What you need to know about MET at Calvary Public Hospital Bruce

TO CALL A MET, DIAL 2222 AND STATE THE EXACT LOCATION AND TYPE OF MEDICAL EMERGENCY

- Specify clearly if a paediatric or neonatal met response is required

MET CALL CRITERIA:

AIRWAY:	**THREATENED**
BREATHING:	**ALL RESPIRATORY ARRESTS**
	Respiratory rate ≤ 4 or ≥ 36
	SpO2 ≤ 84
CIRCULATION:	**ALL CARDIAC ARRESTS**
	Pulse ≤ 39 or ≥ 140
	Symptomatic Systolic BP ≤ 90 or ≥ 190
DISABILITY:	**SUDDEN DROP IN LEVEL OF CONSCIOUSNESS**
	Repeat or prolonged seizures
OTHER:	**ANY OBSERVATION IN THE MET/MEWS 4 ZONE**
	Any other patient that you are worried about that does not fit the above criteria

- The MET call criteria may be varied for a particular patient with a chronic condition (for example SpO2 88-92% in a COPD patient). Variance should be documented on the patient's observation chart by a Registrar or Consultant.

ROLES OF MET MEMBERS

Team Leader

The MET team leader **will usually be the ICU Registrar (or ED registrar in MET 2)**. However, if the Medical Registrar or Anaesthetic Registrar is performing the role of TL before the ICU Registrar arrives, they do not necessarily need to hand over the role. All three can work together to achieve a good outcome for the patient.

Team leadership during an ALS scenario will be based on the specific situation, skill requirement and qualification of available staff. For example an arrested patient may precipitate a change of team leader if specialised skills are required to obtain a definitive airway.

The Medical registrar

The medical registrar will assist as part of the team depending on the staff mix present and the clinical situation. The medical registrar will assume the team leader role until the ICU registrar arrives.

The Anaesthetic registrar

The Anaesthetic registrar's key role is in management of airway and breathing but they will also assist as part of the team depending on the staff mix present and the clinical situation. The anaesthetic registrar may need to assume the team leader role until the Medical or ICU Registrar arrives.

Intensive Care Liaison Nurse

The ICU liaison will assist the MET RN and Registrars where necessary and coordinate staffing and bed issues when transfer is required. ICU liaison can also assist in a pre-MET situation.

Further detail held within the Medical Emergency Team (MET) Procedure and the Recognition and Response to Deterioration Policy

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COMPOSITION OF MET TEAMS

Calvary Public Hospital Bruce has two MET teams allocated each shift.

MET 1: is the primary response team

MET 2: is only activated if MET 1 is already attending a call, or MET 1 needs additional resources.

The two MET trolleys and MET RNs are based in the Emergency Department.

The ED Admitting Officer (AO) is responsible for allocating an ED doctor to attend a paediatric/neonatal MET, and MET2.

MET 1	MET 2
ICU Registrar	ED Registrar
MET Medical Registrar	ED nurse
Anaesthetic Registrar	ICU Liaison nurse or Shift coordinator
MET nurse	Ward services officer
ICU Liaison nurse or Shift coordinator	
Ward services officer	
Pastoral care worker	

ATTENDANCE AT METS AT PRIVATE HOSPITAL

Under the Service Level Agreement, MET calls from Calvary Bruce Private will be attended by our Public Hospital MET team. Private patients requiring escalation will be transferred to ICU at public if a bed available or an alternate ICU transferred via retrieval.

DISPOSITION OF PATIENT FOLLOWING MET

It is the responsibility of the MET TL to liaise with the appropriate Consultant when transfer of a patient is deemed necessary. If conflict arises over the treatment of the patient during a MET then the primary care Consultant should be called to clarify the situation.

The MET TL is able to document a MOLST for the patient if they feel it is the best course of action for the patient at the time of the MET. It is the MET TL's responsibility to inform the primary care Consultant and team about this decision.

Transfer to ICU/CCU/ED/OT

All non-inpatient MET calls are to be transferred to the Emergency Department for assessment and management. The ED CM must be notified of any patient being transferred to the ED prior to leaving the scene of the MET to allow arranging an appropriate location to receive the patient.

Any inpatient MET call that needs transfer should be transferred to ICU or CCU. If however an ICU bed is not available immediately the patient should be managed in the safest environment until an ICU bed is available and this may mean a transient stay in ED if the ward area is not considered a safe enough environment.

Remain on ward

When the decision is made that the patient can remain on the ward following a MET, it is the responsibility of the MET TL to arrange appropriate and timely follow-up of the patient. This is usually within 4 hours of the MET depending on the circumstances and may involve the inpatient team alone or a combination of appropriate personnel.

Further detail held within the Medical Emergency Team (MET) Procedure and the Recognition and Response to Deterioration Policy