Resuscitation Patient Management Tool®   May 2015
MET Event

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

Date/ Time	Heart Rate	Systolic BP/ Diastolic BP	Respiratory Rate	SpO2		Temp	Units
___/___/___ ____:____	❑ND	❑ND	❑ND	❑ND	❑Room Air ❑ Supplemental O2 ❑ND	❑ND	C | F
___/___/___ ____:____	❑ND	❑ND	❑ND	❑ND	❑Room Air ❑ Supplemental O2 ❑ND	❑ND	C | F
___/___/___ ____:____	❑ND	❑ND	❑ND	❑ND	❑Room Air ❑ Supplemental O2 ❑ND	❑ND	C | F
___/___/___ ____:____	❑ND	❑ND	❑ND	❑ND	❑Room Air ❑ Supplemental O2 ❑ND	❑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

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

MET 3.1 Event	*Event Tab*

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

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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	*InterventionsTab*

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): _____

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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**

　　　　　　　　　　　　　　　　　　　　　　　Quintiles Transnational Corp. © 2014

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MET 7.1 Comments	Comments Tab

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

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 ____/ ____/ _____ ____:____

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