

VETERANS AFFAIRS PALO ALTO HEALTH CARE SYSTEM
3801 Miranda Avenue
Palo Alto, CA 94304-1290

Effective Date: July 3, 2009

Issue Date: November 27, 2012

HEALTH CARE SYSTEM MEMORANDUM No. 11-12-62

SUBJECT: “e” Team! (RAPID RESPONSE EMERGENCY TEAM) AT THE PALO ALTO DIVISION FOR NON-CODE BLUE CLINICAL SITUATIONS

1. **SUMMARY:** Health Care System Memorandum (HSCM) No. 11-09-62, is rescinded. Changes have been made.
2. **PURPOSE:** To provide policy, procedural guidance, and responsibility for the activation of the “e” Team! in NON-CODE BLUE (non cardiac and/or respiratory arrests) clinical situations. The policy describes the team composition and criteria for activation of the Rapid Response Team (“e” Team!) at the Palo Alto Division.
3. **POLICY:** The goal of the “e” Team is to provide clinical assistance and Intensive Care Unit (ICU) consultation to any patient, at any location, where there is concern that the ambient level of resources (including personnel), is unable to meet a patient’s needs. Typically, the “e” Team is called for new episodes of deterioration, or non-response to existing therapy. The “e” Team is part of a system of care, Rapid Response System (RRS), which includes components of: (1) recognizing patient crises and obtaining help, (2) an interdisciplinary response team, (3) administration and governance activities, and (4) data analysis and quality improvement functions. Goals of the RRS are to match patient needs to appropriate levels of care, prevent organ failures, cardiac arrests, and preventable mortality. A separate code blue response exists for patients who are experiencing a cardiac arrest or estimated to be close to an arrest. The VA Palo Alto Health Care System (VAPAHCS) encourages the patient and family to seek assistance, when the patient’s condition worsens.
4. **PROCEDURES:**
 - a. Criteria mandating an “e” Team! page includes, but is not limited to those listed below. These criteria do not substitute for clinical judgment, and exceptions to these criteria may be indicated based on the individual patient treatment plan and goals of care.
 - (1) Airway: Respiratory Distress, or concern over airway patency (e.g., stridor, secretions, swelling).

(2) Breathing: Respiratory Rate >26 or <8 breaths/min, oxygen saturation <90% while on O₂; or difficulty speaking.

(3) Circulation: Changes from baseline of:

(a) Systolic BP <90 mm Hg for greater than 20 minutes.

(b) Pulse rate >110 bpm for greater than 20 minutes, or <40 bpm.

(c) Urine output <20 mL/hr for 2 hours in patients with an indwelling urinary drainage system; or less than 80 mL output in four hours for patients without an indwelling urinary drainage system.

(4) Neurologic: Unexplained decline in mental function, new agitation or delirium not responsive within one hour to treatment, repeated seizure or prolonged seizure greater than 5 minutes.

(5) Other: The criteria above are crude estimates for organ systems at risk, and are not to be thought of as thresholds for obtaining help. Any concern about the patient, uncontrolled pain, failure to respond to treatment, or inability to obtain prompt assistance when urgently needed should lead to an “e” *Team!* call.

b. The “e” *Team!* will respond to all inpatient wards at the Palo Alto Division, in Building 100 and Building 7, as well as the Emergency Department in Building 100 and the acute inpatient locked Psychiatric wards (Building 520). The team may be summoned to help in non-inpatient areas. For such calls outside of the “official area of operation,” the team should help as needed until transfer by gurney or ambulance to the Emergency Room can be arranged. The composition of the “e” *Team!* differs from the Code Blue team, but may have some overlapping members.

(1) During Monday-Friday day shift hours: First responders for the “e” *Team!* will include: the ICU Fellow and ICU Triage Attending, the Anesthesiology Chief Resident, an ICU nurse practitioner, the Intermediate ICU (IICU) RN, a Respiratory Therapist, and a Pharmacist. When a staff member calls the “e” *Team!*, the primary team is summoned and involved at the same time.

(2) After hours, weekends, and holidays: First responders for the “e” *Team!* will consist of: the ICU Fellow, if in-house (or ICU Resident or an ICU nurse practitioner), the in-house Anesthesia Resident, the IICU RN, Respiratory Therapy, the Medicine night float (after 10:00 p.m.), and a Pharmacist. The ICU Fellow will be called by the ICU Resident for all “e” *Team!* pages. The ICU attending on call will be notified regarding the status of the patient and make any further recommendations as required. The on call team is also summoned and notified that an “e” *team!* has been called.

(3) The roles of the team members are:

(a) The ICU Fellow will function as the Team Leader, consultant, and perform procedures. The ICU Fellow or ICU Attending stays with the patient and accompanies the patient during any subsequent transfer, if applicable. He/she can assign additional team members to assist with transport and monitoring if needed. The ICU resident or nurse practitioner can assume the fellow role if the latter is not on campus.

(b) The IICU RN will establish intravenous (IV) access, administer medications, and assist with interventions.

(c) The ICU Triage Attending will function as the supervisor and will assist with interventions. He/she will ensure completion of the “e” *Team!* progress note in GUI medication administration form, and conducts debriefings when appropriate.

(d) The Anesthesiology Chief Resident will manage the airway, assists with oxygenation and ventilation, and perform procedures.

(e) The Pharmacist will dispense medications, and record events on the Rapid Response “e” *Team!* Emergency Non-Code Blue Log.

(f) The Respiratory Therapist (on call) will manage the airway, assist oxygenation and ventilation, and administer treatments.

(g) The Medicine night float resident will assist with management and interventions, and may record events on the Rapid Response “e” *Team!* Emergency Non-Code Blue Log.

c. Initiating a Response: After dialing extension 65500, the caller must clearly identify the following:

(1) Type of clinical situation (requires Code Blue team or “e” *Team!*).

(2) For Code Blue situations refer to HCSM No. 11-12-35, Code Blue Cardiac Arrest Team Response for VA Palo Alto Health Care System, dated November 17, 2012, which defines the policy and procedures for responding to life-threatening events and medical emergencies at VAPAHCS.

(3) Location of the clinical situation to include: the building number, floor number, unit and ward number.

d. Staff who summon the “e” *Team!* will also contact the primary service caring for the patient. The primary service physician is expected to meet the “e” *Team!* at the patient bedside and provide consultation regarding patient history and clinical status.

e. The Telephone Operator will activate the “e” *Team!* pager by calling extension 66208, then 499, clearly noting the building number, floor number, and ward, and, as appropriate, the service area. Activation of the “e” *Team!* will be overhead paged only between 7:00 p.m. and 7:00 a.m., on weekends, holidays, and as needed when there are difficulties with the paging system.

f. We encourage the patient and family to seek assistance when the patient’s condition worsens.

(1) Upon admission to the inpatient acute areas covered by the “e” *Team!*, families will be given a brochure that explains the “e” *Team!* and their role in informing direct patient care nursing staff when they perceive a noticeable medical change in the patient has occurred.

(2) If after speaking with a member of the health care team, (i.e., nurses, physicians) and the family member continues to have serious concerns that a change in the patient’s condition has occurred and,

(a) They do not feel their concerns have been addressed; or

(b) They believe additional medical assistance is required to respond to this change, the family member is encouraged to ask the charge nurse of the acute inpatient ward to alert the Rapid Response “e” *Team!*

5. RESPONSIBILITIES:

a. The Chief of Staff will ensure processes are established and maintained for rapid response situations at VAPAHCS.

b. Service chiefs will ensure orientation to the “e” *Team!* process for clinical calling criteria and that orientation is provided to members assigned to the team.

c. The “e” *Team!* Resuscitation Committee establishes policies and procedures related to “e” *Team!* and code blue team operations.

d. Members of the “e” *Team!* will participate in service orientation for the “e” *Team!* roles and responsibilities.

e. Nursing Service will initiate the “e” *Team!* process based on the criteria defined in this HCSM, and will contact the primary service provider in addition to the “e” *Team!*

f. The Telephone Operator is responsible for testing the 65500 “e” *Team!* response line once daily.

g. The Cardiopulmonary Resuscitation (CPR) subcommittee will conduct a post response review for quality improvement purposes.

6. REFERENCES:

a. HCSM No. 11-12-35, Code Blue Cardiac Arrest Team Response For VA Palo Alto Health Care System, dated November 17, 2012.

b. Institute for Healthcare Improvement, "Rapid Response Teams: 100K Lives Saved Campaign," 2005.

c. **VA Palo Alto Resuscitation Website:**
<https://sites.google.com/site/vapacpr/home>.

7. RECISSION DATE: November 30, 2015.

8. RESPONSIBLE OFFICIALS: Chairman, CPR Committee and Chief, Specialty and Hospital Based Services, Nursing Service.

Elizabeth Joyce Freeman
Director