

RN/ Provider Communication & Escalation for Acute Care

Domain of Communication & Escalation	Expected Time-frame	Expected Response	Definition	Examples	Preferred route of communication
Routine	None	No response needed (FYI)	<ul style="list-style-type: none"> - Not time sensitive - Patient is clinically stable - No intervention required (FYI) 	<ul style="list-style-type: none"> -PRN meds given -Patient had ordered procedure done - Patient tolerated feeds - Patient tolerated nebs/oxygen wean -Constipated patient had BM 	<ul style="list-style-type: none"> -Text page -Face-to-face communication (e.g., rounds) - Documentation (e.g., if PRN med given, document on MAR)
Non urgent	1 hour	If applicable, order written & phone call to nurse -Closed loop communication (e.g., action or call back within 1 hour).	<ul style="list-style-type: none"> - Need response within 1 hour - Patient is clinically stable - Intervention required 	<ul style="list-style-type: none"> -New fever -Family with questions; D/C issues 	-Text page with request/question (e.g., need order for---; Need to replace IV?, parents with questions)
Urgent	15 minutes	Provider at bedside; escalate within team if needed - Order renewal -CAT notification	<ul style="list-style-type: none"> - Need response within 15 minutes -Patient status has changed &/OR intervention is required -Change in PEWS score <u>OR</u> PEWS score of 5 	<ul style="list-style-type: none"> -Respiratory distress/ New O₂ requirement -Seizure - Acute uncontrolled pain -Lethargy -Hypotension -Serious PIV infiltrate/ PICC pulled out - Patient leaving AMA 	-Ascom call to physician OR text page (if no response, escalate to Ascom call)
Emergent	Immediate	Immediate response	<ul style="list-style-type: none"> -Change in PEWS score -Patient's clinical status has changed significantly &/OR intervention is required - Unexpected outcome that is emergent 	<ul style="list-style-type: none"> -Respiratory failure -Cardiac arrest - Bleeding - Chemotherapy spill 	-Ascom call