



Red Flags and Rescue Plan Rounding in a Pediatric Intermediate Care Unit



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BACKGROUND

- Patients in a pediatric intermediate care unit (IMCU) have lower acuity than ICU, but higher risk of decompensation than wards
- IMCU nurses need to be able to identify early signs of clinical deterioration and know when to intervene
- In a new IMCU at a large pediatric hospital the average RN tenure was two years, with most RNs in the “Advanced Beginner” phase of practice
- A tool to guide novice and advanced beginner nurses to recognize early signs of deterioration and prioritize interventions was needed

METHODS

- A literature review to identify strategies for increasing situational awareness focused on daily rounding interventions
- A Red Flags and Rescue Plan (RFRP) rounding template (Fig. 1) was created to guide discussion for each patient of:
 - What to watch for: individualized **red flags** - i.e. *facial droop signaling hemiplegic migraine*
 - What to do if seen: **rescue plan** - i.e. *giving PRN ketamine to stop hemiplegic migraine*
- Implementation took place in the 12-bed Pediatric Intermediate Care Unit (IMCU) of Dell Children's Medical Center in Austin, Texas

IMCU Nurse Presentation: Red Flag Rounds

Date:	Name:
Primary reason(s) for needing IMCU level of care right now (full history not needed):	
Significant events this and last shift (AM/PM):	
Red Flags What are we watching for/ what are we most worried about	Decompensation risk factors: i.e. trach: watching for acute desat that could indicate plugging or decannulation
Rescue Plan What would we do if we see red flags	i.e. bag (if plugging), reinsert trach (if decannulate)
Provider Notification Pearls:	i.e. Include urology in call if concern is with UOP or surgical site
Current RN or parent concerns	
Central Line Indication (if present)	

Figure 1. Red Flags and Rescue Plan rounding template

RESULTS

From a 3 month post-implementation survey sent to IMCU RNs:

- All RNs agreed or strongly agreed they had **increased confidence** with identifying patient specific risks and rescue plans (Fig. 2)
- 60% of RNs reported that discussion of red flags was **always or frequently part of shift report**
- Event Reporting System (ERS) events related to missed assessment or delayed care **decreased by 58%** in the months following implementation (Fig. 3)

Confidence 3 Months After RFRP Rounding

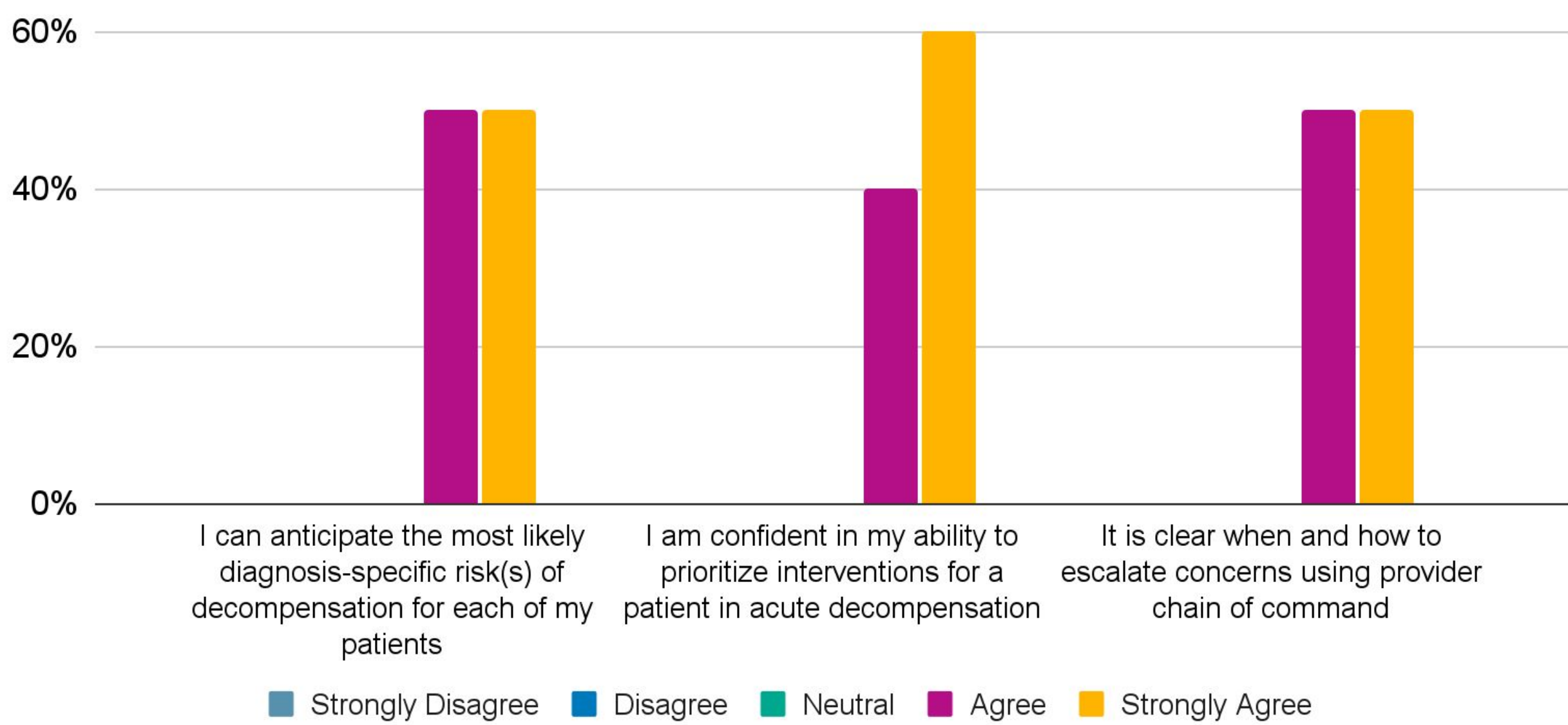


Figure 2. Perceived Confidence of IMCU RNs (N=34, 30% response rate)

Events Related To Missed Assessment or Delayed Care

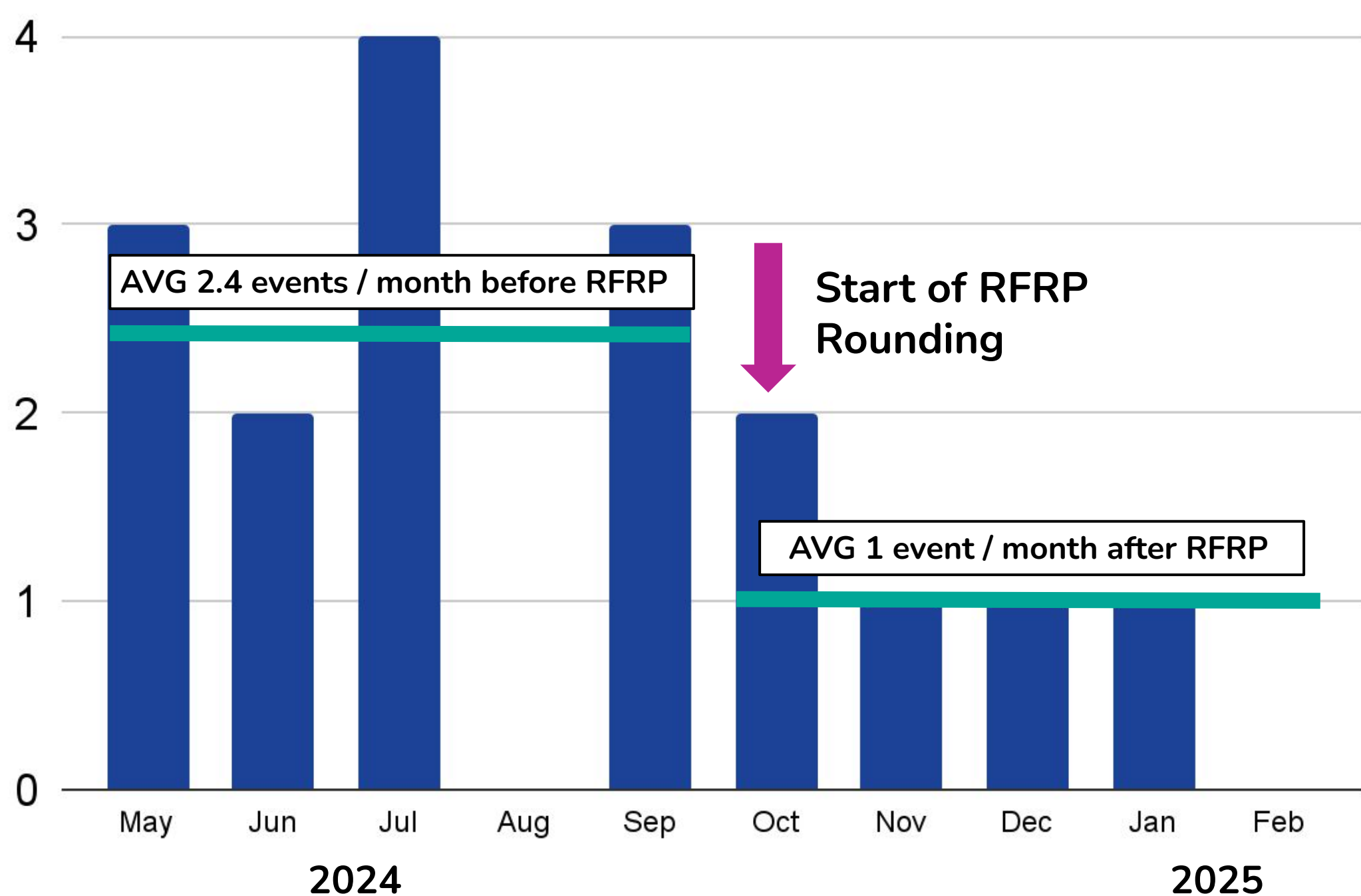


Figure 3. Count of Reported Events Related to Missed Assessment or Delayed Care

CONCLUSIONS

- Implementation of a nurse rounding tool that focuses on patient-specific red flags and rescue plans is an effective way to ensure nursing readiness to respond to clinical deterioration.
- This intervention has applicability to any team challenged with new patient diagnoses, RN tenure and experience gaps, or elevated risk of decompensation.



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CONTACT

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Literature Review

Review the evidence for interventions to assist IMCU nurses in recognizing early indicators of clinical deterioration.

RFRP Tool Creation

RFRP tool that reviews the patient-specific concerns and individualized interventions for each red flag.

Daily Rounds

Daily rounds using the RFRP tool with each nurse on each shift.

Physician Inclusion

Physicians from the Pediatric Intensivist & Hospitalist groups asked to join in RFRP rounds to provide input and education.

Example Red Flag and Rescue Plan

Diagnosis
Post-op bladder augmentation
(in IMCU for hourly I+O and prompt response to signs of obstruction)

Red Flags

- Decreased urine output
- Abdominal distension and pain

Rescue Plan

- Manual bladder irrigation to remove mucus/clots
- Bladder scan
- Dual notify surgeon + hospitalist