

**Appendix 1: Assessment of Pages Communication Priority based on the Institutional Escalation Response Time Clinical Practice Guideline (Sunnybrook Health Sciences Centre)**

Communication Priority	Approximate call-back time range	Definition	Examples
Low	> 25 minutes	<p>Medical intervention can occur after <b><u>more than 120 minutes</u></b> without harm for the patient.</p> <p>1. Less important and time sensitive; AND</p> <p>2. Medical intervention should likely occur within the <b><u>next 120 minutes</u></b> or serious harm may result to patient.</p>	<p>New requirement for Oxygen to maintain Oxygen saturation or resolve dyspnea</p>
Medium	15-25 minutes	<p>1. Urgent and important; AND</p> <p>2. Medical intervention should likely occur within the <b><u>next 30 minutes</u></b> or serious harm may result to patient.</p>	<p>New confusion or agitation</p> <p>New bleeding (non-brisk) with normal vital signs e.g. from a wound</p> <p>Uncontrolled pain despite using existing orders for pain management</p> <p>Altered vital signs</p> <p>New onset chest pain or difficulty breathing unresolved with supplemental oxygen</p>
High	5-15 minutes	<p>1. Urgent and important; AND</p> <p>2. <b><u>Immediate medical intervention</u></b> should likely occur or serious harm or death may occur.</p>	<p>New alteration of consciousness</p> <p>Brisk bleeding or bleeding with altered vital signs e.g. from a wound</p> <p>Rapid Response Team</p> <p>Code Blue (adult cardiac arrest)</p> <p>Code Blue Child</p> <p>Code Pink (pediatric cardiac arrest)</p> <p>Code Omega (massive</p>
Immediate Emergency Code			

transfusion protocol)

