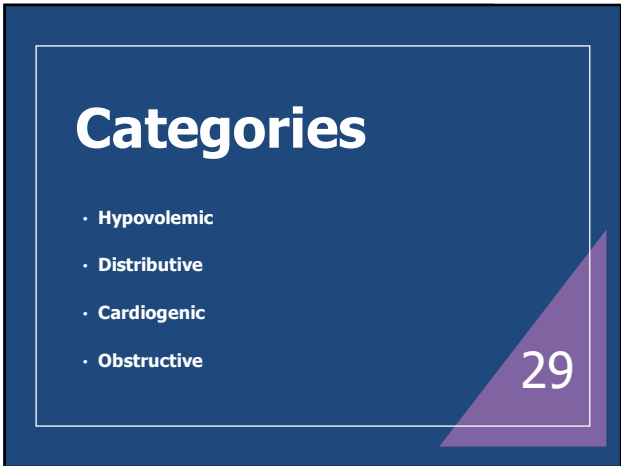
Arrhythmias



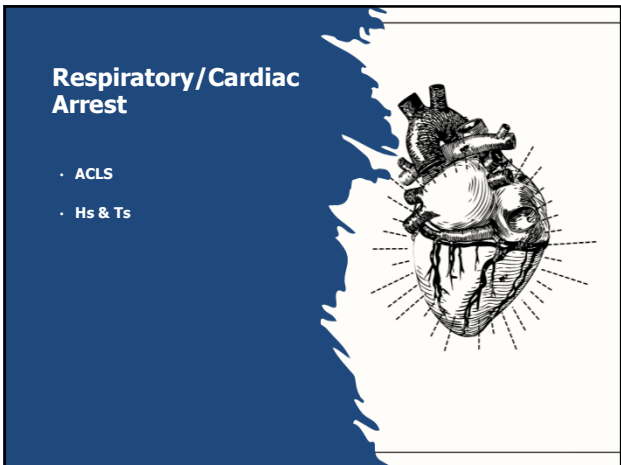
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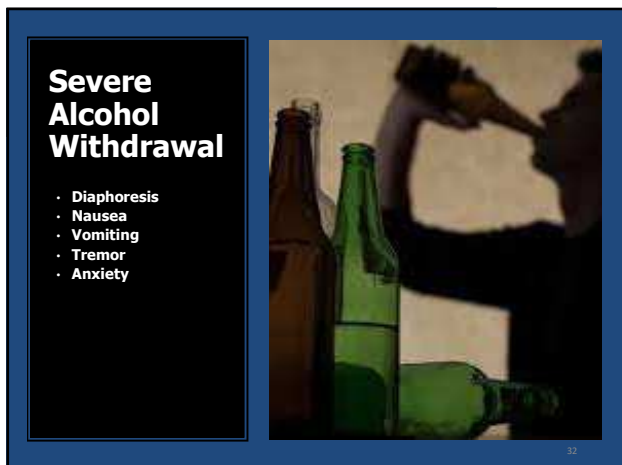


Acute Agitation

- Unknown cause
- Ethanol intoxication
- Medication intoxication
- Psychiatric disorders

The slide features a background of various colorful pills in shades of blue, red, yellow, and white.

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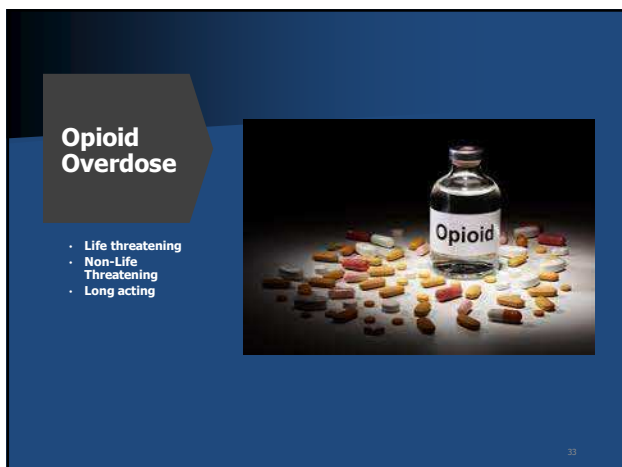


Severe Alcohol Withdrawal

- Diaphoresis
- Nausea
- Vomiting
- Tremor
- Anxiety

The slide includes an image of several alcohol bottles and a person drinking from a bottle.

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Opioid Overdose

- Life threatening
- Non-Life Threatening
- Long acting

The slide features an image of a bottle labeled 'Opioid' surrounded by various pills.

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Hypertensive Emergency

- > Ischemic Stroke
- > Hemorrhagic Stroke
- > Head Trauma
- > Encephalopathy
- > Acute Heart Failure
- > ACS
- > Acute Aortic Dissection
- > Pregnancy

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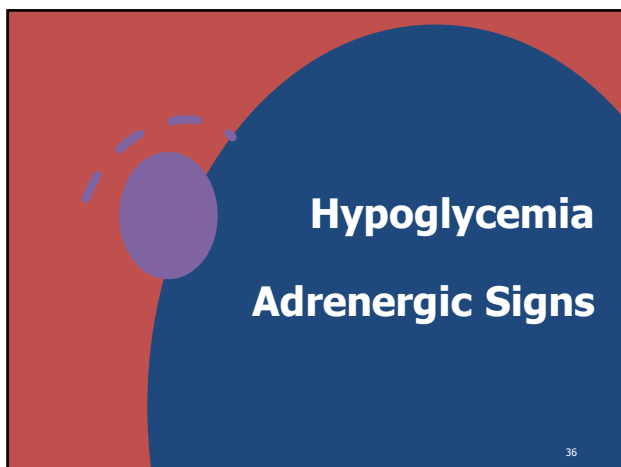
Hypoglycemia



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Hypoglycemia Adrenergic Signs



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Hypoglycemia

CNS Signs

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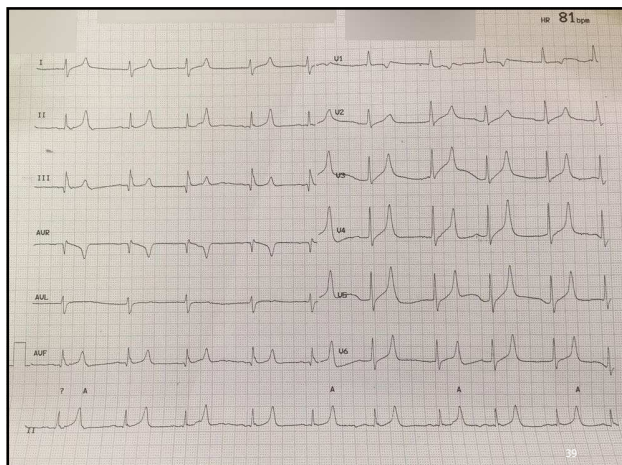
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Hyperkalemia

- $K^+ > 7 \text{ mEq/L}$
- Flattened P waves
- Widened QRS
- Peaked T waves
- Muscle weakness
- Paralysis

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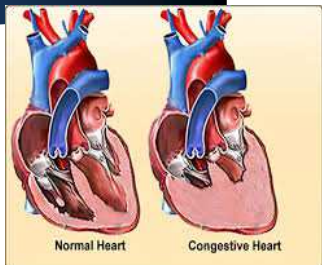
Hyperkalemia

- IV Calcium
- Insulin
- Dextrose
- Hemodialysis

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Acute Decompensated Heart Failure



Normal Heart Congestive Heart

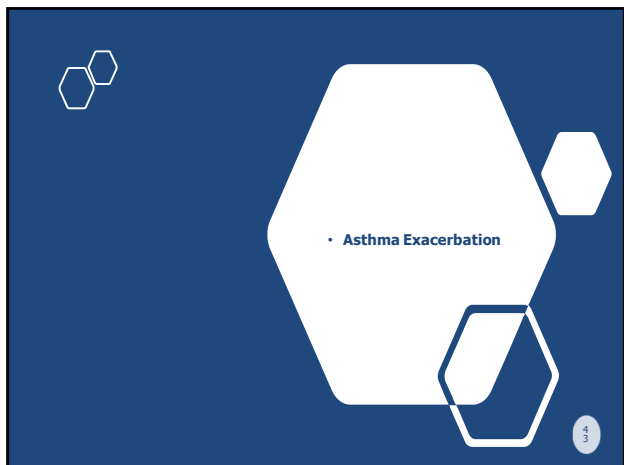
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• AFIB with RVR

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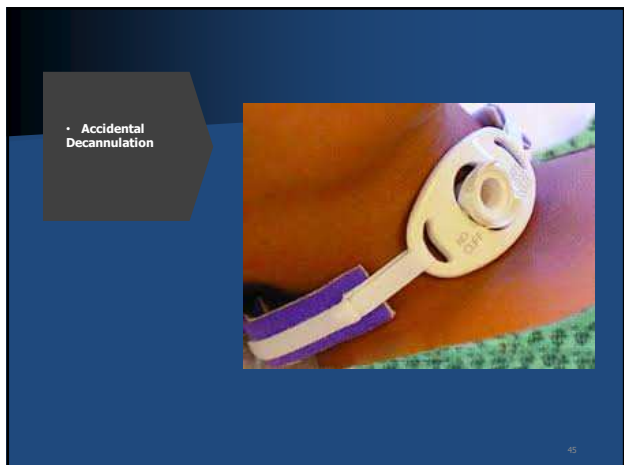
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• Life Threatening Hemoptysis



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Acute Ischemic Stroke



NORMAL ARTERY ATHEROSCLEROSIS AND BLOOD CLOT

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Summary & Review



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References

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