VANDERBILT UNIVERSITY MEDICAL CENTER

Guideline: Burn Escalation Pathway

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I. Purpose: To establish a pathway for escalating care for the Burn ICU and Burn Step Down Units in the event of a change in a patient's clinical condition.

II. Policy: Burn Unit staff will communicate any significant changes in patient's condition to appropriate or designated provider.

III. Procedures:

a. The Shift Leader, as well as assigned provider covering the Burn ICU and/or Step Down receives an initial page, or phone call, when there are:
   i. Changes in the patient's condition, including,
      a. those resulting in an unanticipated outcome
      b. chest pain
      c. respiratory distress
      d. acute change in neurologic status
      e. acute significant bleeding
      f. hemodynamic instability, including not meeting ordered blood pressure parameters
      g. Cardiac Arrhythmias
      h. Hyperglycemia, requiring insulin gtt
      i. fever > 39.5
   ii. Clinical signs/symptoms that are unresponsive to medications available (i.e., unrelenting pain)
   iii. Changes in the patient's condition such that transfer to a higher level of care for the treatment of acute problems is necessary.

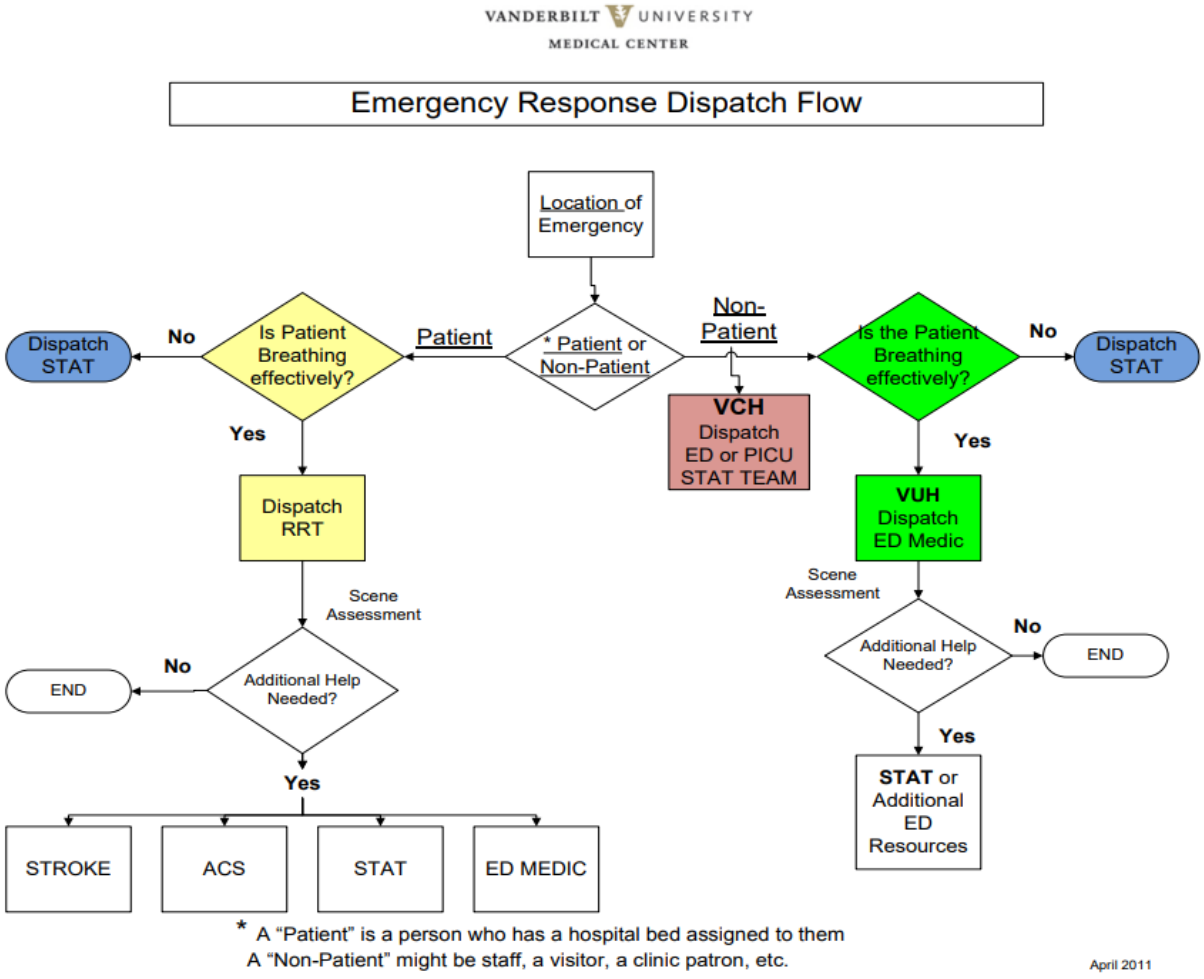
b. If a patient's condition significantly changes or deteriorates, and the patient's clinical status meets criteria, the following actions are taken:
   i. The clinician responsible for the care of the patient on the Primary Team (this could be a nurse practitioner (NP), physician's assistant (PA), intern, resident, chief resident, or fellow). This clinician should respond promptly and conduct a clinical assessment appropriate to the change in patient status. A significant change in patient status should ordinarily prompt an assessment at the bedside with other members of the unit care team.
      a. If the above response is not timely and sufficient, the fellow or attending is notified.
      b. If neither response is timely and/or sufficient, the bedside RN or Shift Leader may activate a Rapid Response by dialing 1-1111 from any VUMC phone

c. If a patient codes, call for help by dialing 1-1111 from any VUMC phone.
   i. The primary team is notified.
   ii. The covering attending is also notified.

IV. Important numbers for assistance

a. Administrative Coordinator (AC) 615-835-1018
b. Anesthesia Airway 615-887-7369
c. Burn APP
d. SICU Fellow 615-479-4082
e. Trauma attending 615-480-1149

V. Supporting Documents



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EARLY WARNING SIGNS for Calling the Rapid Response Team	
If the patient displays any for the following "EARLY WARNING SIGNS": Call 1-1111 and request the Rapid Response Team without delay; Then call the patient's primary team physician	
Staff Concerned/Worried	"THE PATIENT DOES NOT LOOK/ACT RIGHT," gut instinct that patient is beginning a downward spiral even if not of the physiological triggers have yet occurred
Change in Respiratory Rate	The patient's RESPIRATORY RATE is less than 8 or greater than 30
Change in Oxygenation	PULSE OXIMETER decreases below 90% or there is an INCREASE IN 02 requirements >8L
Labored Breathing	The patient's BREATHING BECOMES LABORED
Change in Heart Rate	The patient's HEART RATE changes to less than 40 bpm or greater than 120 bpm
Change in Blood Pressure	The patient's SYSTOLIC BLOOD PRESSURE drops below 90 mmHg or rises above 200 mmHg
Chest Pain	Patient complains of CHEST PAIN
Hemorrhage	The patient develops uncontrolled bleeding from any site or port
Decreased Level of Consciousness	The patient becomes SOMNOLENT, DIFFICULT TO AROUSE, CONFUSED OR OBTUNDED
Onset of Agitation/Delirium	The patient becomes AGITATED OR DELIRIOUS
Seizure	The patient has a SEIZURE
Other Alterations in Consciousness	ANY OTHER CHANGES IN MENTAL STATUS OR CNS STATUS such as a sudden blown pupil, onset of slurred speech, onset of unilateral limb or facial weakness, etc.

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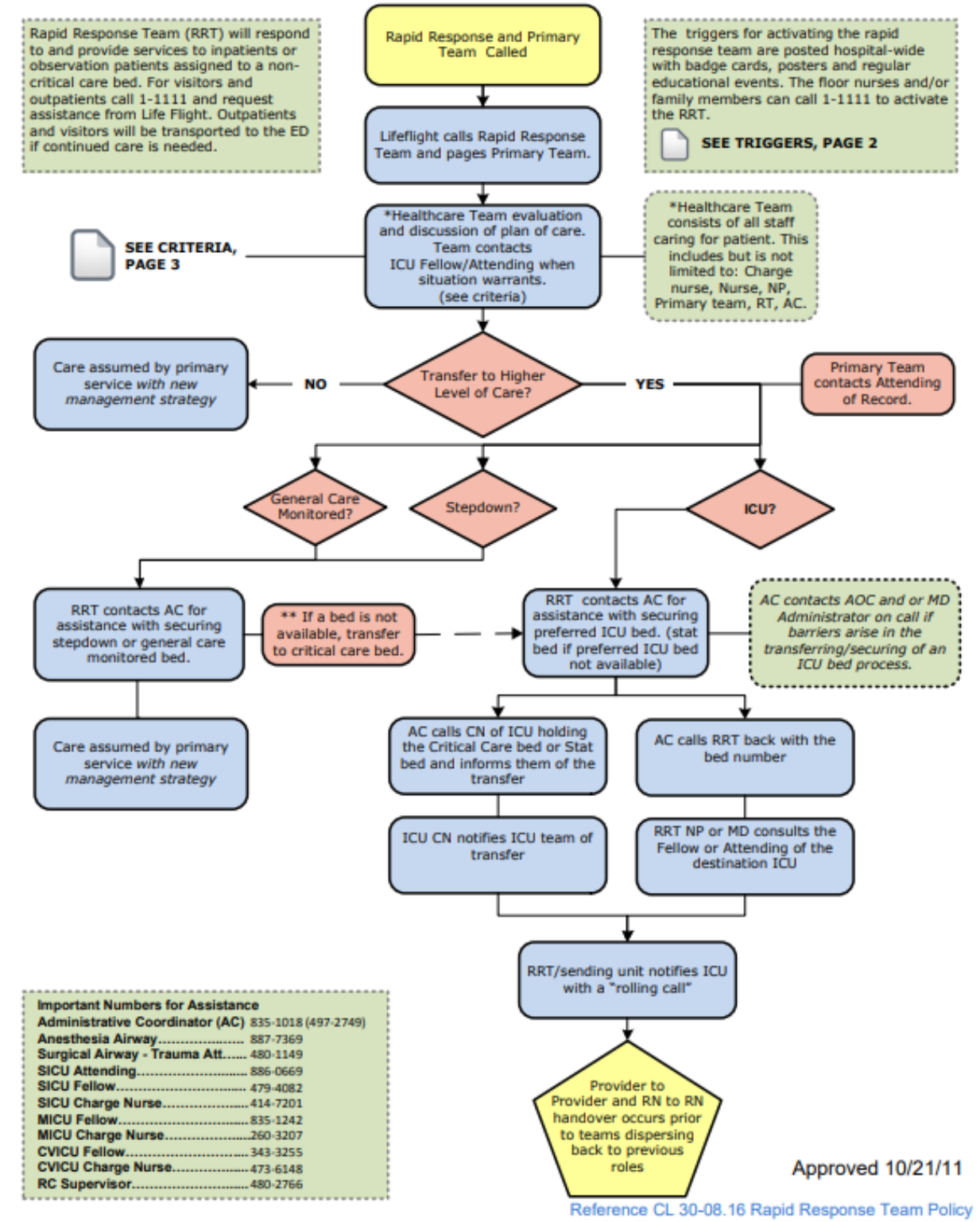
Rapid Response Team Process Flowchart



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VI. References

VUMC Policy Manual. (2021). Retrieved from https://vanderbilt.policytech.com.

Clinical Practice Category:

Cardiopulmonary Resuscitation (CPR)
Change in Patient Condition – Escalation/Physician Notification
Rapid Response Team Activation - Adult
Rapid Response Team Activation - Pediatrics