A timely and effective response is crucial when a patient’s medical condition begins to deteriorate. A Rapid Response Team assists unit nurses with the urgent care necessary to circumvent intensive care transfers. A rapid response reduces patient’s hospital stay and improves the patient’s chance of survival. Supply accessibility and availability plays a crucial role in the care that is delivered during this pivotal time. Critical time is wasted when searching and collecting supplies routinely used during a rapid response. Lack of supply availability leads to delay in patient care and the unnecessary use of the crash cart. A properly supplied Rapid Response Box will help provide timely lifesaving patient care.

Purpose
The purpose of this project was to:
• Create a Rapid Response Box containing medical supplies most frequently utilized when a patient’s medical condition begins to deteriorate.
• Eliminate borrowing and searching for medical supplies.
• Limit the un-necessary use of the crash cart.

Design & Methods
• The Cardiothoracic Progressive Care Unit (CTPCU), Unit Based Practice Council along with the Action/Rapid Response Team (RRT) Unit Based Practice Council collaborated to create a Rapid Response Box. The Rapid Response Box focus is on medical supplies that are most frequently utilized during a Rapid Response.
• A four-question survey using the Likert Scale was disseminated to CTPCU and RRT nurses pre- and post- implementation of the Rapid Response Box. The post survey also included an additional question allowing the respondent to provide feedback related to the Rapid Response Box.

Acknowledgements
Special thanks to CTPCU and RRT for their support and making this project a success.

Background

Results
A total of 40 nurses (27 E6 / 13 RRT) participated in the preliminary survey and 32 nurses (25 E6 / 7 RRT) participated in the post survey.

Rapid Box Contents
IV/lab Supplies:
• IV start kits; J-Loops; IV’s: 16, 18, 20, 22g; flushes; Butterfly lab needles (23 g); Tape; Alcohol pads; Lab tubes: Light Green, Lavender, Gold, Light Blue; ABG kit; VBG syringe; Transfer device for IV; Transfer device for syringe; 3 mL syringe, 12 mL syringe, 22 gauge

Fluids:
• 1L PlasmaLyte, (Old) Bolus tubing, Squeeze Type Blood tubing, Alaris IV pump tubing, Pressure bag

Airway:
• Non-rebreather, Yankauer, Suction catheter (14 Fr), OPAs: yellow, purple, NPA: 28 Fr, 30 Fr, Neonatal pulse ox, Adult pulse ox

Misc:
• Fluffs, ECG leads, ECG wires with extension, Lube, Nasogastric Tube, 60 mL Enfit syringe

Conclusions & Further Study
Limitations of this study consist of the number of Rapid Responses in which the Rapid Response Box was utilized. Surveys cannot be matched with pre/post survey responders.

Findings
• Increased staff satisfaction as supplies are readily available
• Stocking: supplies are inventoried, tracked, assessed for expiration, and restocked to set par levels by the charge nurse.
• Reevaluating: the items in the box and determining what is added/removed will make this tool more effective.
• Education should also be readressed. Staff in-services may be useful to ensure all staff are properly trained.

This Rapid Response Box will further benefit patient outcomes throughout the hospital. Standardizing the RRBs and implementing them in respective patient care areas will increase the timeliness of care delivered hospital wide.