

TOPIC: IN SUPPORT OF EARLY RECOGNITION AND INTERVENTION PROGRAMS IN HEALTHCARE FACILITIES TO PREVENT RESPIRATORY AND CARDIAC ARREST

SUBMITTED BY: Barry University

WHEREAS, the purpose of the rapid response team is to provide timely, appropriate intervention before a patient has a cardiopulmonary arrest; and

WHEREAS, the team make up varies but often includes 1 or more intensive care unit (ICU) nurses, a respiratory therapist, and a physician; and

WHEREAS, there was a 36.6% reduction in the number deaths when an rapid response team was used; and

WHEREAS, “unanticipated transfers from the medical-surgical units to the intensive care units were decreased by 10%,” and

WHEREAS, 49% of patients were stabilized and avoided an ICU admission, with only 21% requiring an ICU transfer; and

WHEREAS, mortality rates were reduced by 18% over a 19 month period and codes occurring outside the ICU were reduced by 72%; and

WHEREAS, rapid response teams improve recognition and response to changes in a patient’s condition; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) encourage its constituents to advocate for the use of rapid response teams in healthcare facilities; and be it further

RESOLVED, that the NSNA members advocate for education as to the usage of the rapid response team by patients, family members and healthcare workers; and be it further

RESOLVED, that the NSNA publish articles in *Imprint* that provide education about rapid response teams in healthcare facilities and address this issue at the MidYear and Annual Convention, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Association of Colleges of Nursing, the American Nurses Association, the National League for Nursing, the National Organization for Associate Degree Nursing, the American Hospital Association, the Emergency Nurses Association, the American Association of Critical-Care Nurses, the American Medical Association, the American College of Healthcare Executives, the Joint Commission, and all others deemed necessary by the NSNA Board of Directors.