American Heart Association® Get With The Guidelines® Resuscitation

GWTG-Resuscitation Case Record Form (CRF)

Active Form Groups: Rapid Response Team (RRT) February 2026

EVENT DATE/TIME	*Pre-Event (Common) Tab*
Date/Time Rapid Response Team (RRT) was Activated:	____/____/______ ___:___ MM DD YYYY HH MM ☐ Time Not Documented

PRE-EVENT	*Pre-Event (Common) Tab*
Was patient discharged from an Intensive Care Unit (ICU) at any point during this admission and prior to this RRT call?	O Yes O No
Was patient discharged from an Intensive Care Unit (ICU) within 24 hours prior to this RRT call?	O Yes O No
Was patient discharged from a Post Anesthesia Care Unit (PACU) within 24 hours prior to this RRT call?	O Yes O No
Was patient in the ED within 24 hours prior to this event?	O Yes O No
Did patient receive conscious/procedural sedation or general anesthesia within 24 hours prior to this event?	O Yes O No
OPTIONAL: Enter all vital signs taken in the 4 hours prior to the event (up to 4 sets).	☐ Pre-Event VS Unknown/Not Documented

Date/ Time	Heart Rate	Systolic BP/ Diastolic BP	Respiratory Rate	SpO2	O2 Type	Temp	Units
__/__/__ __:__	___ ☐ND	___ ☐ND	___ ☐ND	___ ☐ND	O Room Air O Supplemental O2 O ND	___ ☐ND	C | F
__/__/__ __:__	___ ☐ND	___ ☐ND	___ ☐ND	___ ☐ND	O Room Air O Supplemental O2 O ND	___ ☐ND	C | F
__/__/__ __:__	___ ☐ND	___ ☐ND	___ ☐ND	___ ☐ND	O Room Air O Supplemental O2 O ND	___ ☐ND	C | F
__/__/__ __:__	___ ☐ND	___ ☐ND	___ ☐ND	___ ☐ND	O Room Air O Supplemental O2 O ND	___ ☐ND	C | F

Neurological Assessment - AVPU Scale (most recent within last 4 hours prior to this RRT event):	O A – Alert O V – Voice O P – Pain O U- Unresponsive/Unconscious O Not Documented

PRE-EXISTING CONDITIONS	*Pre-Event (Common) Tab*
Pre-existing Conditions at Time of Event (check all that apply):	☐ None (review options below carefully) ☐ Acute Stroke ☐ Cardiac malformation/abnormality acyanotic ☐ Congenital malformation/abnormality (Non-Cardiac) ☐ DVT ☐ Heart failure (this admission) ☐ Diabetes mellitus ☐ Acute CNS non-stroke event ☐ Baseline depression in CNS function ☐ Cardiac malformation/abnormality-cyanotic ☐ Coronary Artery Disease ☐ Heart failure (prior to this admission) ☐ Hepatic insufficiency ☐ Hypotension/hypoperfusion

	☐ History of vaping or e-cigarette use in past 12 months ☐ Major Trauma ☐ Metabolic/electrolyte abnormality ☐ Myocardial infarction or prior proven coronary artery disease (e.g., percutaneous coronary angioplasty/stent) (prior to this admission) ☐ Pneumonia ☐ Renal insufficiency ☐ Sepsis ☐ Metastatic or hematologic malignancy ☐ Myocardial infarction (this admission) ☐ Out of hospital arrest leading to this admission ☐ Pulmonary Embolism ☐ Recently delivered or currently pregnant (if selected, maternal in-hospital cardiac arrest section is required) ☐ Respiratory insufficiency
Active or suspected bacterial or viral infection at admission or during hospitalization:	☐ None/ND ☐ Bacterial Infection ☐ Emerging Infectious Disease ☐ MERS ☐ SARS-COV-1 ☐ SARS-COV-2 (COVID019) ☐ Other Emerging Infectious Disease ☐ Influenza ☐ Seasonal cold ☐ Other Viral Infection
INTERVENTIONS ALREADY IN PLACE	*Pre-Event (Common) Tab*
Interventions already in place when Rapid Response Team was activated (check all that apply)	
No Airway Interventions Already in Place:	☐ None
Invasive Assisted Ventilation Already in Place:	☐ Endotracheal Tube (ET) ☐ Tracheostomy Tube
Non-invasive Assisted Ventilation Already in Place:	☐ Bag-Valve-Mask ☐ Mask and/or Nasal CPAP ☐ Mouth-to-Barrier Device ☐ Laryngeal Mask Airway (LMA) ☐ BiPAP ☐ Other Non-Invasive Ventilation: (specify) _____
Other Interventions Already In Place:	☐ Conscious/procedural sedation ☐ End Tidal CO2 (ETCO2) Monitoring ☐ High Flow Nasal Cannula ☐ Intra-arterial catheter ☐ Supplemental oxygen (cannula, mask, hood, or tent)
Method(s) of confirmation of endotracheal tube (ET) or tracheostomy tube placement in trachea during this event (check all that apply):	☐ Not Documented ☐ Capnometry (numeric ETCO2) ☐ Esophageal detection devices ☐ Exhaled CO2 colorimetric monitor (ETCO2 by color change) ☐ Revisualization with direct laryngoscopy ☐ Waveform capnography (waveform ETCO2) ☐ Chest X-Ray* ☐ Point of Care Ultrasound* ☐ None of the above
Monitoring	☐ No Monitoring Already in Place ☐ Apnea ☐ Apnea/bradycardia ☐ ECG ☐ Pulse oximetry
Vascular Access	○ Yes ○ No/Not Documented
Any vasoactive agent in Place?	○ Yes ○ No/Not Documented
Hemodynamic Interventions:	☐ None

	☐ Dialysis/extracorporeal filtration therapy (ongoing) ☐ Extracorporeal membrane oxygenation (ECMO) ☐ Implantable Cardiac Defibrillator (ICD) ☐ IV/IO continuous infusion of antiarrhythmic(s)
EVENT	*Event (Common) Tab*
Event Witnessed?	○ Yes ○ No/Not Documented
Was a Hospital-wide Resuscitation Response Activated?	○ Yes ○ No/Not Documented
Date of Birth:	____/____/_____ ___:___ (MM/DD/YYYY HH:MM)
Age at Event:	_____
Age Units at Event:	○ Years ○ Months ○ Weeks ○ Days ○ Hours ○ Minutes
Patient Population at Event:	_____
Illness Category:	○ Medical-Cardiac ○ Medical-Noncardiac ○ Obstetric ○ Surgical-Cardiac ○ Surgical-Noncardiac ○ Trauma ○ Other (Visitor/Employee)
Subject Type:	○ Ambulatory/Outpatient ○ Emergency Department ○ Hospital Inpatient ○ Mental Health Facility Inpatient ○ Rehab Facility Inpatient ○ Skilled Nursing Facility Inpatient ○ Visitor or Employee
Event Location (area):	○ Ambulatory/Outpatient Area ○ Operating Room (OR) ○ Adult Coronary Care Unit (CCU) ○ Pediatric ICU (PICU) ○ Adult ICU ○ Pediatric Cardiac Intensive Care ○ Cardiac Catheterization Lab ○ Post-Anesthesia Recovery Room (PACU) ○ Delivery Suite ○ Diagnostic/Intervention Area (excludes Cath Lab) ○ Rehab, Skilled Nursing, or Mental Health Unit/Facility ○ Emergency Department (ED) ○ Same-Day Surgical Area ○ General Inpatient Area ○ Telemetry Unit or Step-Down Unit ○ Neonatal ICU (NICU) ○ Other ○ Newborn Nursery ○ Unknown/Not Documented
Event Location (name):	_____

VITAL SIGNS (AT TIME OF EVENT)		*Event (Common) Tab*
Heart Rate:	_____	☐ ND
Systolic Blood Pressure:	_____	☐ ND
Diastolic Blood Pressure:	_____	☐ ND
Respiratory Rate:	_____	☐ ND
SpO2:	_____	☐ ND
O2 Type:		☐ Room Air ☐ Supplemental O2 ☐ ND
Temperature:	_____	○ C ○ F ☐ ND

RRT EVENT	*RRT Event Tab*
Date/Time First RRT Team Member Arrived:	____/____/_____ ___:___ MM DD YYYY HH:MM ☐ Unknown
Date/Time Last Team Member Departed:	____/____/_____ ___:___ MM DD YYYY HH:MM ☐ Unknown
RRT Activation Triggers (check all that apply)	☐ Trigger Unknown/Not Documented
Respiratory	☐ Decreased Oxygen Saturation ☐ Tachypnea

	☐ New Onset of Difficulty Breathing ☐ Respiratory Depression	☐ Other Respiratory, Specify: _____
Cardiac	☐ Bradycardia ☐ Hypertensive Urgency/Emergency ☐ Chest Pain ☐ Hypotension	☐ Tachycardia ☐ Other Cardiac, Specify: _____
Neurological	☐ Acute Loss of Consciousness (LOC) ☐ Mental Status Change ☐ Decreased Responsiveness ☐ Unexplained Agitation or Delirium	☐ Seizure ☐ Suspected Acute Stroke ☐ Other Neurological, Specify: _____
Medical	☐ Acute Decrease in Urine Output ☐ Critical Lab Abnormality ☐ Elevated Risk Factor Score, Specify (e.g. MEWS = 5): _____	☐ Excessive Bleeding ☐ Uncontrolled Pain ☐ Other Medical, Specify: _____
Other	☐ Family Member/Patient Activated	☐ Staff Member Acutely Worried about Patient ☐ Other Trigger, Specify: _____

OTHER DRUG INTERVENTIONS *Other Interventions Tab*

CHECK ALL NEW DRUG INTERVENTIONS INITIATED DURING RRT EVENT

☐ None
☐ Albumin
☐ Antiarrhythmic medications:
☐ Antibiotic (IV)
☐ Anti-epileptic
☐ Antihistamine (IV)
☐ Aspirin
☐ Atropine
☐ Diuretic (IV)
☐ Epinephrine
  ☐ Inhaled racemic (Epinephrine route)
  ☐ IM (Epinephrine route)
  ☐ SQ (Epinephrine route)
  ☐ IV (Epinephrine route)
☐ Fluid bolus (IV)
☐ Glucose Bolus
☐ Inhaled Bronchodilator
☐ Insulin/Glucose
☐ Nitroglycerin
  ☐ IV (Nitroglycerin route)
  ☐ SL (Nitroglycerin route)
☐ Reversal agent (e.g. naloxone/Narcan, flumazenil/Romazicon, neostigmine/Prostigin)
☐ Sedative/induction agent
☐ Steroids
☐ Vasoactive Agent Infusion (not bolus)
☐ Other drug interventions, please specify: _____

NON-DRUG INTERVENTIONS *Other Interventions Tab*

Respiratory Management:

☐ No Non-drug Interventions Performed

Invasive Ventilation Conducted During RRT Event:	☐ Endotracheal Tube (ET) ☐ Tracheostomy ☐ Other Invasive Ventilation, Specify: _____
Non-invasive Ventilation Conducted During RRT Event:	☐ Bag-Valve-Mask ☐ Mask CPAP/BiPAP ☐ Nasal Airway ☐ Oral Airway ☐ Other Non-Invasive Ventilation, Specify: _____ ☐
Other Interventions Conducted During RRT Event:	☐ Suctioning ☐ Supplemental O2
If Endotracheal Tube (ET) or Tracheostomy tube placed during RRT event, Method(s) of	☐ Capnometry (numeric ETCO2) ☐ Esophageal detection devices

Confirmation Used to Ensure Correct Placement of ET or Tracheostomy Tube (check all that apply):	☐ Exhaled CO2 colorimetric monitor (ETCO2 by color change) ☐ Waveform capnography (waveform ETCO2) ☐ Not Documented	☐ Revisualization with direct laryngoscopy ☐ None of the above
Monitoring:	☐ Apnea/Bradycardia ☐ Apnea/Bradycardia Continued ☐ Apnea/Bradycardia Initiated ☐ Continuous pulse oximetry ☐ Continuous pulse oximetry Continued ☐ Continuous pulse oximetry Initiated	☐ Continuous ECG/Telemetry ☐ Continuous ECG/Telemetry Continued ☐ Continuous ECG/Telemetry Initiated ☐ Other Monitoring: _____
Vascular Access:	☐ Central vein ☐ Peripheral vein	☐ Intraosseous (IO) ☐ Other Vascular Access, Specify: _____
Stat consult:	☐ Critical Care	☐ Other Stat Consult, Specify: _____
Other Interventions Initiated During the Events:	☐ 12 Lead ECG ☐ Cardioversion/Pacing ☐ Electroencephalogram (EEG) ☐ Imaging ☐ Bedside Cardiac Ultrasound (Echo) ☐ Chest X-ray ☐ Head CT (stat) ☐ Neonatal Head Ultrasound ☐ STAT Labs ☐ Transfusion of blood products ☐ Other Non-Drug Interventions, Specify: _____	
EVENT OUTCOME		*Event Outcome Tab*
Did Patient Require Emergency Assisted Ventilation for Acute Respiratory Compromise (ARC) During the RRT Event?	○ Yes Did ARC Event Meet GWTG-R ARC Inclusion Criteria? ○ Yes ○ No (e.g., DNAR) ○ N/A (not collecting ARC data in GWTG-R)	○ No
Did Patient Require Chest Compressions and/or Defibrillation for Cardiopulmonary Arrest (CPA) During the RRT Event?	○ Yes Did CPA Event Meet GWTG-R CPA Inclusion Criteria? ○ Yes ○ No (e.g., DNAR) ○ N/A (not collecting CPA data in GWTG-R)	○ No
Patient Transferred To:	○ Cardiac Catherization Lab ○ Intensive Care Unit Post-RRT ICU length of stay for this ICU admission (days) _____	○ Emergency Department ○ Not Transferred (remained on unit) ○ Other Hospital

	○ Operating Room ○ Telemetry/Step-Down	○ Other Transfer Destination, Specify: _____
Did patient die during RRT event?	○ Yes	○ No
Was RRT response scope of care limited by patient/family end of life decisions or physician decision of medical futility?	○ Yes	○ No
Was patient made DNAR during RRT Event?	○ Yes	○ No

EVENTS AND ISSUES	*Events and Issues Tab*		
Was a Team Debriefing Completed After the Event?	○ Yes	○ No	○ Not Documented

REVIEW OF RRT RESPONSE *Events and Issues Tab*

- ☐ No/Not Documented
- ☐ Equipment Issue
  - ☐ Availability
  - ☐ Function
- ☐ Essential Patient Data Not Available
  - ☐ Incomplete or inaccurate information communicated
  - ☐ Data Not Available Other, Specify: _____
- ☐ Incorrect team activated
- ☐ Issues Between RRT Team and Other Caregivers/Departments
- ☐ Medication Delay
- ☐ Prolonged RRT Event Duration
- ☐ RRT Response Delay
  - ☐ RRT criteria/process not known or misunderstood by those calling RRT
  - ☐ RRT communication system not working (e.g., phone, operator, pager)
  - ☐ Other Delay, Specify: _____
- ☐ RRT Trigger(s) present, but team not immediately activated

NOTE: PLEASE DO NOT ENTER ANY PATIENT IDENTIFIABLE INFORMATION IN THIS FIELD:

Comments:

END OF RRT FORM