### 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

<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>_______ / _______ / _______ : _______</td>
<td>ND</td>
<td>ND</td>
<td>ND</td>
<td>ND</td>
<td>Room Air</td>
<td>C</td>
</tr>
<tr>
<td>_______ / _______ / _______ : _______</td>
<td>ND</td>
<td>ND</td>
<td>ND</td>
<td>ND</td>
<td>Room Air</td>
<td>C</td>
</tr>
<tr>
<td>_______ / _______ / _______ : _______</td>
<td>ND</td>
<td>ND</td>
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<td>Room Air</td>
<td>C</td>
</tr>
<tr>
<td>_______ / _______ / _______ : _______</td>
<td>ND</td>
<td>ND</td>
<td>ND</td>
<td>ND</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

### MET 2.2 MET Pre-Existing Conditions

#### Pre-existing Conditions at Time of Event (check all that apply):
- □ None
- □ Bacterial Infection
- □ Emerging Infectious Disease
  - □ SARS-COV-1
  - □ SARS-COV-2 (COVID-19)
  - □ MERS
  - □ Other Emerging Infectious Disease
- □ Influenza
- □ Seasonal cold
- □ Other Viral Infection

### MET 3.1 Event

**Date/Time of Birth:** _______ / _______ / _______ : _______ (MM/DD/YYYY HH:MM)
### Medical Emergency Team (MET) Event

**Resuscitation Patient Management Tool**

**Medical Emergency Team (MET) Event**

**NOT FOR USE WITHOUT PERMISSION. ©2021 American Heart Association**

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**Medical Emergency Team**

**Resus**

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**Date/Time First MET Team Member Arrived:**

(DM/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
- 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**
- **Temp/Units:** _______ C

---

**MET 3.2 MET ACTIVATION TRIGGERS – Check all that Apply**

**Event Tab**

- **Respiratory**
  - Respiratory Depression
  - Tachypnea
  - New Onset of Difficulty Breathing
  - Decreased Oxygen Saturation
  - Other Respiratory, Specify:

- **Cardiac**
  - Bradycardia
  - 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**

- **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)**

---

Page 2 of 4
### 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 event(s):
- 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)
- Telemetry/Step-Down
<table>
<thead>
<tr>
<th>Did patient die during MET event?</th>
<th>O Yes</th>
<th>O No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was MET response scope of care limited by patient/family end of life decisions or physician decision of medical futility?</td>
<td>O Yes</td>
<td>O No</td>
</tr>
<tr>
<td>Was patient made DNAR during MET Event?</td>
<td>O Yes</td>
<td>O No</td>
</tr>
</tbody>
</table>

### MET 6.1 Review of MET Response

- **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

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

<table>
<thead>
<tr>
<th>Event Comments</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Field 1</td>
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<tr>
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<td><strong>/</strong>/______ ::</td>
</tr>
</tbody>
</table>

END OF MET FORM