



RAPID RESPONSE TEAM
RESPONDER EVALUATION FORM

Patient Location at time of activation _____

Patient Disposition _____

1. Was the Rapid Response Team appropriately called?
_____ Yes _____No (please explain)

2. Were you able to respond within 10 min?
_____ Yes _____No (please explain)

3. Which of the following is the most appropriate amount of time this patient could have waited for medical evaluation?
_____10 min. _____15 min. _____20 min. _____30 min. _____>30 min.

4. Was House staff (resident or attending) at the bedside during team evaluation?
_____ Yes _____No (please explain)

5. Was the patient's attending notified? _____ Yes _____No (please explain)

6. Was there good communication between the floor staff and the Rapid Response Team?
_____ Yes _____No (please explain)

7. Other comments/ suggestions:

*Please complete form and return to QM department with copy of Resuscitation Record
Mailcode 5071 MAKE SURE YOU INDICATE RRT and pt. location on the
Resuscitation Record*