

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"/> <b>Other Drug Intervention(s):</b><br>_____   |

### 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"/> <b>Stat Consult:</b>                                   |
| <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"/> <b>Respiratory Management:</b>            | <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 <sub>2</sub>               | <input type="checkbox"/> <b>Transfusion:</b>                                    |
| <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"/> <b>Vascular Access:</b>                                |
| <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"/> <b>Monitoring:</b>                      | <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"/> <b>Other Non-Drug Interventions:</b><br>_____<br>_____ |
| <input type="checkbox"/> 12-lead ECG                             |  |   |