medical emergency team
wellington hospital
case report form

attach patient label

DATE:	/ / 20	TIME (24hr):	:	LOCATION:	

WHO CALLED? (tick only, not names)	✔	WHO ATTENDED? (tick only, not names)	✔
Ward Staff Nurse		ICU Reg / ICU SMO / PAR nurse / Med Reg **(circle applicable)**	
Ward Nurse in Charge		Primary Team Consultant	
House Officer		Primary Team Registrar	
Registrar		Primary Team House Officer	
Consultant		Ward Nurse in Charge	
Patient/Family/Carer		Ward Staff Nurse	
Other **(specify):**		Other **(specify):**	

PATIENT VITAL SIGNS ON ARRIVAL OF MEDICAL EMERGENCY TEAM:

RR:	SpO_2:	O_2 flow:	BP: /
HR:	Heart rhythm: *(if known)*	AVAPU/GCS:	Temp:

REASON FOR MET CALL: (Tick **all** criteria present)	✔		✔	WHAT DO YOU THINK IS WRONG WITH THE PATIENT?
Cardiorespiratory arrest		Mandatory call criteria met		
Decreased LOC/GCS/seizure		Uncontrolled pain		
Respiratory failure		Bleeding		
Cardiovascular failure		Adverse medication effect		
Renal failure		Concern/worry		
Metabolic/electrolyte disturbance		Other **(specify)**:		

MANAGEMENT (Tick **all** that apply):	✔		✔
Airway suction		CPR	
Airway adjuncts (not intubation)		Volume resuscitation	
Intubation		I/V or I/O access	
Bag-valve-mask ventilation		ECG / ABG / Other Bloods / CXR / BSL **(circle applicable)**	
High flow O_2		Medication/s **(specify)**:	
DC shock/electrical cardioversion		Other **(specify)**:	

IMMEDIATE PATIENT OUTCOME (Tick box)	✔		✔
Transfer to ICU		Remain on ward: *full active management*	
Transfer other **(specify)**:		Remain on ward: *treatment-limiting decision made*	
Died		Remain on ward: *palliation*	

EVALUATION (Please complete the following **immediately** after the rapid response call)	
Was this a late call? (MET criteria reached >15 minutes before call made)	❍ Yes ❍ No
Was the primary team contacted prior to MET criteria being reached?	❍ Yes ❍ No
Were escalation criteria altered by the MET?	❍ Yes ❍ No
Had escalation criteria been altered by the primary team?	❍ Yes ❍ No
Did you need to spend time clarifying treatment limitations and/or the resuscitation status of the patient?	❍ Yes ❍ No

During this MET call were any of the following problems encountered?

- ❍ Equipment missing or malfunctioning
- ❍ MET human error
- ❍ Ward staff human error
- ❍ No ICU bed available
- ❍ ICU bed available but no staffing
- ❍ Difficulty contacting primary team
- ❍ Other **(specify)**:

Comments:

Name of person completing this form:

PLEASE GIVE THIS COMPLETED FORM TO ALEX or ANNE or PLACE IT ON THEIR DESKS
DO NOT FILE THIS IN THE PATIENT'S NOTES