### 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

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#### MET 2.1 PRE-EVENT

**Pre-Event Tab**

<table>
<thead>
<tr>
<th>Was patient discharged from an Intensive Care Unit (ICU) at any point during this admission and prior to this MET call?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Was patient discharged from an ICU within 24 hrs. prior to this MET call?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Was patient discharged from a Post Anesthesia Care Unit (PACU) within 24 hrs. prior to this MET call?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Was patient in the ED within 24 hrs. prior to this MET call?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

**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.**

<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>
<tbody>
<tr>
<td>/<strong>/</strong>/____<strong>:</strong>__</td>
<td>ND</td>
<td>ND</td>
<td>ND</td>
<td>Room Air</td>
<td>Room Air</td>
<td>C</td>
</tr>
<tr>
<td>/<strong>/</strong>/____<strong>:</strong>__</td>
<td>ND</td>
<td>ND</td>
<td>ND</td>
<td>Room Air</td>
<td>Room Air</td>
<td>C</td>
</tr>
<tr>
<td>/<strong>/</strong>/____<strong>:</strong>__</td>
<td>ND</td>
<td>ND</td>
<td>ND</td>
<td>Room Air</td>
<td>Room Air</td>
<td>C</td>
</tr>
<tr>
<td>/<strong>/</strong>/____<strong>:</strong>__</td>
<td>ND</td>
<td>ND</td>
<td>ND</td>
<td>Room Air</td>
<td>Room Air</td>
<td>C</td>
</tr>
</tbody>
</table>

**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

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#### 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

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### MET 3.1 EVENT

<table>
<thead>
<tr>
<th>Date/Time of Birth:</th>
<th><strong>/</strong>/________: (MM/DD/YYYY HH:MM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age at Event (in yrs., months, weeks, days, hrs., or minutes):</td>
<td>Years</td>
</tr>
<tr>
<td>Date/Time First MET Team Member Arrived</td>
<td></td>
</tr>
<tr>
<td>Date/Time Last Team Member Departed:</td>
<td></td>
</tr>
</tbody>
</table>

### Subject Type
- Ambulatory/Outpatient
- Emergency Department
- Hospital Inpatient -(rehab, skilled nursing, mental health wards)
- Medical-Cardiac
- Surgical-Cardiac
- Obstetric
- Other (Visitor/Employee)
- Medical-Noncardiac
- Surgical-Noncardiac
- Trauma

### Illness Category
- 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 (Area)

### Event Location (Name)

### Vital Signs (at time of event)
- 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

#### Respiratory
- Respiratory Depression
- Tachypnea
- New Onset of Difficulty Breathing
- Hypotension
- Hypertensive Urgency/Emergency
- Chest Pain
- Other Respiratory, Specify: ___

#### Cardiac
- Bradycardia
- Tachycardia
- Hypertension
- 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**

<table>
<thead>
<tr>
<th>None</th>
<th>Atropine</th>
<th>Epinephrine Route:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albumin</td>
<td>Diuretic (IV)</td>
<td>IV</td>
</tr>
<tr>
<td>Antibiotic (IV)</td>
<td>Fluid Bolus (IV)</td>
<td>Inhaled Racemic</td>
</tr>
<tr>
<td>Antihistamine (IV)</td>
<td>Glucose Bolus</td>
<td>OIM</td>
</tr>
<tr>
<td>Aspirin</td>
<td>Inhaled Bronchodilator</td>
<td>OSQ</td>
</tr>
<tr>
<td>Anti-epileptic</td>
<td>Insulin/Glucose</td>
<td>OIV</td>
</tr>
<tr>
<td>Steroids</td>
<td>Vasovagal Agent</td>
<td>Infusion (not bolus)</td>
</tr>
</tbody>
</table>

**Nitroglycerin Route:**
- IV
- SL
- Reversal Agent
- Sedative

**Other drug intervention(s):**

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

**Interventions Tab**

**Respiratory Management:**

- None
- Non-Invasive Ventilation
  - Bag-Valve-Mask
  - Nasal Airway
  - Inhaled Bronchodilator
  - Other Non-Invasive Ventilation
- Supplemental O2
- Suctioning
- Invasive Ventilation
  - ET already in place and continued during MET event
  - Endotracheal Tube (ET)
  - 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
- Continuous ECG/Telemetry
- Continuous Pulse Oximetry
- Other Monitoring (Specify):

**Vascular Access:**

- Central Vein
- Peripheral Vein
- Intraosseous (IO)
- Other Vascular Access:

**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:

### 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
  - Did ARC event meet GWTG-R ARC Inclusion Criteria?
    - Yes
    - No (e.g., DNAR)
    - N/A (not collecting ARC data in GWTG-R)
  - Did CPA event meet GWTG-R CPA Inclusion Criteria?
    - Yes
    - No (e.g., DNAR)

- Yes, Acute Respiratory Compromise (ARC) Event
- Yes, Cardiopulmonary Arrest (CPA) Event
### 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

<table>
<thead>
<tr>
<th>MET Response Delay</th>
<th>MET criteria/process not known or misunderstood by those calling MET</th>
<th>Essential Patient Data Not Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No/Not Documented</td>
<td>☐ Incorrect Team Activated</td>
<td>☐ Incomplete or inaccurate information communicated</td>
</tr>
<tr>
<td>☐ MET trigger(s) present, but team not immediately activated</td>
<td>☐ Medication Delay</td>
<td>☐ Other, (Specify): _____________</td>
</tr>
<tr>
<td>☐ Equipment Issue</td>
<td>☐ MET communication system not working (e.g., phone, operator, pager)</td>
<td>☐ Prolonged MET Event Duration</td>
</tr>
<tr>
<td>☐ Availability</td>
<td>☐ Other, (Specify): _____________</td>
<td></td>
</tr>
<tr>
<td>☐ Function</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### MET 7.1 COMMENTS

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

<table>
<thead>
<tr>
<th>Event Comments</th>
<th>Field 1</th>
<th>Field 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field 3</td>
<td>Field 4</td>
<td></td>
</tr>
<tr>
<td>Field 5</td>
<td>Field 6</td>
<td></td>
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<tr>
<td>Field 7</td>
<td>Field 8</td>
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<tr>
<td>Field 9</td>
<td>Field 10</td>
<td></td>
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<tr>
<td>Field 11</td>
<td>Field 12</td>
<td></td>
</tr>
<tr>
<td>Field 13</td>
<td>Field 14</td>
<td></td>
</tr>
</tbody>
</table>

END OF MET FORM