## Resuscitation Patient Management Tool Medical Emergency Team (MET) Event

NOT FOR US	SE WITHOUT PERMI	SSION. ©2019	American Hea	rt Association and	J Quintiles	. For questions	, call 888-526-6700																
OPTIONAL: Local Event ID:																							
Date/Time MET was activated:						(MM/I	DD/YYYY HH:MM)	☐ Time Not Documented															
System Entry Date:							DD/YYYY HH:MM)	☐ Time Not Documented															
MET 2.	1 PRE-EVENT	P	Pre-Event Tab																				
	ient discharged r to this MET c	O Yes	O No																				
•	ient discharged	O Yes	O No																				
Was pat MET cal	ient discharged I?	O Yes	O No																				
Was pat	ient in the ED v	O Yes	O No																				
Did patie this MET		scious/pro	cedural sed	dation or gen	eral an	esthesia wi	ithin 24 hrs. prior to	O Yes	O No														
continu		atients on e-event Vital Signs o MET Activation.	☐ Pre-Event VS Unknown/Not Documented																				
	<u>Date/</u> Time	Heart Rate	Systolic B Diastolic B			SpO2		<u>Temp</u>	<u>Units</u>														
	1 /						O Room Air																
	:						O Supplemental O2		C F														
		□ND	□ND			□ND	O ND	□ND															
							O Room Air																
	:						O Supplemental O2		CIF														
			□ND			□ND	O ND	□ND															
							O Room Air																
	:						O Supplemental O2		C F														
	//		□ND		-	□ND	O ND	□ND															
							Q Room Air																
							O Supplemental O2		C F														
		□ND	□ND	□ND		□ND	O ND	□ND	·														
Neurolo	nical Assess	ment - AVI	PII I	O A – Alert			O U – Unrespons	sive/Unconscious															
Neurological Assessment - AVPU Scale (most recent within last 4 hours				O V – Voice O Not Doo			O Not Documente																
_	this MET ever			O P – Pain																			
MET 2.2	2 MET PRE-E	XISTING C				al la actoria			Pre-Event Tab														
				Active or suspected bacterial or viral infection at admission or during hospitalization:																			
				None																			
				☐ Bacterial Infection																			
				<ul><li>☐ Emerging Infectious Disease</li><li>☐ SARS-COV-1</li></ul>																			
Pre-existing Conditions at Time of Event (check all that apply):				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																			
												History of vaping or e-cigarette use in the past 12 months?											
															l.	O Yes O No/ND							

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MET 3.1 EVENT											Event Tab
Date/Time of Birth:											
Age at Event (in yrs., months, weeks, days, hrs., or minutes):			_	O Years O Months	O Wee		Hours Minutes	☐ Est	timated	□Age Unknown / Not Documented	
Date/Time First N		n Member	:: (MM/DD/YYYY HH:MM)				□Time	□Time Not Documented			
Arrived Date/Time Last T	oom Mon	nhor Donartod	(IVIIVI/D	D/YYY	Y HH:IVIIVI)			□Time	□Time Not Documented		
Date/Time Last 1	eam wer	nber Departed.	O Ambulatory/Outpatient					O Rehab Facility Inpatient			
Cubicat Tuna			O Emergency Department							cility Inpatient	
Subject Type			O Hospital Inpatient -(rehab, skilled							ility Inpatient	
			nursing, mental health wards)  O Medical-Cardiac					O Visitor or Employee O Medical-Noncardiac			
			O Surg						O Surgical-Noncardiac		
Illness Category			O Obs	tetric					O Trauma		
					tor/Employ			0.000	O Operating Room (OR)		
					y/Outpatier nary Care		U)			CU (PIC	
			O Adu		,	···· (••	-,				Intensive Care
					atheterizati	on Lab				sthesia F	Recovery Room
Event Location (A	lrea)		O Deli		uite /Interventic	n Area (	eveludes		(PACU)		
Event Location ()	uou)			n Lab)	TITIOI VOITE	πτισα (	CAGIGGC		Rehab, Skilled Nursing, or Mental     Health Unit/Facility		
					y Departme				O Same-Day Surgical Area		
					patient Are				O Telemetry Unit or Step-Down Unit O Other		
			Neonatal ICU (NICU)     Newborn Nursery					O Unknown/Not Documented			
Event Location (N	Name)										
Vital Signs (at ti	me of ev	ent)	☐ Unknown/Undocumented								
Heart Rate:	BP(Syst	olic/Diastolic):	Resp. Rate: SpO2: Room				olemental O <sub>2</sub>   U Temp/Units: C				
MET 3.2 MET ACTIVATION TRIGGERS –			Chook o		Apply			' '		F	Event Tab
WEI 3.2 WEI A	CHVAIIO	N TRIGGERS —		☐ Trigger Unknown/Not Documented							Event Tab
				_	/ Depressi						Saturation
Respiratory			☐ Tachypnea				☐ Othe	r Resp	oiratory, S	Specify:	
			□ New Onset of Difficulty Breathing						I □ Ch	est Pain	
Cardiac			☐ Bradycardia ☐ Hypotension ☐ Tachycardia ☐ Hypertensive Urgeno				ncv/Emera				
			☐ Mental Status Change				☐ Seizı	☐ Seizure			
Neurological			☐ Unexplained Agitation or Delirium					☐ Suspected Acute Stroke☐ Other Neurological, Specify:			
			☐ Decreased Responsiveness☐ Acute Loss of Consciousness (LOC)				U Otne	- Other Neurological, Opechy.			
Medical			☐ Acute decrease in urine output				□ Exce	☐ Excessive bleeding			
			☐ Critical lab abnormality					☐ Uncontrolled Pain			
			☐ Elevated risk factor score, Specify				☐ Othe	☐ Other Medical, Specify:			
			(e.g. MEWS = 5):				□ Fami	☐ Family member/patient activated			
Other						☐ Other, Specify:					
MET 4.1 DRUG							li	nterventions Tab			
CHECK ALL NEW	CHECK ALL NEW DRUG INTERVENTIONS INITIATED DURING MET EVENT										
□ None □ Atropine		☐ Epinephrine		☐ Nitroglycerin			D 6:				
Albumin Diuretic (IV)		Epinephrine Route:		Nitroglycerin Route:		□ Ste					
☐ Antibiotic (IV) ☐ Antihistamine (IV) ☐ Characa Rad		IV)	V)		O IV				soactive Agent usion (not bolus)		
☐ Antinistamine (IV) ☐ Aspirin ☐ Glucose Boli		us	OS			Reversal Agent		usion (not bolus)			

## **March 2020**

## Resuscitation Patient Management Tool

**Medical Emergency Team (MET) Event** NOT FOR USE WITHOUT PERMISSION. ©2019 American Heart Association and Quintiles. For questions, call 888-526-6700 ☐ Antiarrhythmic Agent □ Inhaled ■ Other drug OIV ■ Sedative ■ Anti-epileptic Bronchodilator intervention(s) ☐ Insulin/Glucose **MET 4.2 Non-Drug Interventions (Diagnostic and Therapeutic)** Interventions Tab **Respiratory Management:** ■ None ☐ Supplemental O2 ■ Non-Invasive Ventilation ■ Suctioning ☐ Bag-Valve-Mask ■ Invasive Ventilation ☐ Mask CPAP/BiPAP □ Endotracheal Tube (ET) ☐ Mask already in place and continued during ☐ ET already in place and continued during MET event ☐ ET inserted/re-inserted during MET event MET event ☐ Tracheostomy ☐ Mask initiated during MET event ☐ Tracheostomy already in place during MET event □ Nasal Airway ☐ Oral Airway ☐ Tracheostomy placed/re-placed during MET event ☐ Other Non-Invasive Ventilation ☐ Other Invasive Ventilation ☐ Waveform capnography (waveform ETCO2) ☐ Capnometry (numeric ETCO2) If Endotracheal Tube (ET) or ☐ Exhaled CO2 colorimetric monitor (ETCO2 by color change) Tracheostomy tube placed during MET event, method(s) of confirmation used to ☐ Esophageal detection devices ensure correct placement of ET or ☐ Revisualization with direct laryngoscopy Tracheostomy Tube (check all that apply): ☐ None of the above □ Not Documented ■ Apnea/Bradycardia O Continued O Initiated ☐ Continuous ECG/Telemetry O Continued O Initiated Monitoring: ☐ Continuous Pulse Oximetry O Continued O Initiated ☐ Other Monitoring (Specify): ☐ Placed during MET □ Central Vein ☐ Already in place event □ Placed during MET ☐ Already in place ☐ Peripheral Vein event Vascular Access: □ Placed during MET ☐ Intraosseous (IO) ☐ Already in place event □ Placed during MET □ Other Vascular Access: ☐ Already in place event Stat consult: Critical Care ☐ Other Stat Consult: ■ Imaging ☐ 12 Lead ECG ☐ Bedside Cardiac □ Cardioversion/Pacing Ultrasound (Echo) Other interventions initiated during the ☐ Electroencephalogram (EEG) ☐ Chest X-Ray events: ☐ STAT Labs ☐ Head CT (STAT) □ Transfusion of blood products □ Neonatal Head ☐ Other Non-Drug Interventions, Specify: Ultrasound **MET 5.1 MET OUTCOME Outcome Tab** □ No Did patient require emergency assisted ventilation for acute respiratory compromise (ARC) OR chest

Arrest (CPA) Event

compressions and/or defibrillation for cardiopulmonary arrest (CPA) during the MET event?

☐ Yes, Acute Respiratory Compromise (ARC) Event	<ul> <li>Did ARC event meet GWTG-R ARC Inclusion Criteria?</li> <li>Yes</li> <li>No (e.g., DNAR)</li> <li>N/A (not collecting ARC data in GWTG-R</li> </ul>				
☐ Yes, Cardiopulmonary	Did CPA event meet GWTG-R CPA Inclusion Criteria?				

O Yes

Resuscitation Patient Management Tool

March 2020

Medical	<b>Emergency</b>	/ Team	(MET)	<b>Event</b>
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		O No (e.g., DNAR)				
			O N/A (not colle	ting CPA data in GWTG-R		
		O Not Transferred	(remained on unit)	O Telemetry/Step-Down		
		O Intensive Care U	nit	O Operating Room		
Patient Transf	erred To:	Post-MET ICU lengt	th of stay for this ICU	O Emergency Department		
		admission (days)		O Other Hospital		
		O Cardiac Catheter	rization Lab	O Other (Specify)		
-	e during MET event?			O Yes	O No	
	oonse scope of care limited by	y patient/family end	of life decisions or	O Yes	O No	
· ·	ision of medical futility?			- V.	0.11	
•	nade DNAR during MET Event	:? 		O Yes	O No	
	VIEW OF MET RESPONSE				Review Tab	
□ No/Not Do		☐ MET Response D	Delay	☐ Essential Patient Data Not		
	ger(s) present, but team not	☐ MET criteria,	/process not known or	Available  ☐ Incomplete or inaccurate information communicated ☐ Other, (Specify): —————		
	ely activated Team Activated	misundersto	ood by those calling MET			
		☐ MET commu	unication system not			
<ul><li>Medication</li><li>Equipment</li></ul>	-	working (e.g	g., phone, operator, pager)			
Specify Equipment		☐ Other, (Spec	• •			
Specify Equipi		☐ Issues Between	MET and Other	☐ Prolonged MET Event		
☐ Availa	•	Caregivers/Depa	artments	Duration		
MET 7.1 Cor					Review Tab	
	do not enter any patient iden	tifiable information i	n these ontional fields		Neview rais	
Event	do not enter any patient lacin	tijidbie mjormation i	ir these optional fields.			
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			
	:_			<b>:</b>		

END OF MET FORM