



## Rapid Response: When Minutes Count

### Course Description

This comprehensive two-day course will provide the bedside nurse and members of the Rapid Response Team with the tools necessary to recognize clinical deterioration and avert failure to rescue. The course will begin with an overview of the Rapid Response System (RRS) and the subsequent development of Rapid Response Teams (RRTs). This is followed by an overview of the roles for the bedside caregiver and members of the RRT. Detailed scenarios will be presented that will challenge the attendee to critically think through the process of assessment, identification of the problem and then strategies for management.

### Program Learning Outcomes

*This program prepares the learner to:*

- Identify early warning signs of clinical deterioration.
- List the indicators for the implementation of the Rapid Response System.
- List appropriate assessment and differentials for selected clinical crises.
- Discuss current evidence-based management strategies.
- Evaluate current research results for the Rapid Response System.

### Agenda

*Sign-in begins at 7:30 am.* Each day includes a one-hour lunch (on your own), as well as a morning and afternoon break of 15 minutes each. The order of lectures presented and break times may vary according to speaker preference.

#### Day 1, 8:00 am to 4:30 pm

- 0800 **Rapid Response Teams in Today's Healthcare Environment**  
Functions | Research | Roles of Bedside Nurse, Team Members
- 0830 **Assessment and Differential**  
Initial Head to Toe | Front-to-Back 90-Second Assessment | Review of Labs, CXR and ABGs
- 0930 **Break**
- 0945 **Identification of the Time-Sensitive Issues**  
Rationale for Quick Responses | Early Signs | What to do Next?
- 1015 **My Patient Has Chest Pain**  
Differential: 12-Lead and Labs | Assessment | Acute Coronary Syndromes | Immediate Management | Reperfusion Strategies | Pharmacotherapy
- 1145 **Lunch**
- 1245 **My Patient Has Chest Pain (cont.)**
- 1345 **My Patient is Short of Breath**  
Assessment/Differential: CXR and ABG | PE, Asthma Exacerbation, Hemo/Pneumo/Tension-Thorax, Chest Wall Abnormality | Indications for Intubation, Rapid Sequence Intubation Techniques | Acute Decompensated Heart Failure
- 1415 **Break**
- 1430 **My Patient is Short of Breath (cont.)**
- 1630 **Adjourn**

# Agenda

## Day 2, 8:00 am to 4:00 pm

- 0800 **My Patient Has a Mental Status Change**  
Assessment/Differential : Labs, ABC, CT Scan | Stroke: Prepare for the Stroke Team | Alcohol Withdrawal Syndrome | Pulmonary Compromise: Ventilatory Failure | Endocrine Emergencies
- 0930 **Break**
- 0945 **My Patient Has a Mental Status Change (cont.)**
- 1015 **My Patient Has Abdominal Pain**  
Assessment/Differential: KUB, Diet, Labs | GI Bleeding, Ileus, Nausea, Vomiting, Diarrhea | Acute Abdomen, Surgical Emergency, Acute Pancreatitis | Bariatric Postoperative Complications
- 1215 **Lunch**
- 1315 **My Patient Has Hypotension**  
Assessment Differential: Labs | Bleeding: Coagulopathy, Varices, Retroperitoneal Bleeding | Is My Patient Septic? | Fluid Resuscitation | Markers of Intervention Success
- 1445 **Break**
- 1500 **My Patient Has Hypotension (cont.)**
- 1600 **Adjourn**

## Accreditation

**RN/LPN/LVN/Other: 13.5 Contact Hours**

**RT: 13.5 Category 1 CRCE Hours**

***Includes 2 Pharmacology Contact Hours***

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If your profession is not listed, we suggest contacting your board to determine your continuing education requirements and ask about reciprocal approval. Many boards will approve this seminar based on the accreditation of the boards listed here.



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