**Resuscitation Patient Management Tool®**

**MET Event**  
May 2015

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

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**OPTIONAL:** Local Event ID: ______________________

**Date/Time MET was activated:** __/__/_______ ____:____  
- Time Not Documented

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### 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

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Heart Rate</th>
<th>Systolic BP/ Diastolic BP</th>
<th>Respiratory Rate</th>
<th>SpO2</th>
<th>Temp</th>
<th>Units</th>
</tr>
</thead>
</table>
| __/__/____  
____:____   |            |                          |                  |      |      |       |
|            | ND         | ND                       | ND               | Room Air | Supplemental O2 | C | F |
| __/__/____  
____:____   |            |                          |                  |      |      |       |
|            | ND         | ND                       | ND               | Room Air | Supplemental O2 | C | F |
| __/__/____  
____:____   |            |                          |                  |      |      |       |
|            | ND         | ND                       | ND               | Room Air | Supplemental O2 | C | F |
| __/__/____  
____:____   |            |                          |                  |      |      |       |
|            | ND         | ND                       | ND               | Room Air | Supplemental O2 | 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**

**Date/Time of Birth:** ____/____/_______ ____:____

Age at Event: _______ in years | months | weeks | days | hours | minutes ❑ Estimated? ❑ Age Unknown/Not Documented

**Date/Time First MET Team Member Arrived:** ____/____/_______ ____:____ ❑ 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
- ❑ Medical-Noncardiac
- ❑ Surgical-Cardiac
- ❑ Surgical-Noncardiac
- ❑ Newborn
- ❑ Obstetric
- ❑ Trauma
- ❑ Other (Visitor/Employee)

**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 Cardiac Intensive Care
- ❑ Pediatric ICU (PICU)
- ❑ 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/Not Documented:
- ❑ Heart Rate: _______  ❑ BP(Systolic/Diastolic): _____/_____  ❑ Resp. Rate: _______  ❑ SpO2: _______ ❑ Room Air ❑ Supplemental O2 ❑ ND
- ❑ Temp/Units: _______ C | F
### MET 3.2 MET Activation Triggers – Check all that apply

- **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

**CHECK ALL DRUG INTERVENTIONS INTIATED 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): ___________________________
<table>
<thead>
<tr>
<th>MET 4.2 Non-Drug Interventions (Diagnostic and Therapeutic)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Respiratory Management:</strong></td>
</tr>
<tr>
<td>- None</td>
</tr>
<tr>
<td>- Supplemental O2</td>
</tr>
<tr>
<td>- Suctioning</td>
</tr>
<tr>
<td>- Non-Invasive Ventilation</td>
</tr>
<tr>
<td>- Bag-Valve-Mask</td>
</tr>
<tr>
<td>- Mask CPAP/BiPAP</td>
</tr>
<tr>
<td>- Mask already in place and continued during MET event</td>
</tr>
<tr>
<td>- Mask initiated during MET event</td>
</tr>
<tr>
<td>- Nasal Airway</td>
</tr>
<tr>
<td>- Oral Airway</td>
</tr>
<tr>
<td>- Other Non-Invasive Ventilation:_________________________</td>
</tr>
<tr>
<td>- Invasive Ventilation</td>
</tr>
<tr>
<td>- Endotracheal Tube (ET)</td>
</tr>
<tr>
<td>- ET already in place and continued during MET event</td>
</tr>
<tr>
<td>- ET inserted/re-inserted during MET event</td>
</tr>
<tr>
<td>- Tracheostomy</td>
</tr>
<tr>
<td>- Tracheostomy already in place during MET event</td>
</tr>
<tr>
<td>- Tracheostomy placed/re-placed during MET event</td>
</tr>
<tr>
<td>- Other Invasive Ventilation:___________________________</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Monitoring:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Apnea/Bradycardia</td>
</tr>
<tr>
<td>- Continued □ Initiated □</td>
</tr>
<tr>
<td>- Continuous ECG/Telemetry</td>
</tr>
<tr>
<td>- Continued □ Initiated □</td>
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<tr>
<td>- Continuous pulse oximetry</td>
</tr>
<tr>
<td>- Continued □ Initiated □</td>
</tr>
<tr>
<td>- Other continuous monitoring:__________________________</td>
</tr>
</tbody>
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<thead>
<tr>
<th>Vascular Access:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Central vein</td>
</tr>
<tr>
<td>- Already in place □ Placed during MET event</td>
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<tr>
<td>- Peripheral vein</td>
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<tr>
<td>- Already in place □ Placed during MET event</td>
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<tr>
<td>- Intraosseous (IO)</td>
</tr>
<tr>
<td>- Already in place □ Placed during MET event</td>
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<tr>
<td>- Other vascular access:_______________________________</td>
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<thead>
<tr>
<th>Stat Consult:</th>
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<tbody>
<tr>
<td>- Critical Care</td>
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<tr>
<td>- Other Stat Consult:_______________________________</td>
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<thead>
<tr>
<th>Other Interventions initiated during the event:</th>
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<tbody>
<tr>
<td>- 12 lead ECG</td>
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<tr>
<td>- Cardioversion/Pacing</td>
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<tr>
<td>- Electroencephalogram (EEG)</td>
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<tr>
<td>- Imaging</td>
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<tr>
<td>- Bedside Cardiac Ultrasound (Echo)</td>
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<tr>
<td>- Chest X-ray</td>
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<tr>
<td>- Head CT (stat)</td>
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<tr>
<td>- Neonatal Head Ultrasound</td>
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<tr>
<td>- STAT Labs</td>
</tr>
<tr>
<td>- Transfusion of blood products</td>
</tr>
<tr>
<td>- Other Non-Drug Interventions:________________________</td>
</tr>
</tbody>
</table>

Note: Optional data elements appear in the Get With The Guidelines® - Resuscitation PMT as dark grey shaded areas.
### 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
### MET 7.1 Comments

Do not enter any Personal Health Information/Protected Health Information into this section.

Event Comments

<table>
<thead>
<tr>
<th>Field 1</th>
<th>Field 2</th>
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<tbody>
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<td><em><strong><strong>/</strong></strong></em>/_______ <strong><strong>:</strong></strong></td>
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</table>