**MET Event Record 2**

**Gender:** _____  **Age:**_________  **Weight:** ___________

**Date of birth:** ___________________________________

**Date:**______________  **Time MET called:**___________

**At Time of Event:**  **Heart Rate:** ________  **BP** _____/__ ____  **Respiratory Rate:** _______  **SpO2:** _______  **Temp./Units:** _______

**In ED 24 hours prior to MET call?**  
- [ ] Yes  
- [ ] No

**ICU Discharge prior to MET call?**  
- [ ] Yes  
- [ ] No

**Discharged from PACU within 24 hrs of MET call?**  
- [ ] Yes  
- [ ] No

**Sedation/anesthesia within 24 hrs of MET call?**  
- [ ] Yes  
- [ ] No

**In ED 24 hours prior to MET call?**  
- [ ] Yes  
- [ ] No

<table>
<thead>
<tr>
<th>Issue</th>
<th>Specify</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical – Cardiac</td>
<td>[ ] Medical – Cardiac</td>
</tr>
<tr>
<td>Surgical – Cardiac</td>
<td>[ ] Surgical – Cardiac</td>
</tr>
<tr>
<td>Newborn</td>
<td>[ ] Newborn</td>
</tr>
<tr>
<td>Trauma</td>
<td>[ ] Trauma</td>
</tr>
<tr>
<td>Medical – Non-Cardiac</td>
<td>[ ] Medical – Non-Cardiac</td>
</tr>
<tr>
<td>Surgical – Non-Cardiac</td>
<td>[ ] Surgical – Non-Cardiac</td>
</tr>
<tr>
<td>Obstetric</td>
<td>[ ] Obstetric</td>
</tr>
<tr>
<td>Other (Visitor/Employee)</td>
<td>[ ] Other (Visitor/Employee)</td>
</tr>
</tbody>
</table>

**MET Activation Triggers – Check all that apply**

- [ ] Cardiac:  
  - Bradycardia  
  - Tachycardia  
  - Hypotension  
  - Symptomatic  
  - Chest pain unresponsive to NTG

- [ ] Respiratory:  
  - Respiratory Depression  
  - Tachypnea  
  - New onset of difficulty breathing  
  - Reversal agent without response  
  - Bleeding into airway  
  - Decreased oxygen saturation

- [ ] Neurological:  
  - Mental status change  
  - Acute Loss of Consciousness (LOC)  
  - Seizure  
  - Suspected acute stroke  
  - Unexplained agitation or delirium

- [ ] Medical:  
  - Acute decrease in urine output  
  - Rising lactate to > 4 mEq/L  
  - Uncontrolled bleeding

**Drug Interventions – Check all given during MET event**

- [ ] None
- [ ] Atropine
- [ ] Calcium
- [ ] Glucose Bolus
- [ ] Magnesium
- [ ] Reversal agent
- [ ] Aspirin
- [ ] Calcium
- [ ] Heparin/LMH
- [ ] Mannitol
- [ ] Sodium bicarbonate
- [ ] Antiarrhythmic Agent
- [ ] Diuretic (IV)
- [ ] Inhaled Bronchodilator
- [ ] Nitroglycerin (IV)
- [ ] Nitroglycerin (SL)
- [ ] Thrombolytic
- [ ] Anti-epileptic
- [ ] Fluid Bolus (IV)
- [ ] Insulin/Glucose
- [ ] Nitroglycerin (IV)
- [ ] Vasoactive Agent Infusion (not bolus)
- [ ] Other: ________________________

**Non-Drug Interventions (Diagnostic and Therapeutic) – Check all done or ordered during MET event**

- [ ] None
- [ ] Bedside Cardiac Ultrasound
- [ ] Bronchoscopy
- [ ] Cardioversion
- [ ] Chest Tube
- [ ] Chest X-ray
- [ ] Coma position
- [ ] Consult (Stat):
  - Cardiology
  - Critical Care
  - Neurology
  - Pulmonary
  - Surgery
  - Other: ______________
- [ ] CPR
- [ ] Cricothyrotomy
- [ ] Defibrillation
- [ ] Electroencephalogram (EEG)
- [ ] Foley catheter
- [ ] Gastric lavage
- [ ] GI - Lower
- [ ] GI - Upper
- [ ] Head CT (stat)
- [ ] Hyperventilation
- [ ] Monitoring:
  - Apnea/Brady. (stand alone)
  - ECG Monitor
  - Non-Invasive BP (NIBP)
  - Pulse Oximeter
  - 12-lead ECG
  - Nasogastric (NG) Tube
  - Neonatal Head Ultrasound (echo)
- [ ] Pacemaker
- [ ] Pericardiocentesis
- [ ] Respiratory Management:
  - Effective intubation (airway protection)
  - MechanicaVentilation
  - Supplemental O₂
  - Suctioning
  - Tracheostomy Care/Replacement
- [ ] Ventilation:
  - Bag-Valve-Mask
  - Mask CPAP/BiPAP
  - Nasal Airway
  - Oral Airway
  - Endotracheal Tube (ET)
  - Laryngeal Mask Airway (LMA)
  - Combitube
  - Other: ________________________
- [ ] Serum Lactate
- [ ] Thoracentesis
- [ ] Transfusion:
  - Albumin
  - Fresh frozen plasma
  - Packed red blood cells
  - Platelets
  - Other: ________________________
- [ ] Vascular Access:
  - Central Vein
  - Peripheral Vein
  - Intravenous (IV)
  - Umbilical Artery (UAC)
  - Umbilical Vein (UVC)
- [ ] Other Non-Drug Interventions

**MET Outcome**

- [ ] Did event progress to Acute Respiratory Compromise (ARC) OR CPA during the MET event?  
  - [ ] No  
  - [ ] ARC Event  
  - [ ] CPA Event

- [ ] Pt. Transferred To:  
  - [ ] Morgue  
  - [ ] Not Transf.  
  - [ ] ICU  
  - [ ] Cath Lab  
  - [ ] OR  
  - [ ] Telemetry/Step-Down  
  - [ ] Other Hosp.  
  - [ ] Other: ________________________

- [ ] Was MET response scope of care limited by patient/family end of life decisions or physician decision of medical futility?  
  - [ ] Yes  
  - [ ] No

**Review of MET Response**

- [ ] MET trigger(s) present, but team not immediately activated  
  - [ ] Equipment Issue  
  - [ ] Availability  
  - [ ] Function
  
  - Specify Equipment: ________________________

- [ ] MET criteria / process not known or misunderstood by those calling MET  
  - [ ] Issues Between MET team and Other Caregivers/Departments

- [ ] MET communication system not working (e.g., phone, operator, pager)  
  - [ ] Prolonged MET Event Duration

- [ ] Incomplete or inaccurate information communicated  
  - [ ] MET Member Signature: ________________________

- [ ] Other Specify: ________________________

- [ ] MET Member ID #: ________________________

- [ ] Essential Patient Data Not Available

- [ ] Medication Delay