

Document Name: **MEDICAL EMERGENCY TEAM
(MET) – ADULTS**

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Restrictions: **Warrnambool
Campus only** Review 2 Risk rating: E
No:

- Description**
- The Medical Emergency Team (MET) is a rapid response system that exists to provide appropriate emergency assistance or advice to manage the deteriorating patient.
 - Many inpatients who have a cardiorespiratory arrest have a preceding clinical episode, usually in the 24 hour period prior to the arrest.
 - MET is designed to reduce in-hospital deaths, cardiorespiratory arrests and unexpected ICU admissions by providing early clinical intervention to stabilize the patient and prevent further deterioration.
 - This guideline applies to the management of any adult patient, staff member or other person who meets MET criteria whilst on the Warrnambool Campus.
 - It is vital for all SWH staff to be familiar with the MET criteria and process.

Objective: To identify the deteriorating patient early and provide a rapid and appropriate response to manage patients with life threatening conditions or those at risk of cardiorespiratory arrest.

MET Criteria:	Acute changes in:	Physiology:
	AIRWAY	Respiratory distress Threatened airway
	BREATHING	Respiratory rate > 30 Respiratory rate < 6 SaO2 < 90% where clinically unexpected
	CIRCULATION	Blood Pressure < 90mmHg despite treatment Pulse rate <40 (sudden and sustained*) Pulse rate > 140
	NEUROLOGY	Any unexplained or substantial decrease in conscious state Repeated or prolonged seizures
	OTHER	Concern about patient Unable to obtain prompt assistance

Note It is important to look for and report worsening trends with vital signs.

Common sense must prevail when interpreting these parameters, and in the context of being a new finding, not a long standing issue.

To ensure accuracy of vital signs being recorded, manual measurements of BP and pulse rate must be taken. Staff are not to rely on automatic blood pressure and oximetry machines for accuracy.

*Where bradycardia is detected, chest auscultation for the apical beat must be performed for confirmation.

Documentation of Not for Resuscitation Status or Advanced Care Directives do not negate activating the MET.

In the absence of definitive written medical instruction on limitations for treatment, all patients are to be considered eligible for a MET call.

Definitions:	MET	Medical Emergency Team
	BLS	Basic Life Support
	ALS	Advanced Life Support
	CNS	Clinical Nurse Specialist
	ICU	Intensive Care Unit
	Sustained	Continuous

Activation of MET Call: Any SWH clinician can activate the MET process by following the MET criteria.

To activate the MET - call extension *33.

Inform the switchboard operator:

- Where you are
- Request MET Call
- Location of the patient

For example : Dial *33

State "MET Call, Short Stay Unit, Room 4".

The switchboard operator will activate an urgent page and will be announced via overhead speaker.

If staff are unsure of whether to call a MET or a Code Blue, staff are advised to call a Code Blue.

**MET
Response
Team**

The MET response team will consist of:

**Senior nurse from either ICU or ED
Medical Registrar on call for the day
Medical Intern assigned to the Physician of the day
Clinical Coordinator
Orderly x 2 (one can depart as directed if patient situation permits)**

Note: Orderly x 1 only available overnight.

The Medical Registrar attending must have recency of ALS training and competence.

The Nurse Responder must be a Senior Nurse who has maintained annual ALS training and competency. Where possible the nurse responding will have Critical Care or Emergency qualifications.

The above team is all that is required to manage a MET call. In the event of overcrowding and over-response by SWH staff, it is the responsibility of the Clinical Coordinator to redirect staff away from the patient.

**ED Responds
to:**

All non-clinical areas and MHS Acute Inpatient unit.

Includes radiology, Allied Health, Nursing & Medical Administration, Pharmacy, Pathology, Hospital Foyer and Community Health building.

**ICU responds
to:**

All clinical areas (excluding MHS Acute Inpatient unit).

Includes Medical, Acute, Maternity, Surgical, Day Oncology, Rehabilitation, Paediatrics and Theatre.

**Response
time:**

The MET team is expected to respond to the call within five minutes of being notified. It is the responsibility of both ICU and ED to ensure a Senior Nurse responds to all MET calls.

Equipment

The MET Nurse Responder will bring a designated MET Bag containing equipment to manage the MET call. The MET Nurse Responder will also bring a Philips X2 Cardiac Monitor.

The resuscitation trolley is not needed unless the event escalates to a Code Blue.

ED and ICU store designated MET bags containing equipment specific to each department's needs. Each area is responsible for maintaining and storing their own MET equipment, and for reviewing and updating the contents.

Roles and responsibilities of MET Team

Medical Registrar	<ul style="list-style-type: none"> • To carry designated pager at all times when on duty. • Assess patient and instigate clinical intervention and stabilize the patient. • Assess response to treatment and arrange appropriate post event care. • Ensure safe intra-hospital transfer of patient where required. • Notify patient's normal treating team of interventions undertaken.
Medical Intern	Assist in patient management and clinical interventions as directed by Medical Registrar /Senior ED or ICU nurse.
Senior nurse ED/ICU	<ul style="list-style-type: none"> • Assess patient along with the Medical Registrar to instigate clinical intervention and stabilise the patient. • Assess response to treatment and arrange appropriate post event care, in consult with the Medical Registrar. • Ensure safe intra-hospital transfer of patient where required. • Support staff in area; provide positive encouragement, education and feedback to staff.
Clinical Coordinator	<ul style="list-style-type: none"> • Remove excess staff from area. • Assist with workflow. • Acquire extra resources as required. • Assist with plans to transfer patient as required. • Activate stand down command via switchboard once patient is stabilized and the resources of the MET are no longer required.
Orderlies	<ul style="list-style-type: none"> • Assist MET with repositioning of patient, obtaining equipment, pathology courier, intra-hospital transfer of patient, as directed. • One orderly must stay throughout the duration of the event. The second orderly can depart as directed.

Ward Responsibilities

The ward nurse is expected to stay with the patient throughout the duration of the event. This ensures vital information about the event and the background of the patient is provided to the MET, contributing to continuity of care. This also ensures ward staff are involved in post event plans for treatment should the patient stay on the ward.
Ward nurses are also expected to take on the role of scribing and ensure relevant documentation of the event is completed.

Transfer considerations

If the condition of the patient requires further definitive management, the transfer destination is determined by the geographical location of the patient:

- **Clinical areas:** Transfer to ICU once discussed with Physician on call.
- **Non Clinical areas (including MHS Acute inpatient unit):** Transfer to ED for further management.

Riskman reporting A RiskMan report must be completed to flag that a MET activation has occurred. It is the responsibility of the ward nurse in charge of the shift to ensure RiskMan reporting has occurred. A detailed record must still be written in the progress notes – see below.

In outpatient areas the ED nurse responder is required to complete or delegate the Riskman reporting and to ensure relevant documentation is attended.

Documentation Concise medical and nursing documentation must be completed in the progress notes and include full details of the event:

- Patient demographics
- Date & time of call, response time and stand down time
- Reason for MET activation
- Treatment or intervention provided
- Response to treatment
- Outcome for patient and plan
- Staff involved.

Stand down A stand down request is only to be made by the Clinical Coordinator and only when the resources of the MET staff are no longer required.

Note: Under no circumstance can the MET Call process be changed without authorization.

Education

- It is vital that the MET responders use the event as an educational opportunity for ward staff, and provide positive praise and encouragement for recognising deterioration and activating a MET – irrespective of circumstances or outcome.
- Information on recognizing the deteriorating patient and the MET process at SWH will be presented at the scheduled biannual Nursing Professional Update Day, facilitated by the Health Education Department.
- MET Information is also provided to all staff on formal Hospital Orientation Days.
- Posters detailing the MET Call Criteria will be on display in all clinical and non-clinical areas of the Warrnambool Campus. The posters are also located in each clinical area on the inside cover of each patient observation chart folder.
- All registered nurses at SWH are required to undertake training and successful completion of BLS annually. BLS competency training incorporates the MET process.

Mandatory Competency Education is available to all clinical staff for MET via the Health Education Department. Scheduled sessions will be provided annually, of which all SWH clinical staff are expected to attend.

Evaluation ICU is responsible for MET data collection based on Riskman reporting and review of clinical progress notes. Data collection will be utilised for Evaluation and Quality Improvement purposes, and reported to the Clinical Risk and Deteriorating Patient committees.

**OUTCOME
Statement**

The deteriorating patient will be recognised early, receive rapid and appropriate treatment to be stabilised, and further clinical deterioration will be prevented.

The cardiorespiratory arrest rate will be decreased, along with the number of unplanned ICU admissions.

SWH staff will be supported and educated to manage the deteriorating patient.

Concise documentation and RiskMan reporting will be completed, enabling accurate data collection, review and evaluation.

References

Medical Emergency Team Policy. Barwon Health. Accessed via Prompt, May 2011.
National Consensus Statement: Essential Elements for recognizing and responding to clinical deterioration (2010). Australian Commission on Safety and Quality in Healthcare.
Resuscitation (Including MET Calls) Policy. SWH. Accessed via Prompt, May 2011.

MET

Call *33 and state MET call ward____ room____

Airway If threatened

Breathing Respiratory rate <6bpm or >30bpm
SpO2 <90%- where clinical unexpected

Circulation Pulse rate >140bpm
Pulse rate <40bpm sudden & sustained
Systolic blood pressure <90 mm Hg despite treatment

Neurology Sudden decrease in conscious level
Repeated or extended seizures

Other Concern about a patient
Unable to obtain prompt assistance