

# MET Event Data Collection Form

## 1.1 Admission/Discharge Data

System Entry Date\*: \_\_\_\_\_ Time: \_\_\_\_:\_\_\_\_  Time Not Documented (\*System Entry date/time depends on subject type, see op-defs)

Did patient also have an ARC and/or CPA event during this admission that has been (or will be) entered into NRCPR software?  Yes  No

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ (Local)

Medical Record #: \_\_\_\_\_ (Local)

Date of Birth: \_\_\_\_\_  DOB Unknown/Not Documented (Local)

Born this Admission or Transferred from Birth Hospital:  Yes  No If Yes, Time of Birth: \_\_\_\_:\_\_\_\_

Age at System Entry: \_\_\_\_\_ in yrs | months | weeks | days | hours  Estimated?  Age Unknown/Not Documented

Gender:  Male  Female Race:  White  Black  Asian/Pacific Islander  American Indian/Eskimo/Aleut  Other: \_\_\_\_\_  Unknown/Not Documented Hispanic Origin?  Yes  No/Not Documented

Was Patient Declared DNAR during this admission?  Yes  No Date/Time of Order: \_\_\_\_\_  Time Not Documented

Discharge Disposition:  Dead  Alive Date/Time of Hospital Discharge/Death: \_\_\_\_\_  Time Not Documented

## 2.1 Pre-Event

Was pt discharged from an Intensive Care Unit (ICU) prior to this MET call?  Yes  No

If yes, date admitted to non-ICU unit (after ICU discharge): \_\_\_\_/\_\_\_\_/\_\_\_\_

Was pt discharged from a Post Anesthesia Care Unit (PACU) within 24 hrs prior to this MET call?  Yes  No

Did pt receive conscious/procedural sedation (including general anesthesia) within 24 hrs prior to this MET call?  Yes  No

Was patient in the ED within 24 hours prior to MET call?  Yes  No

## 2.2 Vital Signs (All vital signs taken in the 4 hrs prior to MET activation. If none, last documented vital signs prior to activation)

Date/Time	HR	BP	Resp Rate	SpO2	Temp./Units	Date/Time	HR	BP	Resp Rate	SpO2	Temp./Units
_____	_____	____/____	_____	_____	_____ C   F	_____	_____	____/____	_____	_____	_____ C   F
_____	_____	____/____	_____	_____	_____ C   F	_____	_____	____/____	_____	_____	_____ C   F

## 3.1 Event

Local Event ID: \_\_\_\_\_ (Optional)

Date/Time MET was activated: \_\_\_\_\_  Time Not Documented

Age at Event (if different from age at system entry): \_\_\_\_\_ in yrs | months | weeks | days  Estimated?  Age Unknown/Not Documented

Time 1<sup>st</sup> MET Team Member Arrived: \_\_\_\_\_  Time Not Documented

Time Last Team Member Departed: \_\_\_\_\_  Time Not Documented

Illness Category:  Medical – Cardiac  Surgical – Cardiac  Newborn  Trauma  Medical – Non-Cardiac  Surgical – Non-Cardiac  Obstetric  Other (Visitor/Employee)

Event Location:  Ambulatory/Outpatient Area  Newborn Nursery  Same-Day Surgical Area  Delivery Suite  Post-Anesthesia Recovery Room (PACU)  Telemetry Unit or Step-Down Unit  Diagnostic/Intervention Area  Rehab, Skilled Nursing or Mental Health Unit/Facility  Other: \_\_\_\_\_  General Inpatient Area (excl. Telemetry)  Unknown/Not Documented

Event Location (Name): \_\_\_\_\_

Vital Signs (at time of event): Heart Rate: \_\_\_\_\_ BP: \_\_\_\_/\_\_\_\_ Resp. Rate: \_\_\_\_\_ SpO2: \_\_\_\_\_ Temp/Units: \_\_\_\_\_ C | F

## 3.2 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: \_\_\_\_\_

**MET Event Data Collection Form**

**4.1 Drug Interventions – Check all given during MET event**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> None                 | <input type="checkbox"/> Glucose Bolus                               | <input type="checkbox"/> Reversal agent<br>(e.g. naloxone/Narcan, flumazenil/Romazicon, neostigmine/Prostigmin) |
| <input type="checkbox"/> Aspirin              | <input type="checkbox"/> Heparin/Low Molecular Weight Heparin (LMWH) | <input type="checkbox"/> Sodium bicarbonate   |
| <input type="checkbox"/> Antiarrhythmic Agent | <input type="checkbox"/> Inhaled Bronchodilator                      | <input type="checkbox"/> Thrombolytic   |
| <input type="checkbox"/> Anti-epileptic       | <input type="checkbox"/> Insulin/Glucose                             | <input type="checkbox"/> Vasoactive Agent Infusion (not bolus)  |
| <input type="checkbox"/> Atropine             | <input type="checkbox"/> Magnesium                                   | <input type="checkbox"/> <b>Other Drug Intervention(s):</b><br>_____  |
| <input type="checkbox"/> Calcium              | <input type="checkbox"/> Mannitol                                    |   |
| <input type="checkbox"/> Diuretic (IV)        | <input type="checkbox"/> Nitroglycerin (IV)                          |   |
| <input type="checkbox"/> Fluid Bolus (IV)     | <input type="checkbox"/> Nitroglycerin (SL)                          |   |

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> None                                    | <input type="checkbox"/> Nasogastric (NG) / Orogastric (OG) Tube   | <b>Stat Consult:</b>   |
| <input type="checkbox"/> Bedside Cardiac Ultrasound (echo)       | <input type="checkbox"/> Neonatal Head Ultrasound (echo)           | <input type="checkbox"/> Cardiology                                    |
| <input type="checkbox"/> Bronchoscopy                            | <input type="checkbox"/> Pacemaker                                 | <input type="checkbox"/> Critical Care                                 |
| <input type="checkbox"/> Cardioversion                           | <input type="checkbox"/> Pericardiocentesis                        | <input type="checkbox"/> Neurology                                     |
| <input type="checkbox"/> Chest Tube                              | <b>Respiratory Management:</b>                                     | <input type="checkbox"/> Pulmonary                                     |
| <input type="checkbox"/> Chest X-ray                             | <input type="checkbox"/> Elective intubation for airway protection | <input type="checkbox"/> Surgery                                       |
| <input type="checkbox"/> Coma position                           | <input type="checkbox"/> Mechanical Ventilation                    | <input type="checkbox"/> Other: _____                                  |
| <input type="checkbox"/> CPR                                     | <input type="checkbox"/> Supplemental O <sub>2</sub>               | <b>Transfusion:</b>  |
| <input type="checkbox"/> Cricothyrotomy                          | <input type="checkbox"/> Suctioning                                | <input type="checkbox"/> Albumin                                       |
| <input type="checkbox"/> Defibrillation                          | <input type="checkbox"/> Tracheostomy Care/Replacement             | <input type="checkbox"/> Fresh frozen plasma                           |
| <input type="checkbox"/> Electroencephalogram (EEG)              | <input type="checkbox"/> Ventilation:                              | <input type="checkbox"/> Packed red blood cells                        |
| <input type="checkbox"/> Foley catheter                          | <input type="checkbox"/> Bag-Valve-Mask                            | <input type="checkbox"/> Platelets                                     |
| <input type="checkbox"/> Gastric lavage                          | <input type="checkbox"/> Mask CPAP/BiPAP                           | <input type="checkbox"/> Other: _____                                  |
| <input type="checkbox"/> Gastrointestinal Endoscopy (Upper GI)   | <input type="checkbox"/> Nasal Airway                              | <b>Vascular Access:</b>  |
| <input type="checkbox"/> Gastrointestinal Endoscopy (Lower GI)   | <input type="checkbox"/> Oral Airway                               | <input type="checkbox"/> Central Vein                                  |
| <input type="checkbox"/> Head CT (stat)                          | <input type="checkbox"/> Endotracheal Tube (ET)                    | <input type="checkbox"/> Peripheral Vein                               |
| <input type="checkbox"/> Hyperventilation                        | <input type="checkbox"/> Laryngeal Mask Airway (LMA)               | <input type="checkbox"/> Intraosseous (IO)                             |
| <b>Monitoring:</b>   | <input type="checkbox"/> Combitube                                 | <input type="checkbox"/> Umbilical Artery (UAC)                        |
| <input type="checkbox"/> Apnea/Bradycardia Monitor (stand alone) | <input type="checkbox"/> Other: _____                              | <input type="checkbox"/> Umbilical Vein (UVC)                          |
| <input type="checkbox"/> ECG Monitor                             | <input type="checkbox"/> Serum Lactate                             | <input type="checkbox"/> <b>Other Non-Drug Interventions:</b><br>_____ |
| <input type="checkbox"/> Non-Invasive BP (NIBP) Monitor          | <input type="checkbox"/> Thoracentesis                             |  |
| <input type="checkbox"/> Pulse Oximeter                          |  |  |
| <input type="checkbox"/> 12-lead ECG                             |  |  |

**5. MET Outcome**

Did patient require emergency assisted ventilation (ARC - Acute Respiratory Compromise) **OR** Compressions/Defibrillation (CPA) during the MET event?

- No
- ARC Event >>> Did ARC event meet NRCPR Inclusion Criteria?     Yes     No (e.g. DNAR)     N/A (not collecting ARC data in NRCPR)
- CPA Event >>> Did CPA event meet NRCPR Inclusion Criteria?     Yes     No (e.g. DNAR)     N/A (not collecting CPA data in NRCPR)

Patient Transferred To:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Not Transferred (remained on unit) | <input type="checkbox"/> Critical Care Area (ICU, CCU, Ped/Neo ICU...) | → Post-MET ICU length of stay for this ICU admission: _____ (days) |
| <input type="checkbox"/> Cardiac Catheterization Lab        | <input type="checkbox"/> Telemetry/Step-Down                           | <input type="checkbox"/> Morgue (Died)                             |
| <input type="checkbox"/> Operating Room                     | <input type="checkbox"/> Other Hospital                                | <input type="checkbox"/> Other: _____                              |

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

**6. Review of MET Response**

- |   |   |
|---|---|
| <input type="checkbox"/> MET trigger(s) present, but team not immediately activated             | <input type="checkbox"/> Essential Patient Data Not Available                     |
| <input type="checkbox"/> MET Response Delay:  | <input type="checkbox"/> Medication Delay   |
| <input type="checkbox"/> MET criteria / process not known or misunderstood by those calling MET | <input type="checkbox"/> Equipment Issue: Specify Equipment: _____                |
| <input type="checkbox"/> MET communication system not working (e.g., phone, operator, pager)    | <input type="checkbox"/> Availability <input type="checkbox"/> Function           |
| <input type="checkbox"/> Incomplete or inaccurate information communicated                      | <input type="checkbox"/> Issues Between MET team and Other Caregivers/Departments |
| <input type="checkbox"/> Other Specify: _____   | <input type="checkbox"/> Prolonged MET Event Duration                             |

**7. Comments**

Local Event Comments/Notes (These comments will NOT be submitted to the NRCPR)

Submitted Event Comments/Notes (These comments WILL be submitted to the NRCPR)