Early ID of physiological deterioration and appropriate care improves sepsis outcomes

October 19 2015

Researchers from Brooke Army Medical Center in San Antonio, Texas, evaluated the rapid response system (RRS) training program on call rates and code blue events and found significant improvements were made in staff awareness and patient outcomes. The study was developed by the knowledge that critical deterioration in patients is often preceded by measurable signs of physiological worsening hours prior to the event.

A quasi-experimental pretest, and posttest design were used to access the outcomes of a formal RRS at a large military medical center. Implementation of training consisted of long lectures and computer- and marketing-based training in critical care nurses and respiratory therapists. After training, the average number of calls per month rose from 39 to 123 calls. The mean number for code blue events decreased from 1.5 codes per month to zero per month. The top three etiologies for RRS initiation were from tachycardia (27%), hypotension (23%), and staff concern (15%).

"Early identification of physiological deterioration with implementation of appropriate care can improve sepsis outcomes," said CPT Nathan Boyer, MD, Brooke Army Medical Center and lead researcher.

More information: Further results will be shared on Sunday, October 25, 2015, at 7:30 am at Palais des congrès de Montréal, room 512dh. The study abstract can be viewed on the journal *CHEST* website, journal.publications.chestnet. … px?articleID=2456742

Provided by American College of Chest Physicians