

MET Event

Note: Optional data elements appear in the Get With The Guidelines® - Resuscitation PMT as dark grey shaded areas.

OPTIONAL: Local Event ID: _____

Date/Time MET was activated: ____/____/____ : ____ 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 hours 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 during the last 4 hrs prior to this MET event. For patients on continuous monitoring (i.e. Critical Care Telemetry, PACU) where frequent pre-event Vital Signs have been documented, enter last FOUR sets of Vital Signs prior to MET Activation.

Pre-Event VS Unknown/Not Documented

<u>Date/</u> <u>Time</u>	<u>Heart</u> <u>Rate</u>	<u>Systolic BP/</u> <u>Diastolic BP</u>	<u>Respiratory</u> <u>Rate</u>	<u>SpO2</u>	<u>Temp</u>	<u>Units</u>	
____/____/____ ____:____	_____ <input type="checkbox"/> ND	_____ <input type="checkbox"/> ND	_____ <input type="checkbox"/> ND	_____ <input type="checkbox"/> ND	<input type="checkbox"/> Room Air <input type="checkbox"/> Supplemental O2 <input type="checkbox"/> ND	_____ <input type="checkbox"/> ND	C F
____/____/____ ____:____	_____ <input type="checkbox"/> ND	_____ <input type="checkbox"/> ND	_____ <input type="checkbox"/> ND	_____ <input type="checkbox"/> ND	<input type="checkbox"/> Room Air <input type="checkbox"/> Supplemental O2 <input type="checkbox"/> ND	_____ <input type="checkbox"/> ND	C F
____/____/____ ____:____	_____ <input type="checkbox"/> ND	_____ <input type="checkbox"/> ND	_____ <input type="checkbox"/> ND	_____ <input type="checkbox"/> ND	<input type="checkbox"/> Room Air <input type="checkbox"/> Supplemental O2 <input type="checkbox"/> ND	_____ <input type="checkbox"/> ND	C F
____/____/____ ____:____	_____ <input type="checkbox"/> ND	_____ <input type="checkbox"/> ND	_____ <input type="checkbox"/> ND	_____ <input type="checkbox"/> ND	<input type="checkbox"/> Room Air <input type="checkbox"/> Supplemental O2 <input type="checkbox"/> ND	_____ <input type="checkbox"/> ND	C F

Neurological Assessment – AVPU Scale (most recent within last 4 hours prior to this MET event):

- A – Alert
- V – Responsive to Voice
- P – Responsive to Pain
- U – Unresponsive/Unconscious
- Not documented

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MET 3.1 Event	Event Tab
<p>Date/Time of Birth: ____/____/____ ____:____</p> <p>Age at Event: _____ in years months weeks days hours minutes <input type="checkbox"/> Estimated? <input type="checkbox"/> Age Unknown/Not Documented</p> <p>Date/Time First MET Team Member Arrived: ____/____/____ ____:____ <input type="checkbox"/> Time Not Documented</p> <p>Date/Time Last Team Member Departed: ____/____/____ ____:____ <input type="checkbox"/> Time Not Documented</p> <p>Subject Type:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ambulatory/Outpatient <input type="checkbox"/> Emergency Department <input type="checkbox"/> Hospital Inpatient – (rehab, skilled nursing, mental health wards) <input type="checkbox"/> Rehab Facility Inpatient <input type="checkbox"/> Skilled Nursing Facility Inpatient <input type="checkbox"/> Mental Health Facility Inpatient <input type="checkbox"/> Visitor or Employee 	
<p>Illness Category</p> <ul style="list-style-type: none"> <input type="checkbox"/> Medical-Cardiac <input type="checkbox"/> Medical-Noncardiac <input type="checkbox"/> Surgical-Cardiac <input type="checkbox"/> Surgical-Noncardiac <input type="checkbox"/> Newborn <input type="checkbox"/> Obstetric <input type="checkbox"/> Trauma <input type="checkbox"/> Other (Visitor/Employee) 	<p>Event Location (area)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ambulatory/Outpatient Area <input type="checkbox"/> Adult Coronary Care Unit (CCU) <input type="checkbox"/> Adult ICU <input type="checkbox"/> Cardiac Catheterization Lab <input type="checkbox"/> Delivery Suite <input type="checkbox"/> Diagnostic/Intervention. Area (excludes Cath Lab) <input type="checkbox"/> Emergency Department (ED) <input type="checkbox"/> General Inpatient Area <input type="checkbox"/> Neonatal ICU (NICU) <input type="checkbox"/> Newborn Nursery <input type="checkbox"/> Operating Room (OR) <input type="checkbox"/> Pediatric Cardiac Intensive Care <input type="checkbox"/> Pediatric ICU (PICU) <input type="checkbox"/> Post-Anesthesia Recovery Room (PACU) <input type="checkbox"/> Rehab, Skilled Nursing, or Mental Health Unit/Facility <input type="checkbox"/> Same-day surgical area <input type="checkbox"/> Telemetry unit or Step-down unit <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Not Documented <p style="text-align: right;">Event Location (name): _____</p>
<p>Vital Signs (at time of event):</p> <p><input type="checkbox"/> Unknown/Not Documented:</p> <p>Heart Rate: _____ BP(Systolic/Diastolic): ____/____ Resp. Rate: _____ SpO2: _____ <input type="checkbox"/> Room Air <input type="checkbox"/> Supplemental O2 <input type="checkbox"/> ND</p> <p>Temp/Units: _____ C F</p>	

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MET 3.2 MET Activation Triggers – Check all that apply *Event Tab*

- Trigger Unknown/Not Documented If selected all others skipped

- 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 Specify: _____

- 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
 - Excessive bleeding
 - Elevated risk factor score Specify (e.g. MEWS = 5): _____
 - 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 DRUG INTERVENTIONS INITIATED DURING THE MET EVENT
- None
 - Albumin
 - Antibiotic (IV)
 - Antihistamine (IV)
 - Aspirin
 - Antiarrhythmic Agent
 - Anti-epileptic
 - Atropine
 - Diuretic (IV)
 - Epinephrine
 - Epinephrine Route: Inhaled racemic IM SQ IV
 - Fluid Bolus (IV)
 - Glucose Bolus
 - Inhaled Bronchodilator
 - Insulin/Glucose
 - Nitroglycerin Nitroglycerine Route: IV SL
 - Reversal agent
 - Sedative
 - Steroids
 - Vasoactive Agent Infusion (not bolus)
 - Other Drug Intervention(s): _____

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MET 4.2 Non-Drug Interventions (Diagnostic and Therapeutic) Interventions Tab

None

Respiratory Management:

- Supplemental O2
- Suctioning
- 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: _____
- 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 continuous monitoring: _____

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 event:

- 12 lead ECG
- Cardioversion/Pacing
- Electroencephalogram (EEG)
- Imaging
 - Bedside Cardiac Ultrasound (Echo)
 - Chest X-ray
 - Head CT (stat)
 - Neonatal Head Ultrasound
- STAT Labs
- Transfusion of blood products
- Other Non-Drug Interventions: _____

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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: _____

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**
- 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: _____
- Essential Patient Data Not Available**
 - Incomplete or inaccurate information communicated
 - Other Specify: _____
- Medication Delay**
- Equipment Issue** Specify Equipment: _____
 - Availability
 - Function
- Issues Between MET team and Other Caregivers/Departments**
- Prolonged MET Event Duration**

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MET 7.1 Comments		Comments Tab
<i>Do not enter any Personal Health Information/Protected Health Information into this section.</i>		
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 ____/____/____:____	