MET Event Record 2

Date:_____ Time MET called:_____
1st Member Arrival Time: _____
Last Member Departure Time: _____
Date of birth: _____
Gender: _____ Age:_____ Weight: _____
Race: _____ ❑ Hispanic Origin

Patient Stamp

Patient Name _____
Medical Record # _____

ICU Discharge prior to MET call? ❑ Yes ❑ No
If Yes, date admitted to non-ICU unit (after ICU disch.): ____/____/____
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

All vital sign signs taken in the 4 hrs prior to MET activation
(if none, enter last documented vital signs prior to the MET activation):

Date/Time	HR	BP	Resp Rate	SpO2	Temp./Units
					C | F
					C | F
					C | F

At Time of Event: Heart Rate: _____ **BP** _____/_____ **Respiratory Rate:** _____ **SpO2:** _____ **Temp/Units:** _____ C | F

Illness Category:
❑ Medical – Cardiac ❑ Surgical – Cardiac ❑ Newborn ❑ Trauma
❑ Medical – Non-Cardiac ❑ Surgical – Non-Cardiac ❑ Obstetric ❑ Other (Visitor/Employee)

MET Activation Triggers – Check all that apply

❑ **Trigger Unknown**

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

Other:
❑ Staff member concern
❑ > 1 stat page
❑ Other: _____

Drug Interventions – Check all given during MET event

❑ **None**
❑ Aspirin
❑ Antiarrhythmic Agent
❑ Anti-epileptic
❑ Atropine
❑ Calcium
❑ Diuretic (IV)
❑ Fluid Bolus (IV)
❑ Glucose Bolus
❑ Heparin/(LMH)
❑ Inhaled Bronchodialator
❑ Insulin/Glucose
❑ Magnesium
❑ Mannitol
❑ Nitroglycerin (IV)
❑ Nitroglycerin (SL)
❑ Reversal agent
❑ Sodium bicarbonate
❑ Thrombolytic
❑ 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
❑ Crichothyrotomy
❑ 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:**
  ❑ Elective intubation (airway protection)
  ❑ Mechanical Ventilation
  ❑ Supplemental O_2
  ❑ 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
  ❑ Intraosseous (IO)
  ❑ 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**
❑ **MET Response Delay:**
  ❑ MET criteria / process not known or misunderstood by those calling MET
  ❑ MET communication system not working (e.g., phone, operator, pager)
  ❑ Incomplete or inaccurate information communicated
  ❑ Other Specify: _____
❑ **Essential Patient Data Not Available**
❑ **Medication Delay**
❑ **Equipment Issue** ➔ ❑ Availability ❑ Function
  Specify Equipment:_____
❑ **Issues Between MET team and Other Caregivers/Departments**
❑ **Prolonged MET Event Duration**

MET Member Signature: _____
MET Member ID #: _____