

# QRG - CCU Staff Responding to MET & Call for Help during COVID-19 period.



COVID - 19

Be Safe -- Be Smart -- Be Kind

## Managing a MET Call

<p><b>ASK AND ASSESS</b> Team assembly</p>	<ul style="list-style-type: none"> <li>• Introduce yourself - name and designation</li> <li>• Ask about the reason for MET call</li> <li>• Receive handover- ISBAR</li> </ul>
<p><b>BEGIN</b> Team action phase</p>	<p>Begin basic investigations and resuscitation therapy</p> <p><b>ABCDE approach</b></p> <p>A –Airway</p> <p>B- Breathing</p> <p>RATES</p> <p>R – Resp rate, A- Auscultation, T- Tracheal deviation E- Exertion, S- SpO<sub>2</sub></p> <p>C –Circulation – HR, BP, ECG, cap refill, IV Access, fluid status</p> <p>D-Disability (AVPU; Alert, verbal, Pain, unresponsive. BGL, Full neuro assessment if required)</p> <p>E- Exposure. Assess for any rash, oedema, bleeding, IDC or drains insitu</p> <p><b>This includes taking a full set of observations</b></p> <p>Post a MET Increase frequency of obs: ½ hrly for 2 hrs, then hly for 2/ 24 then 4/24 for 24 hrs</p>
<p><b>ASK FOR HELP</b></p>	<p><b>Call Home Unit registrar/Consultant for assistance if needed</b></p>
<p><b>DISCUSS, DECIDE AND DOCUMENT</b></p>	<p>Discuss MET with registrar/HMO present. (Parent Medical Team is the medical lead)</p> <ul style="list-style-type: none"> <li>• Establish treatment limitations if appropriate. Discuss Goal of Care.</li> <li>• May involve end of life management</li> <li>• Patients will reasonably fall into one of the two categories.             <ul style="list-style-type: none"> <li>▪ 'Stay and play': team continues care in-situ</li> <li>• 'Swoop and run': team transfers patient to a higher acuity area, or for investigation or a procedure.</li> </ul> </li> </ul>

	<p>Objective is to conduct care in most appropriate location by the most appropriate team</p> <ul style="list-style-type: none"> <li>• Are they safe in this environment?</li> <li>• Decide where the patient needs to be managed</li> <li>• If to stay in ward; remember post METCALL observations, speak with bedside nurse.</li> </ul> <p><b>Documentation:</b> Following a MET Call, complete the <a href="#">Rapid Response Record</a> Powerform. The link for the <a href="#">Rapid Response Record</a> is at the bottom of the <a href="#">Observation Chart</a> page.</p>
<p><b>EXPLAIN – Plan</b> <b>Team Disassembly</b></p>	<p>The cause of the MET, investigations required and subsequent management plan with Ward Staff</p> <ul style="list-style-type: none"> <li>• Handover plan, recommendation, Modifications.</li> <li>• Read back and clarify</li> </ul>
<p><b>DATA</b></p>	<p>Data collection of MET calls are entered into the MET register component of Riskman</p> <ul style="list-style-type: none"> <li>• <b>Print Rapid response power form in EMR for data entry</b></li> <li>• If unable to print RR form put a bradma <a href="#">on MET log form</a> and complete details</li> </ul>

## Managing a Call for Help

<p><b>ASK AND ASSESS</b></p>	<ul style="list-style-type: none"> <li>• Introduce yourself - name and designation</li> <li>• Ask about the reason for Call for Help</li> </ul>
<p><b>BEGIN</b> Team action phase</p>	<p>Perform a clinical assessment</p> <p><b>ABCDE approach</b></p> <p>A –Airway</p> <p>B- Breathing</p> <p style="padding-left: 40px;">RATES</p> <p style="padding-left: 40px;">R – Resp rate, A- Auscultation, T- Tracheal deviation E- Exertion, S- SpO<sub>2</sub></p> <p>C –Circulation – HR, BP, ECG, cap refill, IV Access, fluid status</p> <p>D-Disability (AVPU; Alert, verbal, Pain, unresponsive. BGL, Full neuro assessment if required)</p> <p>E- Exposure. Assess for any rash, oedema, bleeding, IDC or drains insitu</p> <p><b>This includes taking a full set of observations</b></p>
<p><b>DISCUSS, DECIDE AND DOCUMENT</b></p>	<p>ASK yourself if the patient acutely deteriorating?</p> <p><b>If the answer is YES</b> activate either a MET or a Code Blue</p> <p>Or is this the call is in regard to Complaints, communication or delays to care (theatre or a procedure being late or cancelled), or anything other than clinical deterioration?</p>

	<p>If the call is anything other than acute deterioration hand this over to the NUM or NIC and document</p> <p><b>Documentation:</b> Following a MET Call, complete the <a href="#">Rapid Response Record</a> Powerform. The link for the <a href="#">Rapid Response Record</a> is at the bottom of the <a href="#">Observation Chart</a> page.</p>
<b>EXPLAIN – Plan</b>	<p>The reason of the Call for Help and subsequent management plan with Ward Staff</p> <ul style="list-style-type: none"> <li>• Handover plan, recommendation, .</li> <li>• Read back and clarify</li> </ul>
<b>DATA</b>	<p>Data collection of Call for Help calls are entered into the MET register component of Riskman</p> <ul style="list-style-type: none"> <li>• <b>Print Rapid response power form in EMR for data entry</b></li> <li>• If unable to print RR form put a bradma <a href="#">on MET log form</a> and complete details</li> </ul>

## Rapid Response Form

You will find the rapid response record under the observation chart.  
Once completed click the green tick, and refresh your page

To print the Rapid Response Record

The screenshot shows a web-based form titled 'Rapid Response Record'. It contains several sections:
 

- Location:** Radio buttons for 'Isabella Hospital', 'Sunshine Hospital', 'Williamson Hospital', and 'Sunbury Day Hospital'.
- Date of Call:** A date picker set to 27/09/2018.
- Resuscitation Plan in Place:** Radio buttons for 'Yes' and 'No'.
- Primary Reason for Call:** A grid of checkboxes for various conditions like 'Respiratory Rate < 6', 'Heart Rate < 40', 'No medical response to UCR request', etc.
- Observations:** Input fields for 'Respiratory Rate', 'Blood Pressure', 'SpO2', 'Heart Rate', 'O2 Flow Rate', and 'Temperature'.
- Pupil Description:** Checkboxes for 'Regular', 'Irregular', 'Dilated', 'Constricted', 'Bilateral', and 'Unilateral' for both left and right eyes.
- Pupil Reaction:** Radio buttons for 'Reactive', 'Sluggish', 'Nonreactive', and 'Unable to assess' for both eyes.
- Interventions & Outcomes:** Radio buttons for 'Remain on Ward', 'Transfer CCU', 'Transfer ICU', 'Transfer to other special', 'Deceased', 'Transfer ED', 'Transfer DR', 'Transfer to SCN', 'Retrieval PAPER', 'Transfer external', and 'Transfer Cath Lab'.

The screenshot shows a 'Form Browser' interface. On the left is a 'Menu' sidebar with 'Form Browser' highlighted. The main area shows a list of forms. One form entry is highlighted with a red box: '109:42 AEDT Rapid Response Record (In Progress) - NURSE102, Nursinn102'. A right-click context menu is open over this entry, with the 'Print' option highlighted by a red box. A red arrow points from the 'Form Browser' menu item to the highlighted form entry.

1. Go to form browser in the Menu
2. Right click on the rapid response record you want to print.
3. Select print from the drop down box.

Date & Time of Call						
Ward						
Bradma						