|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | | | | | | |
| **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 hrs. 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 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.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | * 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 – Voice * P – Pain | | | | | | | | | | | * U – Unresponsive/Unconscious * Not Documented | | | | | | | | | | | | | | | | | | |
| **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/ND   + Seasonal cold or flu   + Bacterial infection   + Emerging Infectious Disease     - SARS-COV-1     - SARS-COV-2 (COVID-19)     - MERS     - Other Infectious Respiratory Pathogen   ***Additional Personal Protective Equipment (PPE) Donned by the responders?***  🔾 **Yes 🔾 No/Not Documented**  **History of vaping or e-cigarette use in the past 12 months?**  🔾 **Yes 🔾 No/ND** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MET 3.1 Event** | | | | | | | | | | | | | | | | | | | | | | | | | | | ***Event Tab*** | | | | | | | | |
| Date/Time of Birth: | | | | | **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_**  (MM/DD/YYYY HH:MM) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Age at Event (in yrs., months, weeks, days, hrs., or minutes): | | | | | **\_\_\_\_\_\_\_** | | | | | * Years * Months | | | | * Weeks * Days | | | | | | | * Hours * Minutes | | | | | | * Estimated | | | | | | * Age Unknown / Not Documented | | |
| Date/Time First MET Team Member Arrived | | | | | **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_**  (MM/DD/YYYY HH:MM) | | | | | | | | | | | | | | | | | | * 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 * Surgical-Cardiac * Obstetric * Other (Visitor/Employee) | | | | | | | | | | | | | | | | | | * Medical-Noncardiac * Surgical-Noncardiac * Trauma | | | | | | | | | | | | |
| 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 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 (Name) | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Vital Signs (at time of event)** | | | | | * Unknown/Undocumented | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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** | | | | | | | | | | | | | | | | | | | | | | | | | | | ***Event Tab*** | | | | | | | | |
|  | | | | | * Trigger Unknown/Not Documented | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 \_\_\_\_\_ | | | | |
| **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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * None * Albumin * Antibiotic (IV) * Antihistamine (IV) * Aspirin * Antiarrhythmic Agent * Anti-epileptic | | | * Atropine * Diuretic (IV) * Fluid Bolus (IV) * Glucose Bolus * Inhaled Bronchodilator * Insulin/Glucose | | | | | | * Epinephrine   Epinephrine Route:   * Inhaled Racemic * IM * SQ * IV | | | | | | | * Nitroglycerin   Nitroglycerin Route:   * IV * SL * Reversal Agent * Sedative | | | | | | | | | | | | | | * Steroids * Vasoactive Agent Infusion (not bolus) * Other drug intervention(s) \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **MET 4.2 Non-Drug Interventions (Diagnostic and Therapeutic)** | | | | | | | | | | | | | | | | | | | | | | | | | | | ***Interventions Tab*** | | | | | | | | |
| **Respiratory Management:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * None * 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 \_\_\_\_\_\_\_\_\_ | | | | | | | | | | | * Supplemental O2 * Suctioning * 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 Monitoring (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 events:** | | | | | | | * 12 Lead ECG * Cardioversion/Pacing * Electroencephalogram (EEG) * STAT Labs * Transfusion of blood products * Other Non-Drug Interventions, Specify: \_\_\_\_\_ | | | | | | | | | | | | | | | | | | | * Imaging * Bedside Cardiac Ultrasound (Echo) * Chest X-Ray * Head CT (STAT) * Neonatal Head Ultrasound | | | | | | | | | |
| **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 (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** | | | | | | | | | | | | | | | | | | | | | | | | | | | ***Review Tab*** | | | | | | | | |
| * No/Not Documented * **MET trigger(s) present, but team not immediately activated** * **Incorrect Team Activated** * **Medication Delay** * **Equipment Issue**   Specify Equipment: \_\_\_\_\_\_\_\_\_\_\_\_\_   * + Availability   + Function | | | | | | | | * **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): \_\_\_\_\_\_\_\_\_\_\_\_\_ * **Issues Between MET and Other Caregivers/Departments** | | | | | | | | | | | | | | | | | * **Essential Patient Data Not Available**   + Incomplete or inaccurate information communicated   + Other, (Specify): \_\_\_\_\_\_\_\_\_\_\_\_ * **Prolonged MET Event Duration** | | | | | | | | | | |
| **MET 7.1 Comments** | | | | | | | | | | | | | | | | | | | | | | | | | | | ***Review Tab*** | | | | | | | | |
| *NOTE: Please do not enter any patient identifiable information in these optional fields.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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  **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **END OF MET FORM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |