Resuscitation Patient Management Tool

January 2021

Medical Emergency Team (MET) Event

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
- ❑ Bacterial Infection
- ❑ Emerging Infectious Disease
  - ☐ SARS-COV-1
  - ☐ SARS-COV-2 (COVID-19)
  - ☐ MERS
  - ☐ Other Emerging Infectious Disease
- ❑ Influenza
- ❑ Seasonal cold
- ❑ Other Viral Infection

Additional Personal Protective Equipment (PPE) Donned by the responders?

❍ Yes ❍ No/Not Documented

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 O_2	❑ 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)	○ Telemetry/Step-Down

	○ Intensive Care Unit Post-MET ICU length of stay for this ICU admission (days) _____ ○ Cardiac Catheterization Lab	○ 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