
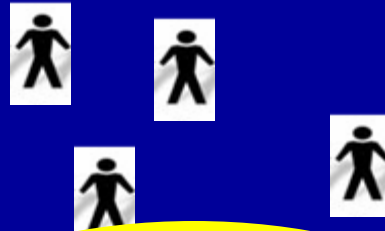
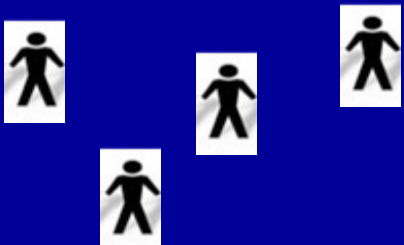





✓ Triggers: Rapid Response

Pat Folcarellí, RN, PhD

# In-hospital mortality

		Advance directives	
		Comfort measures only	Aggressive, invasive care
Patient location	Intensive care unit		
	General ward		

A yellow oval highlights the 'General ward' row under the 'Aggressive, invasive care' column.

Routine patient care and observation

No clinical  
Trigger occurs

Clinical Trigger occurs with the *new* development of:

- Marked nursing concern about the patient's condition
- Heart rate <40 or >130
- Systolic blood pressure < 90
- Respiratory rate <8 or >30
- SaO<sub>2</sub> < 90% with oxygen therapy
- Application of a non - rebreather
- Urine output < 50 cc in 4 hours
- Acute change in conscious state

*(from Bellomo et al Crit Care Med 2004)*

In-person evaluation by  
patient's intern

On-duty senior  
nurse

Multidisciplinary  
documentation

Mandatory review with  
supervising resident

Verbal notification of  
attending

Inpatient Dashboard

Provider Order Entry

Main Menu

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Patient Profile

[Discharge Planning Display](#)  
Name: PIGGY,MISS  
DOB: 01/01/1954  
MRN: 1068747  
Sex/Age: F 51  
Admit Date: 09/10/04

PCP: TING, ANDREW J. 978-768-9004  
Attending MD: PARKER, RICHARD A.  
Referring Physician:  
**Resident:**  
**Intern:**  
[BIDMC Paging Directory](#)  
Team/Service: MED

Admitting DX: TEST ED TO ADMIT  
Heart Failure Diagnosis 11/09/2004

Allergies: Mercury / Aspirin / Bee Pollen / Vancomycin / Benadryl / Acyclovir / Viagra / Penicillins

Height: 65 in. 11/23/2004  
Weight: 68.04 kgs. (150.00 lbs) 11/09/2004

Precautions:

Code Status: Do not resuscitate (DNR/DNI)

IV Access:

Type	# of Ports	Date Inserted	Location
Port	2	06/01/1990	r chest

**Triggers Multidisciplinary Event Note**

**Nursing Record**

**Clinical Trigger(s)**

Heart Rate <40 or >130

Systolic Blood Pressure < 90

Respiratory Rate <8 or > 30

SaO2 < 90% in spite of oxygen

Urine output <50 cc in 4 hours

Acute change in conscious state

Marked nursing concern

**Vital Signs**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

HR: \_\_\_\_\_

BP: \_\_\_\_\_

RR: \_\_\_\_\_

Temp: \_\_\_\_\_

SaO2: \_\_\_\_\_

non \_\_\_\_\_

UOP: \_\_\_\_\_

**Brief R.N. Note:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name(Printed: ) \_\_\_\_\_ Sig \_\_\_\_\_

**Physician Record**

Initial Assessment \_\_\_\_\_

Time of Note: \_\_\_\_\_

**Chief Complaint:**

**Focused History, Physical and Additional**

**Triggers Multidisciplinary Event Note**  
(continued)

Name \_\_\_\_\_  
MRN: \_\_\_\_\_  
Room: CC7A-0703-02

Allergies on 04/15/06 @ 2148 - Patient recorded as having No Known Allergies to Drugs

**Active Medication List on 04/15/06 @ 2148**

1. Sodium Chloride 0.9% Flush 3 ml IV DAILY:PRN Peripheral IV - Inspect site every shift	2. Levothyroxine Sodium 100 mcg PO DAILY
3. Simvastatin 5 mg PO DAILY	4. Pantoprazole 40 mg PO Q24H
5. Metoprolol 25 mg PO BID hold for sbp <110, HR <60	6. Ipratropium Bromide Neb 1 NEB IH Q6H
7. Dorzolamide 2% Ophth. Soln. 1 DROP OU BID	8. Doxazosin 4 mg PO HS
9. Senna 1 TAB PO BID	10. Docusate Sodium 100 mg PO BID
11. Acetaminophen 325-650 mg PO Q4-6H:PRN	12. Glycerin Supps 1 SUPP PR PRN constipation
13. Cetylpyridinium Chl (Cepacol) 1 LOZ PO PRN	14. Heparin 5000 UNIT SC TID
15. Cefazidime 2 gm IV Q8H	16. Guaifenesin 5-10 ml PO Q6H
17. Benzonatate 100 mg PO TID	18. Ciprofloxacin 400 mg IV Q12H
19. Aspirin EC 81 mg PO DAILY	20. Ipratropium Bromide Neb 1 NEB IH ONCE Duration: 1 Doses
21. Ipratropium Bromide Neb 1 NEB IH Q2-4H:PRN	22. Potassium Chloride 40 mEq PO ONCE Duration: 1 Doses
23. Furosemide 40 mg IV ONCE Duration: 1 Doses	24. Vancomycin HCl 1000 mg IV Q 12H ID Approval will be required for this order in 45 hours.
25. IV access: Peripheral	

**Labs - last 24 hours on 04/15/06 @ 2148**

04/15/2008  
06:45a  $\frac{136}{3.6} \mid \frac{100}{28} \mid \frac{24}{1.0} \left\langle \begin{matrix} 98 \\ 98 \end{matrix} \right.$  AGap=12  
Ca: 7.6 Mg: 2.1 P: 3.1

$10.2 \left\langle \begin{matrix} 10.1 \\ 29.5 \end{matrix} \right. \left\langle \begin{matrix} 83 \\ 241 \end{matrix} \right.$

PT: 18.7 INR: 1.8

Comments: Note New Normal Range As Of 12:00am 1/25/06.;Abnormal Prothrombin Time (PT) Increased Due To:Laboratory Change To A More Sensitive Pt Reagent.;Inr Values Remain The Same. Monitor Warfarin Based On Inr Only!

04/15/2008  
12:20a  $\left\langle \begin{matrix} 30.8 \end{matrix} \right.$

04/15/2008  
12:19a

Color	Appear	SpecGr	pH	Urobil	Bili
Straw	Clear	1.010	6.5	Neg	Neg
<u>Leuk</u>	<u>Bld</u>	<u>Nitr</u>	<u>Prot</u>	<u>Glu</u>	<u>Ket</u>
Neg	Neg	Neg	Neg	Neg	Neg

Name: PIGGY,MISS  
MRN: 1068747  
Room: L&D

**Discussion with resident**  
discussed with supervising resident  
\_\_\_\_\_  
\_\_\_\_\_  
needed):  
\_\_\_\_\_  
**Physician Notification**  
discussing verbally notified  
\_\_\_\_\_  
needed):

**Change(s)**  
all that apply  
change in diagnostic tests or therapy  
change in  
diagnostic tests ordered  
therapy ordered  
consult initiated  
transfer to ICU, OR or another service  
change in code status  
h

Tr:

# Volume

- Through our collaboration with HBS, we have access to other hospital's calling rates:

“IHI standard”	10 calls / 100 beds / month
Hospital #1	5.6 calls/100 beds/month
Hospital #2	17 calls/100 beds/month
Hospital #3	16 calls/100 beds/month
BIDMC	19.6 calls/100 beds/month

# Non –DNR, Non –ICU Morality Rate

