

# RACC Lead Nurse Responsibilities

1. Identify yourself to each incoming attending
2. Round with the team (8a, 4p, 12a). Discuss any identified flow/operational issues with appropriate nurse managers/clinicians/educators.
3. Serve as the point person for any operational issues on the unit. Delegate or solve as appropriate. Send email to physician and nurse leadership of the Unit (Candice King and Scott Weingart) if any ongoing or serious issues.
4. Send email to physician and nurse leadership of the Unit (Candice King and Scott Weingart) for any worrisome clinical situations or care issues.
5. Keep in continuous contact with ambulance and waiting room triage as to the state of capacity of the unit to adjust the flow of non-critical patients.
6. Ensure that Resus Rooms (1-3) are kept single unless the unit is at capacity (>22 non-hallway eligible patients). Identify hallway-eligible patients.
7. Check for key items in ST/CC rooms
8. Serve as clinical backup to any crashing/being-actively-resuscitated patient
9. Be present at all intubations. Ensure a checklist is run prior to intubation (unless exigent circumstance) and fill out the debrief form after. Place this form in the clinicians' office.
10. Organize and bring staff to a **debrief** after every:
  - Intubation
  - Cardiac Arrest
  - Major Resuscitation
  - Perceived Error
  - Emotion-Laden Patient Encounter

The RACC attending and the RACC Lead should confer as to who will run the debrief. Debrief should be done using the *INFO technique*.

11. Identify and remind the physician team of any patient that could potentially be placed on OBs
12. Read all of the emails from the Unit leadership with a subject beginning RACC-Ops. Teach and promulgate the content of these messages to all of the nursing staff in the unit when the appropriate situation arises.
13. Attend or watch the recording of the quarterly RACC Education Update.