|  |  |
| --- | --- |
| **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** |