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Lessons Learned from a Family Medicine Resident-Led Rapid Response Team: A System-Based Reflection

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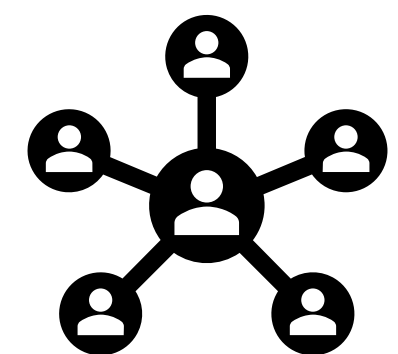


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Overview

This project describes the utility in family medicine resident-led RRTs via a case exemplifying the following:

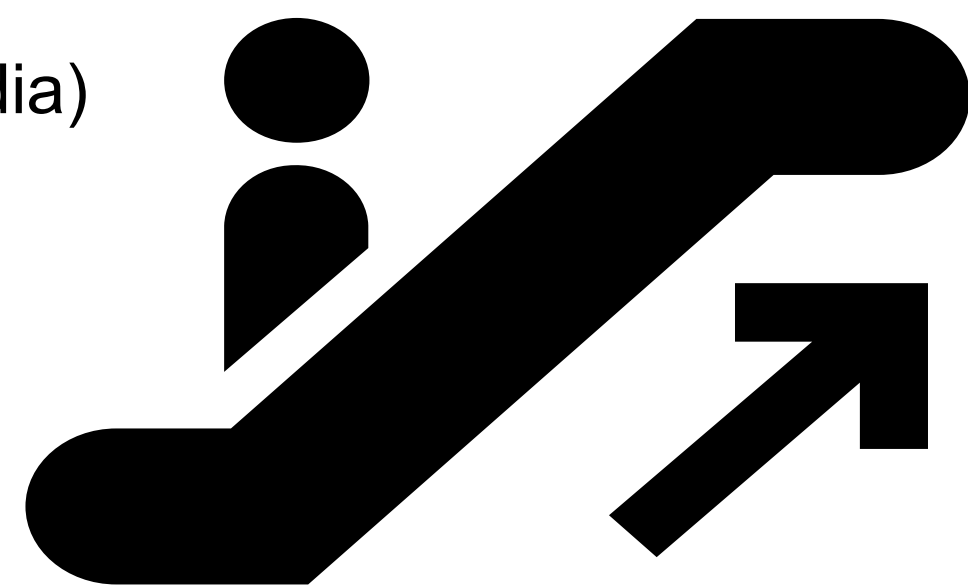
RRT Members:



- Family medicine resident intern and senior, respiratory therapy, primary nurse, critical care nursing, nursing supervisor, phlebotomy, during codes ICU team members
- Emergency medicine knowledge reviewed and implemented during RRTs enhancing educational experience related to patient stabilization
- Heightening the clinical diagnostic skills and decision making for residents
- Experience gained from unique patient care scenarios experienced during RRTs

Common RRTs

Hypotension
Altered mental status
Tachycardia (or bradycardia)
Hypoxia
Chest Pain
Seizure
Code Stroke
Sepsis Alert



Utility of RRTs:

- New team assessing a declining patient situation
- Early transfer to higher level of care
- Improved response time for decompensating patients
- Decrease hospital mortality and out-of-ICU codes¹

Patient Case

- Initial wide complex tachycardia RRT
- ACLS algorithm followed and pt started on amiodarone with agreement of cardiology
- Pt transferred to ICU, later deescalated
- RRT for Afib with RVR with hypoxia
- IV metoprolol given for rate control
- Lost pulses, cardiac arrest algorithm initiated
- ICU fellow led code blue
- POCUS utilized to discover cardiac tamponade
- Pericardiocentesis led to ROSC

H's

Hypovolemia
Hypothermia
Hydrogen Ion (acidosis)
Hypoxia
Hyper/hypokalemia
Hypoglycemia

T's

Toxins
Thrombosis (pulmonary)
Thrombosis (coronary)
Tension pneumothorax
Tamponade
Trauma

CPRIC



57%

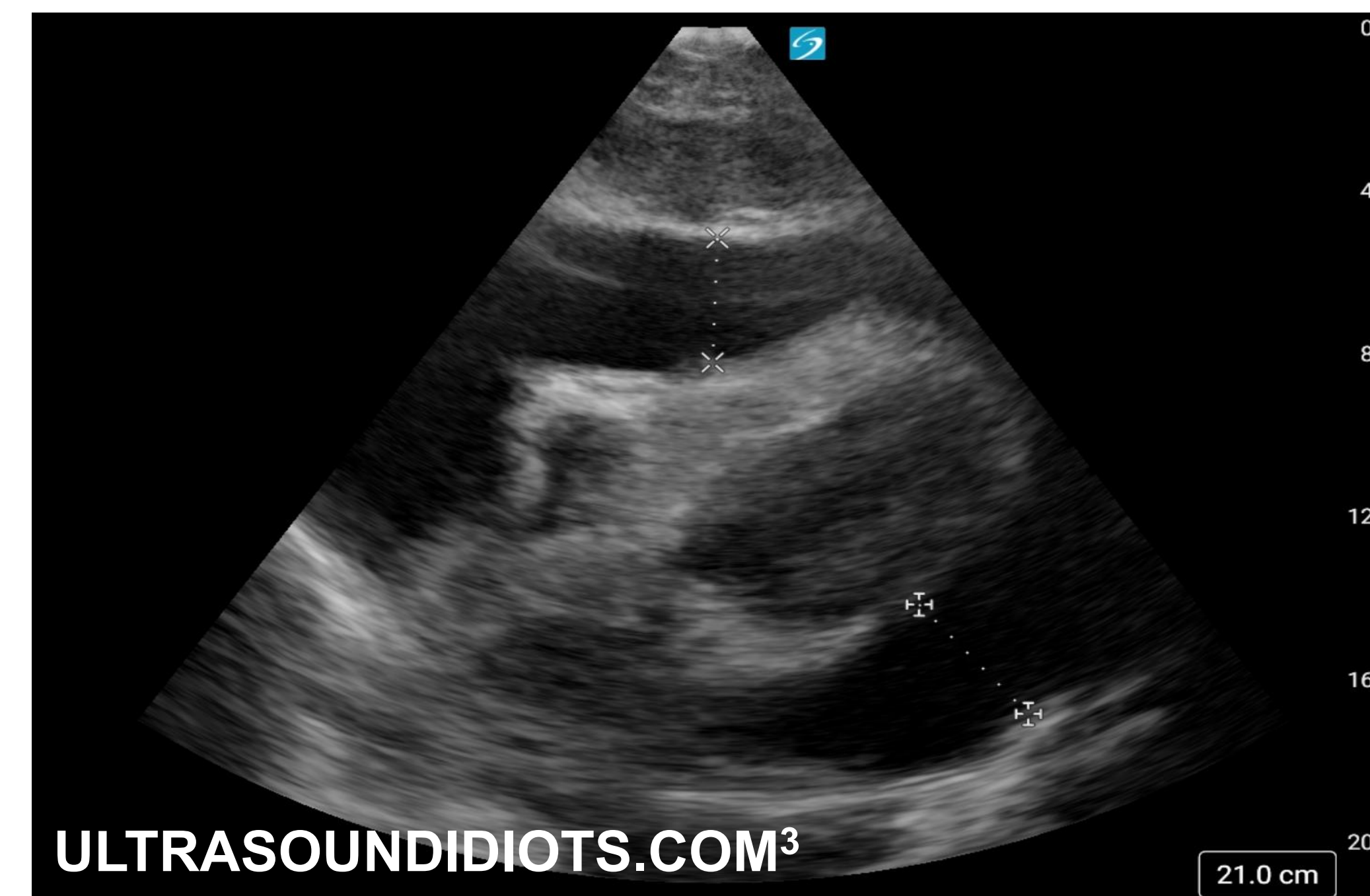
Healthcare Professionals with prior knowledge of CPRIC²

CPR-induced consciousness, or CPRIC, a unique phenomenon where circulation during CPR causes moments of conscious movements in the patient. While rare, it is important to be aware of as this does not indicate ROSC and can lead to inappropriate pulse checks and delay care.

Point-of-Care Ultrasound

Advantages	Disadvantages
- Reduces delays in diagnosis - Real time imaging - Low risk to patient	- Depends on individual competency - Indeterminate significance of false-positive and false-negative findings from POCUS⁴

One study suggests the percentage of immediate adequate diagnosis in RRTs utilizing POCUS was 94% compared to 80% in the control group.⁵



References

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