Differences in the Rothman Index Scores in Evolving Emergent Events in Medical-Surgical Patients
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Background
The Rothman Index, an early warning system using software integrated with the electronic medical record, provides scores monitoring patient conditions. Minimal findings exist regarding Rothman Index scores in medical-surgical patients.

Methods
A retrospective comparative design of 75 subjects with a rapid response or cardiopulmonary resuscitation event on medical-surgical units over 12 months at an academic medical center using Rothman Index scores at admission, 48 and 24 hours before and at time of event. Deaths were identified immediately following the emergent events.

Results
The Rothman Index scores were significantly higher on admission compared to the Rothman Index scores at the time of rapid response or cardiopulmonary resuscitation events (p<0.001).

The Rothman Index scores at 48 hours prior to the event were significantly higher compared to the scores at event time (p<0.001).

The Rothman Index scores at 24 hours before the event were significantly higher compared to the Rothman Index scores at time of event (p<0.001).

No differences were found between the Rothman Index change scores in patients who died and those who remained alive (p=0.83).

For the total group, there were 7 deaths (9.3%). Significantly more patients died in the cardiopulmonary resuscitation group (n=6, 85.7%) compared to the rapid response group (n=1, 14.3%, p=0.01).

Conclusions
Rothman Index scores declined from admission, 48 and 24 hours prior to the time of the emergent event indicating deteriorating patient conditions.

Earlier identification of patient condition changes through the nursing process, combined with an integrated early warning system in the electronic medical record, simultaneously may reduce emergent events in medical-surgical patients.

A collaborative dialogue between nursing and medical staff is crucial to timely recognize and treat conditions to minimize opportunities for emergent events.

Objectives
Explore differences in the Rothman Index scores in medical-surgical patients who suffered rapid response, cardiopulmonary resuscitation or death events.

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