FROM THE JOURNALS (cont)


Hospital rapid response teams (RRTs) have come into widespread use in the last several years as a way to augment patient safety by lowering hospitalized patient’s risk of cardiac arrest and in-hospital mortality. This current meta-analysis abstracts data from 18 publications and analyzed for a lowering of the risk of cardiac arrest and in-hospital mortality as a result of the institution of rapid response teams in hospitals. The meta-analysis found a lowering of the cardiac arrest rate outside of the ICU but showed no difference in the hospital mortality rate. When analyzed in the pediatric population, improvement was shown in both the rate of non-ICU cardiac arrest and, less robustly, in hospital mortality. To summarize, this meta-analysis sheds more light on the lack of impact by RRT’s on in-hospital mortality but does reinforce the benefit of lowered incidence of non-ICU cardiac arrest. The accompanying editorial highlights these results while warning hospital administrators that RRTs need to be improved, not discarded.

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DIAGNOSIS AND TREATMENT OF INTRA-ABDOMINAL INFECTIONS
