

Rapid response team led by pediatricians: Experience at a Latin American Tertiary Care Hospital

Equipo de respuesta rápida liderado por pediatras: Experiencia en un hospital terciario de Latinoamérica

Appendix 1. Pediatric Rapid Response Team (PRRT) Institutional Strategy

- *Team leader: hospitalist pediatrician.*

The components of the strategy are the following:

- *Activating element:* it can be the group of nursing assistants, doctors from other non-treating specialties, or the family, who identify the signs of clinical deterioration and activate the response by informing the nurse in charge of the patient, who confirms the altered variable and performs the activation call to the leader. If this nurse is not present at the time of identification, the person who detects the deterioration can activate the PRRT. The institution has a course designed for medical and paramedical care personnel, in which training is provided in recognition of patients with clinical deterioration through the identification of abnormal vital signs, the pediatric approach triangle, and the patient's risk factors.
- *Response element:* the pediatrician designated to hospitalization wards due to his academic training is responsible for attending PRRT activations. The pediatrician has also received training in the initial approach to critical patients and in taking actions according to the patient's condition. The pediatrician is accompanied by the nurse in charge of the hospitalization ward and the nursing assistant in charge of the patient who must carry out a structured evaluation using the ABCDE strategy, continuous patient monitoring if required, and immediate implementation of the medical behaviors defined with the patient.
- *Educational element:* consists of the analysis of PRRT events, thus these data allow for identifying opportunities for improvement and providing feedback to the entire team.
- *Administrative element:* the PRRT strategy was included in the institutional policy for the care of emergencies that occur during hospital care, essential for the allocation of resources to training, monitoring, and the proper functioning of the strategy.

Age	Warning signs						Altered oxygen saturation or FiO ₂ greater than 40%	Neurological impairment
	Heart rate (per minute)		Respiratory distress ^a or		Capillary refill more than 3 seconds or			
			Breathing rate (per minute)		Altered systolic blood pressure (mm Hg)			
	Lower limit	Upper limit	Lower limit	Upper limit	Lower limit	Upper limit		
< 3 months	100	180	30	60	50	100	Oxygen saturation < 90%	Acute changes in neurological status (agitation, irritability, depressed consciousness) or seizure
4 - 11 months	100	180	25	50	60			
1 - 4 years	90	160	20	40	70			
5 - 12 years	80	140	16	30	80	110		
> 13 years	60	130	12	30	90	120		

^aRespiratory distress: retractions, stridor, grunting, cyanosis, or apnea.

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Supplementary Figure 1. Warning signs to activate the pediatric rapid response team.