American Heart Association®
Get With The Guidelines®
Resuscitation

GWTG-Resuscitation Patient Management Tool (CRF)
Medical Emergency Team (MET) Event

Updated August 2023

OPTIONAL: Local Event ID:	________________________	
Date/Time MET was activated:	___/___/_____ ___:___ (MM/DD/YYYY HH:MM)	☐ Time Not Documented
System Entry Date:	___/___/_____ ___:___ (MM/DD/YYYY HH:MM)	☐ Time Not Documented

MET 2.1 PRE-EVENT — Pre-Event Tab

Was patient discharged from an Intensive Care Unit (ICU) at any point during this admission and prior to this MET call?	○ Yes	○ No
Was patient discharged from an ICU within 24 hrs. prior to this MET call?	○ Yes	○ No
Was patient discharged from a Post Anesthesia Care Unit (PACU) within 24 hrs. prior to this MET call?	○ Yes	○ No
Was patient in the ED within 24 hrs. prior to this MET call?	○ Yes	○ No
Did patient receive conscious/procedural sedation or general anesthesia within 24 hrs. prior to this MET call?	○ Yes	○ No
Enter all vital signs taken in the 4 hours prior to this MET event. For patients on continuous monitoring (e.g. ICU, Telemetry, PACU) where frequent pre-event Vital Signs have been documented, enter the last FOUR sets of vital signs prior to MET Activation.	☐ Pre-Event VS Unknown/Not Documented	

Date/ Time	Heart Rate	Systolic BP/ Diastolic BP	Respiratory Rate	SpO2		Temp	Units
___/___/___ ___:___	____ ☐ND	____ ☐ND	____ ☐ND	____ ☐ND	○ Room Air ○ Supplemental O2 ○ ND	____ ☐ND	C | F
___/___/___ ___:___	____ ☐ND	____ ☐ND	____ ☐ND	____ ☐ND	○ Room Air ○ Supplemental O2 ○ ND	____ ☐ND	C | F
___/___/___ ___:___	____ ☐ND	____ ☐ND	____ ☐ND	____ ☐ND	○ Room Air ○ Supplemental O2 ○ ND	____ ☐ND	C | F
___/___/___ ___:___	____ ☐ND	____ ☐ND	____ ☐ND	____ ☐ND	○ Room Air ○ Supplemental O2 ○ ND	____ ☐ND	C | F

Neurological Assessment - AVPU Scale (most recent within last 4 hours prior to this MET event):	○ A – Alert ○ V – Voice ○ P – Pain	○ U – Unresponsive/Unconscious ○ Not Documented

MET 2.2 MET PRE-EXISTING CONDITIONS — Pre-Event Tab

Pre-existing Conditions at Time of Event (check all that apply):	Active or suspected bacterial or viral infection at admission or during hospitalization:
	☐ None
	☐ Bacterial Infection
	☐ Emerging Infectious Disease
	  ☐ SARS-COV-1
	  ☐ SARS-COV-2 (COVID-19)
	  ☐ MERS
	  ☐ Other Emerging Infectious Disease

	❑ Influenza ❑ Seasonal cold ❑ Other Viral Infection Additional Personal Protective Equipment (PPE) Donned by the responders? ❍ Yes ❍ No/Not Documented History of vaping or e-cigarette use in the past 12 months? ❍ Yes ❍ No/ND

MET 3.1 EVENT — Event Tab

Date/Time of Birth:	____/____/_____ ___:___ (MM/DD/YYYY HH:MM)					
Age at Event (in yrs., months, weeks, days, hrs., or minutes):	_____	❍ Years ❍ Months	❍ Weeks ❍ Days	❍ Hours ❍ Minutes	❑ Estimated	❑Age Unknown / Not Documented
Date/Time First MET Team Member Arrived	____/____/_____ ___:___ (MM/DD/YYYY HH:MM)				❑Time Not Documented	
Date/Time Last Team Member Departed:	____/____/_____ ___:___				❑Time Not Documented	
Subject Type	❍ Ambulatory/Outpatient ❍ Emergency Department ❍ Hospital Inpatient -(rehab, skilled nursing, mental health wards)				❍ Rehab Facility Inpatient ❍ Skilled Nursing Facility Inpatient ❍ Mental Health Facility Inpatient ❍ Visitor or Employee	
Illness Category	❍ Medical-Cardiac ❍ Surgical-Cardiac ❍ Obstetric ❍ Other (Visitor/Employee)				❍ Medical-Noncardiac ❍ Surgical-Noncardiac ❍ Trauma	
Event Location (Area)	❍ Ambulatory/Outpatient Area ❍ Adult Coronary Care Unit (CCU) ❍ Adult ICU ❍ Cardiac Catheterization Lab ❍ Delivery Suite ❍ Diagnostic/Intervention Area (excludes Cath Lab) ❍ Emergency Department (ED) ❍ General Inpatient Area ❍ Neonatal ICU (NICU) ❍ Newborn Nursery				❍ Operating Room (OR) ❍ Pediatric ICU (PICU) ❍ Pediatric Cardiac Intensive Care ❍ Post-Anesthesia Recovery Room (PACU) ❍ Rehab, Skilled Nursing, or Mental Health Unit/Facility ❍ Same-Day Surgical Area ❍ Telemetry Unit or Step-Down Unit ❍ Other ❍ Unknown/Not Documented	
Event Location (Name)	_____					
Vital Signs (at time of event)	❑ Unknown/Undocumented					
Heart Rate: ____	BP(Systolic/Diastolic): ____/____	Resp. Rate: _____	SpO2: ____	❑ Room Air ❑ Supplemental O_2	❑ ND ❑ Temp/Units: _____ C | F	

MET 3.2 MET ACTIVATION TRIGGERS – Check all that Apply — Event Tab

	❑ Trigger Unknown/Not Documented		
Respiratory	❑ Respiratory Depression ❑ Tachypnea ❑ New Onset of Difficulty Breathing	❑ Decreased Oxygen Saturation ❑ Other Respiratory, Specify: _____	
Cardiac	❑ Bradycardia ❑ Tachycardia	❑ Hypotension ❑ Hypertensive Urgency/Emergency	❑ Chest Pain ❑ Other Cardiac ____
Neurological	❑ Mental Status Change ☐ Unexplained Agitation or Delirium ☐ Decreased Responsiveness ❑ Acute Loss of Consciousness (LOC)	❑ Seizure ❑ Suspected Acute Stroke ❑ Other Neurological, Specify: _____	
Medical	❑ Acute decrease in urine output ❑ Critical lab abnormality ❑ Elevated risk factor score, Specify (e.g. MEWS = 5): _____	❑ Excessive bleeding ❑ Uncontrolled Pain ❑ Other Medical, Specify: _____	
Other	❑ Staff member acutely worried about patient	❑ Family member/patient activated ❑ Other, Specify: _____	

MET 4.1 DRUG INTERVENTIONS — Interventions Tab

CHECK ALL NEW DRUG INTERVENTIONS INITIATED DURING MET EVENT

❑ None ❑ Albumin ❑ Antibiotic (IV) ❑ Antihistamine (IV) ❑ Aspirin ❑ Antiarrhythmic Agent ❑ Anti-epileptic	❑ Atropine ❑ Diuretic (IV) ❑ Fluid Bolus (IV) ❑ Glucose Bolus ❑ Inhaled Bronchodilator ❑ Insulin/Glucose	❑ Epinephrine Epinephrine Route: ○ Inhaled Racemic ○ IM ○ SQ ○ IV	❑ Nitroglycerin Nitroglycerin Route: ○ IV ○ SL ❑ Reversal Agent ❑ Sedative	❑ Steroids ❑ Vasoactive Agent Infusion (not bolus) ❑ Other drug intervention(s) _____

MET 4.2 NON-DRUG INTERVENTIONS (Diagnostic and Therapeutic) — Interventions Tab

Respiratory Management:

❑ None ❑ Non-Invasive Ventilation ☐ Bag-Valve-Mask ☐ Mask CPAP/BiPAP ☐ Mask already in place and continued during MET event ☐ Mask initiated during MET event ☐ Nasal Airway ☐ Oral Airway ☐ Other Non-Invasive Ventilation _____	❑ Supplemental O2 ❑ Suctioning ❑ Invasive Ventilation ☐ Endotracheal Tube (ET) ☐ ET already in place and continued during MET event ☐ ET inserted/re-inserted during MET event ☐ Tracheostomy ☐ Tracheostomy already in place during MET event ☐ Tracheostomy placed/re-placed during MET event ☐ Other Invasive Ventilation _____

If Endotracheal Tube (ET) or Tracheostomy tube placed during MET event, method(s) of confirmation used to ensure correct placement of ET or Tracheostomy Tube (check all that apply):	☐ Waveform capnography (waveform ETCO2) ☐ Capnometry (numeric ETCO2) ☐ Exhaled CO2 colorimetric monitor (ETCO2 by color change) ☐ Esophageal detection devices ☐ Revisualization with direct laryngoscopy ☐ None of the above ☐ Not Documented		
Monitoring:	❑ Apnea/Bradycardia	○ Continued	○ Initiated
	❑ Continuous ECG/Telemetry	○ Continued	○ Initiated
	❑ Continuous Pulse Oximetry	○ Continued	○ Initiated
	❑ Other Monitoring (Specify): _____		
Vascular Access:	❑ Central Vein	☐ Already in place	☐ Placed during MET event
	❑ Peripheral Vein	❑ Already in place	❑ Placed during MET event
	❑ Intraosseous (IO)	❑ Already in place	❑ Placed during MET event
	❑ Other Vascular Access: _____	❑ Already in place	❑ Placed during MET event
Stat consult:	❑ Critical Care	❑ Other Stat Consult: _____	
Other interventions initiated during the events:	❑ 12 Lead ECG ❑ Cardioversion/Pacing ❑ Electroencephalogram (EEG) ❑ STAT Labs ❑ Transfusion of blood products ❑ Other Non-Drug Interventions, Specify: _____	❑ Imaging ☐ Bedside Cardiac Ultrasound (Echo) ☐ Chest X-Ray ☐ Head CT (STAT) ☐ Neonatal Head Ultrasound	

MET 5.1 MET OUTCOME — Outcome Tab

Did patient require emergency assisted ventilation for acute respiratory compromise (ARC) OR chest compressions and/or defibrillation for cardiopulmonary arrest (CPA) during the MET event?	❑ No	
	❑ Yes, Acute Respiratory Compromise (ARC) Event	Did ARC event meet GWTG-R ARC Inclusion Criteria? ○ Yes ○ No (e.g., DNAR) ○ N/A (not collecting ARC data in GWTG-R
	❑ Yes, Cardiopulmonary Arrest (CPA) Event	Did CPA event meet GWTG-R CPA Inclusion Criteria? ○ Yes ○ No (e.g., DNAR)

		○ N/A (not collecting CPA data in GWTG-R
Patient Transferred To:	○ Not Transferred (remained on unit) ○ Intensive Care Unit Post-MET ICU length of stay for this ICU admission (days) _____ ○ Cardiac Catheterization Lab	○ Telemetry/Step-Down ○ Operating Room ○ Emergency Department ○ Other Hospital ○ Other (Specify) _____

Did patient die during MET event?	○ Yes	○ No
Was MET response scope of care limited by patient/family end of life decisions or physician decision of medical futility?	○ Yes	○ No
Was patient made DNAR during MET Event?	○ Yes	○ No

MET 6.1 Review Of Met Response — Review Tab

❑ No/Not Documented ❑ MET trigger(s) present, but team not immediately activated ❑ Incorrect Team Activated ❑ Medication Delay ❑ Equipment Issue Specify Equipment: _____ ☐ Availability ☐ Function	❑ MET Response Delay ☐ MET criteria/process not known or misunderstood by those calling MET ☐ MET communication system not working (e.g., phone, operator, pager) ☐ Other, (Specify): _____ ❑ Issues Between MET and Other Caregivers/Departments	❑ Essential Patient Data Not Available ☐ Incomplete or inaccurate information communicated ☐ Other, (Specify): _____ ❑ Prolonged MET Event Duration

MET 7.1 Comments — Review Tab

NOTE: Please do not enter any patient identifiable information in these optional fields.

Event Comments	
Field 1	Field 2
Field 3	Field 4
Field 5	Field 6
Field 7	Field 8
Field 9	Field 10
Field 11	Field 12
Field 13 ___/___/_____ ___:___	Field 14 ___/___/_____ ___:___

END OF MET FORM

