



Who Is at Risk for Failure to Rescue? A Medical-Surgical Nurse's Dilemma

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Summary: According to the AHRQ, not all complications of care are preventable, but it is important that systems are able to quickly identify and treat complications when they do occur. Failure to rescue occurs when healthcare providers (physicians and nurses) fail to recognize the early onset of complications and thus fail to intervene in a timely manner. Failure to rescue rates are determined by comparing the number of deaths to the number of patient complications. Studies show that patients deteriorate over time, yet deterioration is often not recognized until it is too late. Usually the first symptoms of clinical decline are related to the respiratory system as it tries to compensate for clinical changes in the body. However, respiratory assessment, especially respiratory rates are often inaccurate, making it easy to miss changes. In addition, in this presentation we discussed patients most at risk for failure to rescue. Although we might intuitively suspect that those sickest on admission might be most at risk, it is actually those who are most stable on admission that were most likely to experience failure to rescue. Another group that is also often missed is the person with pre-existing dementia. For these individuals, delirium may be an early sign but is often missed because of the cognitive status of the individual. Reasons for failure to rescue include lack of vigilance on the part of the caregiver, not knowing the patient, and a general lack of pathophysiologic knowledge. Most issues begin as small events, errors, or system failures that interact to produce a cascade of ever-increasing adverse events. Thus, for nurses, it is important to recognize the red flags and to intervene quickly.

Nursing Implications:

- Be alert, aware, and vigilant - learn to expect the unexpected.
- Pay special attention to those at highest risk.
- Knowledge is the key, and teaching our nursing assistants, as well as our nurses, the importance of accurate vital signs can make a major difference in failure to rescue rates.
- Facilitate a culture of safety, where nurses' aides are comfortable alerting nurses to changes, and nurses are comfortable alerting physicians to changes.

Key Takeaways:

- Early red flags include elevated respiratory and heart rates (early signs associated with compensation).
- Late red flags include rapid and weak pulses, shallow and rapid respirations, fever, pale, cold, clammy skin, decreased urine output, and lethargy or feelings of impending doom.
- Learn to expect the unexpected.

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