

Title: Nursing Chain of Command for Deterioration of Patient Condition and/or Medical Follow-up		Procedure	
Patient Age Group:	<input type="checkbox"/> N/A	<input type="checkbox"/> All Ages	<input type="checkbox"/> Newborns
	<input checked="" type="checkbox"/> Pediatric	<input checked="" type="checkbox"/> Adult	

DESCRIPTION/OVERVIEW

This procedure provides patient care staff guidance for ensuring effective communication and patient care, when the usual chain is disrupted due to unusual circumstance.

Three algorithms are discussed in this document:

- Chain of Command which provides nursing with the direction to move up the chain as patient care warrants (Attachment A);
- Deterioration in Patient Condition which provides nursing with the direction to escalate medical support (Attachment B) and seek immediate in-house medical back-up;
- Activation of the Rapid Response Team when a patient condition changes or is suspected of changing, and the medical support is not immediately available (Attachment C).

REFERENCES

- Preparation of this document was completed by review of documents from the following University Hospital Consortium (UHC) members:
- North Carolina Baptist Hospital, 11/2005, Nursing Leadership.
- Rush University Medical Center, 10/2005. Peter Butler, EVP.
- Syracuse University Medical Center, 8/2005: Patient Safety Committee.
- Vanderbilt University, 11/2005, Marilyn Dupree, CNO.
- Protecting 5 Million Lives from Harm Campaign, Institute for Health Care Improvement (IHI), 2007. www.ihc.org

AREAS OF RESPONSIBILITY

The registered nurse (RN) assigned to the patient or supervising the care of the patient is responsible for notification of and communication to the medical staff regarding significant changes or significant deterioration in the patient's condition, and for assuring that there is a physician response. The RN assigned to the patient or supervising the care of the patient is also responsible for documentation of the events, as well as the contacts and the results of chain of command notifications. In situations where emergent care is warranted and a physician response is delayed, the RN will activate the rapid response team.

PROCEDURE

Changes in the condition of the patient are determined by assessments utilizing parameters defined in clinical practice guidelines, physician orders, the patient's previous condition, and/or by patient safety factors.

1. The RN notifies the responsible physician utilizing appropriate channels and chain of command. Notify physicians in the following order unless otherwise indicated by physician order, by routine or service, or as indicated by the patient condition (Attachment A):
 - 1.1 House officer who is medically responsible for the care of the patient;
 - 1.2 Senior and/or Chief Resident and/or Fellow (if applicable)

- 1.3 Attending Physician
 - 1.4 Executive Medical Director
 - 1.5 Clinical Affairs On-call
 - 1.6 Some services have additional resources (example: the on-call doctor with the medicine service) and those are considered within the procedure.
2. For ongoing concerns with physician response, the RN must notify appropriate nursing leadership for support and/or to pursue unresolved issues (Attachment A): Weekday Dayshift: RN Supervisor, Unit Director, Executive Director, and Chief Nursing Officer. Nightshift/Weekend Dayshift: RN Supervisor, Administrative Supervisor, Administrator On-call.
 3. If there is no response and the situation warrants rapid intervention, call the Rapid Response Team for assistance.
 - 3.1. The RRT activates the Chain of Command if not already activated. For all RRT calls initiated due to acute patient instability, the administrative supervisor team member is required to contact the attending.
 - 3.2. Patients who are actively and rapidly deteriorating may be moved to an ICU bed immediately. Delays in moving patients will be avoided by immediate contact of the unit attending when consensus is not achieved with the ICU resident.
 4. Document in the medical record the date, time, and name of each physician notified, actions taken, and/or patient's response to treatment.
 5. When the ICU team responds, the team will contact their fellow or attending for any situation in which they believe the patient does not need a higher level of care. In situations where the required level of nursing care will exceed the unit resources, the administrator on-duty will use the chain of command to resolve the situation.
 6. The RN will perform an initial admission assessment that should be documented and serve as the baseline from which subsequent assessments should be compared in order to determine significant changes that warrant nursing intervention including notification of the physician.
 7. The RN is responsible for communicating patient status to the physician any changes in the patient's condition that may warrant treatment.
 8. The RN should use the unit standards of care, physician orders for patient parameters, or Rapid Response Team triggers for guidance as needed.
 9. Condition changes that warrant notification of a physician may include, (but are not limited to):
 - 9.1. Deterioration in level of consciousness
 - 9.2. Alteration in temperature
 - 9.3. Deterioration of vital signs
 - 9.4. Alteration in urine output
 - 9.5. Critical lab results
 - 9.6. Evidence of bleeding or infection
 - 9.7. Deteriorating cardiac rhythm
 - 9.8. Chest pain/shortness of breath
 - 9.9. Increased complaints of pain, despite medication
 - 9.10 Continued deterioration in patient condition despite interventions
 10. The RN should notify the physician if initial received orders and subsequent interventions do not resolve the patient condition.
 11. The physician is responsible for responding in a timely fashion and giving clear direction.
 12. If the RN has concerns with regard to the therapeutic interventions, these concerns should be shared with the physician, and then the next level of the physician and nursing chain of command.

15. Documentation essentials;

- 15.1 Significant changes in patient status are documented on the Patient Care Flowsheet, including the “who, what, where and when” of pertinent communications.
- 15.2 Rapid Response Team members also complete a Rapid Response Log.
- 15.3 A Cardiopulmonary Arrest Record (aka Dr. Heart form) is completed for patients in cardiac arrest.

*If you feel that the physician interventions are insufficient to meet the needs of the patient continue to use the Nursing and Physician Chains to ensure the care provided is appropriate or if additional interventions are warranted.

Unit Area Specifics

All Behavioral Health Inpatient areas activate a medical response team to respond to deterioration in a patient’s medical condition. Significant changes in patient status are documented in the electronic medical record and the medical emergency response form. Such documentation includes the “who, what, where and when” of pertinent communications, including if 911 was called and ambulance transfer to an emergency was necessary

DEFINITIONS:

Chain of Command: the progressive escalation in seniority rank of personnel on the medical and nursing leadership teams.

Dr. Heart: the hospital code alert system for a team that responds to assist patients in cardiopulmonary arrest.

Rapid Response Team: the multidisciplinary team (EMT-P, MD, RN, RCP, etc.) that responds to a staff call for assistance for a patient’s whose condition has deteriorated.

SUMMARY OF CHANGES:

New

RESOURCES/TRAINING:

Resource/Dept	Internet/Link
Clinical Education	http://hyper.unm.edu/unmhs_intranet/Education/CE_Page/CE_Staff.cfm
BATCAVE	See a number of course offerings: Intermediate Life Support, Advanced cardiac Life Support, Pediatric Advanced Life Support. Neonatal Resuscitation, Code Management, Airway Management Courses Procedural Sedation Courses

DOCUMENT APPROVAL & TRACKING

Item	Contact	Date	Approval
Owner	Nursing Leadership and Clinical Education		
Consultant(s)	Nursing Executive Council, Nursing Management Council, Nursing Staff Council Inpatient Leadership Team		
Committee(s)	Nursing Practice Council, Clinical Operations PP&G Committee		Y
Nursing Officer	Sheena Ferguson, CNO		Y
Medical Director/Officer	David Pitcher		Y
Official Approver	Sheena Ferguson, MSN, RN, CCRN		Y

Official Signature		
2nd Approver (Optional)		
Signature		
Effective Date	12/12/2008	
Origination Date	10/2008	
Issue Date	Clinical Operations Policy Coordinator	1/6/2008

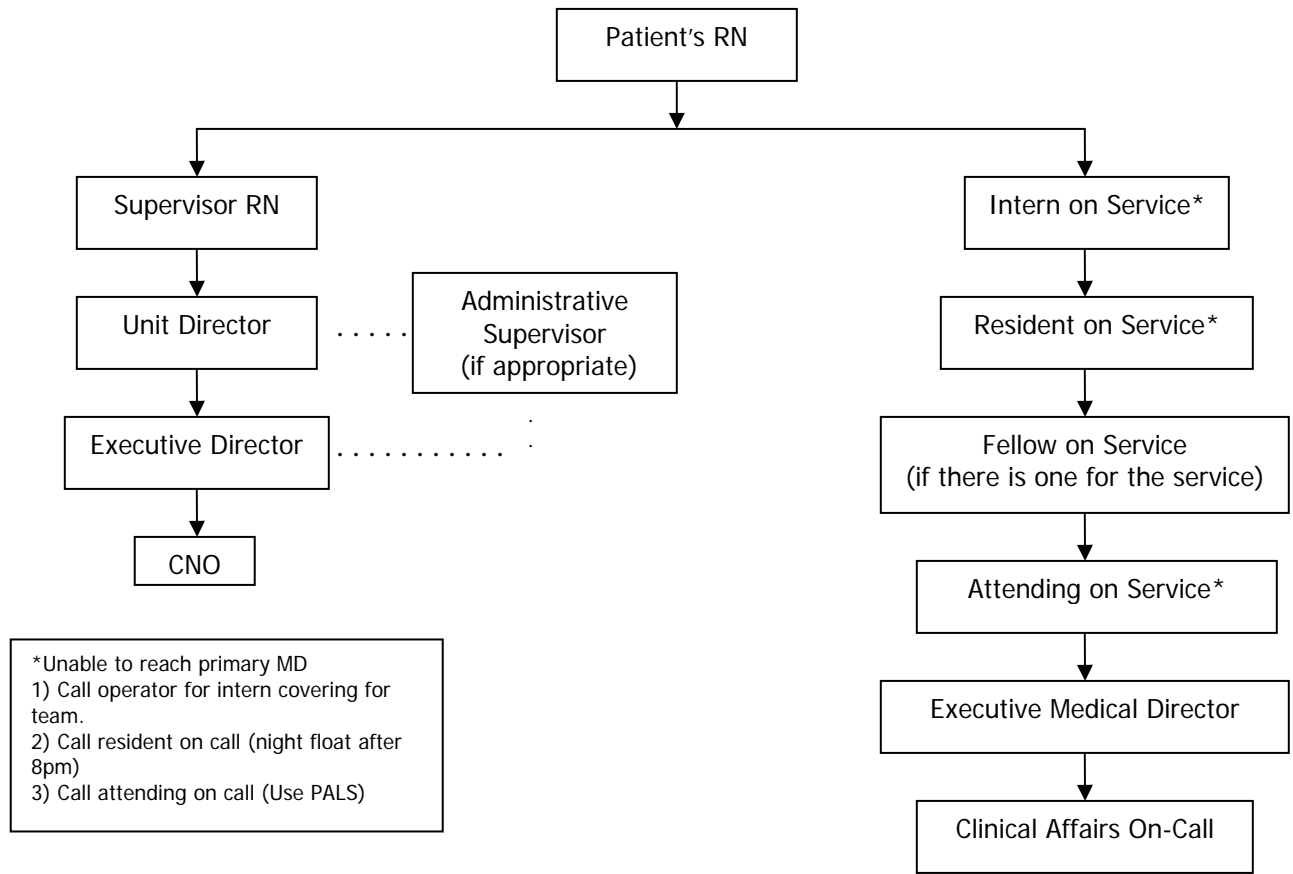
ATTACHMENTS

Attachment A; RN Chain of Command for Day and Night Shifts

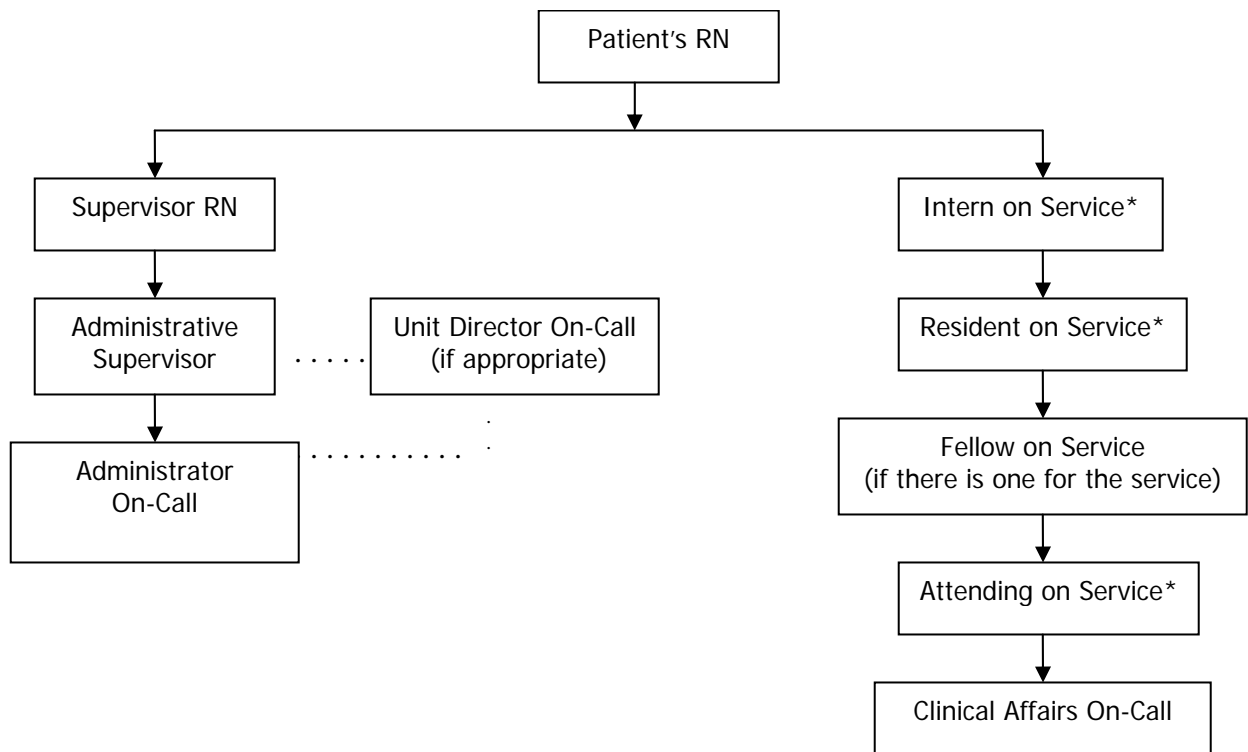
Attachment B; Algorithm for Deterioration of Patient Condition

Attachment C; Algorithm for Activation of the Rapid Response Team

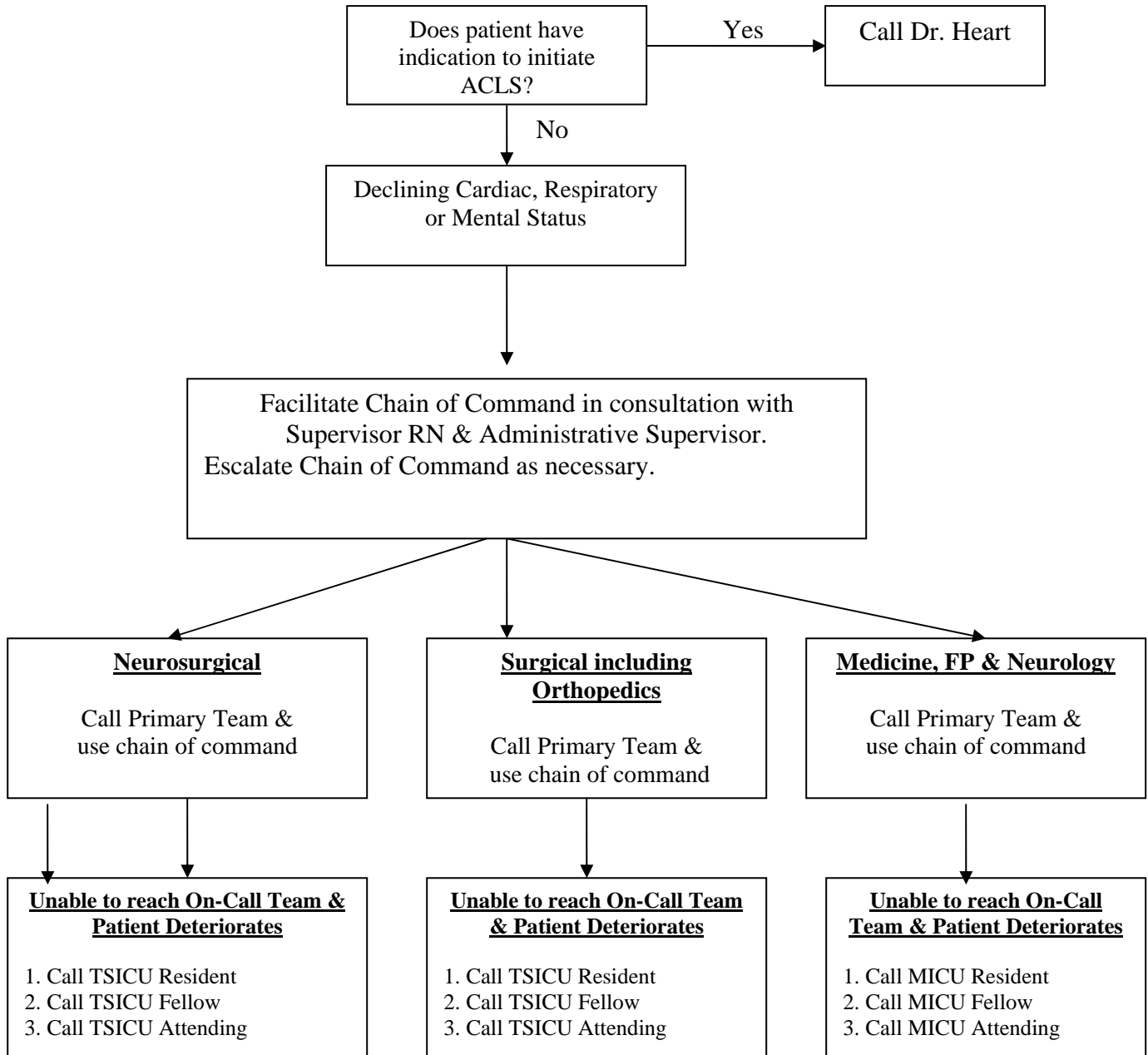
ATTACHMENT A: RN Chain of Command (DAYS)



RN Chain of Command (Nights/Weekends)



ATTACHMENT B: Algorithm for Deterioration of Patient Condition



Key:

TSICU-Trauma/Surgical Intensive Care Unit
 MICU-Medical Intensive Care Unit
 ACLS-Advanced Cardiac Life Support

ATTACHMENT C: ALGORITHM FOR ACTIVATION OF THE RAPID RESPONSE TEAM (RRT)

