

Date: _____ Time MET called: _____
 Date of birth: _____
 Age: _____ Weight: _____
 Race: _____ Male Female
 Hispanic Origin: Yes No/Not Documented
 Event Location (name): _____

Patient Name _____
 Medical Record # _____

Was pt discharged from an ICU prior to this MET call? No Yes → Date/Time of non-ICU admit _____
 Was pt discharged from a PACU within 24 hrs prior to this MET call? Yes No
 Did pt receive conscious sedation/general anesthesia within 24 hrs prior to this MET call? Yes No
 Was pt in the Emergency Department within 24 hrs prior to this MET call? Yes No

Vital signs taken within 4 hours PRIOR to MET call (if none enter last documented vital signs prior to activation):

Date	Time	HR	BP	RR	SpO2	Temp
			/			
			/			
			/			
			/			

Vital signs at time of MET call:

Date	Time	HR	BP	RR	SpO2	Temp
			/			

Illness Category at time of MET call:

- Medical Cardiac Medical Non-Cardiac Newborn Ambulatory/Outpatient
 Surgical Cardiac Surgical Non-Cardiac Obstetric Trauma Other (Visitor/Employee)

MET Trigger(s): _____

MET Drug Interventions

MET Non-Drug Interventions (Therapeutic/Diagnostic)

MET Outcome:

- No therapy necessary Therapy limited by patient/family/physician - medical futility
 Progressed to cardiac or respiratory arrest Transfer to telemetry/step-down unit required
 Stat transfer to operating room (OR) Transfer to ICU required
 Status changed to DNAR after MET evaluation Transfer to Cardiac Cath Lab
 Responded to therapy, remained on current unit Transferred to other hospital
 Died during MET event

Time first MET member arrived: _____

Time Not Documented

Time last MET member departed: _____

Time Not Documented

MET member signature _____

ID# _____

MET Event Record 1 - back page

Triggers and Procedures

The lists below are taken directly from the NRCPR MET Data Collection Form that will be used when abstracting MET data. These lists of triggers and procedures should be used as a reference when completing the MET Event Record on the reverse side of this form.

MET Activation Triggers – Check all that apply

Trigger Unknown/Not Documented

Respiratory:

- Respiratory Depression
- Tachypnea
- New onset of difficulty breathing
- Reversal agent without immediate response
(e.g. naloxone/Narcan, flumazenil/Romazicon, neostigmine/Prostigmin)
- Bleeding into airway
- Decreased oxygen saturation

Cardiac:

- Bradycardia
- Tachycardia
- Hypotension
- Symptomatic Hypertension with end organ signs/symptoms
- Chest pain unresponsive to Nitroglycerin (NTG)

Neurological:

- Mental status change
- Acute Loss of Consciousness (LOC)
- Seizure
- Suspected acute stroke
- Unexplained agitation or delirium

Medical:

- Acute decrease in urine output
- Rising lactate to > 4 mEq/L
- Uncontrolled bleeding

Other:

- Staff member acutely worried about patient
- > 1 stat page required to summon patient's regular team for acute problem
- Other: _____

Drug Interventions – Check all given during MET event

None

- | | | |
|---|--|--|
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Fluid Bolus (IV) | <input type="checkbox"/> Nitroglycerin (IV) |
| <input type="checkbox"/> Antiarrhythmic Agent | <input type="checkbox"/> Glucose Bolus | <input type="checkbox"/> Nitroglycerin (SL) |
| <input type="checkbox"/> Anti-epileptic | <input type="checkbox"/> Heparin/Low Molecular Weight Heparin (LMWH) | <input type="checkbox"/> Reversal agent (e.g. naloxone/Narcan, flumazenil/Romazicon, neostigmine/Prostigmin) |
| <input type="checkbox"/> Atropine | <input type="checkbox"/> Inhaled Bronchodilator | <input type="checkbox"/> Sodium bicarbonate |
| <input type="checkbox"/> Calcium | <input type="checkbox"/> Insulin/Glucose | <input type="checkbox"/> Thrombolytic |
| <input type="checkbox"/> Diuretic (IV) | <input type="checkbox"/> Magnesium | <input type="checkbox"/> Vasoactive Agent Infusion (not bolus) |
| | <input type="checkbox"/> Mannitol | <input type="checkbox"/> Other Drug Intervention(s):
_____ |

Non-Drug Interventions (Diagnostic and Therapeutic) – Check all done or ordered during MET event

None

- | | | |
|--|--|---|
| <input type="checkbox"/> Bedside Cardiac Ultrasound (echo) | <input type="checkbox"/> Nasogastric (NG) / Orogastric (OG) Tube | <input type="checkbox"/> Stat Consult: |
| <input type="checkbox"/> Bronchoscopy | <input type="checkbox"/> Neonatal Head Ultrasound (echo) | <input type="checkbox"/> Cardiology |
| <input type="checkbox"/> Cardioversion | <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Critical Care |
| <input type="checkbox"/> Chest Tube | <input type="checkbox"/> Pericardiocentesis | <input type="checkbox"/> Neurology |
| <input type="checkbox"/> Chest X-ray | <input type="checkbox"/> Respiratory Management: | <input type="checkbox"/> Pulmonary |
| <input type="checkbox"/> Coma position | <input type="checkbox"/> Elective intubation for airway protection | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> CPR | <input type="checkbox"/> Mechanical Ventilation | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Cricothyrotomy | <input type="checkbox"/> Supplemental O ₂ | <input type="checkbox"/> Transfusion: |
| <input type="checkbox"/> Defibrillation | <input type="checkbox"/> Suctioning | <input type="checkbox"/> Albumin |
| <input type="checkbox"/> Electroencephalogram (EEG) | <input type="checkbox"/> Tracheostomy Care/Replacement | <input type="checkbox"/> Fresh frozen plasma |
| <input type="checkbox"/> Foley catheter | <input type="checkbox"/> Ventilation: | <input type="checkbox"/> Packed red blood cells |
| <input type="checkbox"/> Gastric lavage | <input type="checkbox"/> Bag-Valve-Mask | <input type="checkbox"/> Platelets |
| <input type="checkbox"/> Gastrointestinal Endoscopy (Upper GI) | <input type="checkbox"/> Mask CPAP/BiPAP | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Gastrointestinal Endoscopy (Lower GI) | <input type="checkbox"/> Nasal Airway | <input type="checkbox"/> Vascular Access: |
| <input type="checkbox"/> Head CT (stat) | <input type="checkbox"/> Oral Airway | <input type="checkbox"/> Central Vein |
| <input type="checkbox"/> Hyperventilation | <input type="checkbox"/> Endotracheal Tube (ET) | <input type="checkbox"/> Peripheral Vein |
| <input type="checkbox"/> Monitoring: | <input type="checkbox"/> Laryngeal Mask Airway (LMA) | <input type="checkbox"/> Intraosseous (IO) |
| <input type="checkbox"/> Apnea/Bradycardia Monitor (stand alone) | <input type="checkbox"/> Combitude | <input type="checkbox"/> Umbilical Artery (UAC) |
| <input type="checkbox"/> ECG Monitor | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Umbilical Vein (UVC) |
| <input type="checkbox"/> Non-Invasive BP (NIBP) Monitor | <input type="checkbox"/> Serum Lactate | |
| <input type="checkbox"/> Pulse Oximeter | <input type="checkbox"/> Thoracentesis | <input type="checkbox"/> Other Non-Drug Interventions:

_____ |
| <input type="checkbox"/> 12-lead ECG | | |