

MET

(Medical Emergency Team)

Fast Facts

What is MET?

- A rapid critical care response team
- Not the Code Blue team
- May act as a resource – may not always see the patient but give advice

Why?

- Earlier intervention has better outcomes for patients
- Watch for trends in vital signs - most events are preceded by 6-48 hours of instability

How?

- Use the calling criteria to look for warning signs (don't forget MEWS)
- Don't need an order to access MET (a physician cannot give an order to NOT call MET)
- MRP must be called simultaneously - must always be notified
 - Please allow MRP to respond to the needs of his/her patient if possible
- Always use pager. Will try to call back within 5 mins and be at bedside within 15 min
- Please ensure:
 - You provide name, age, diagnosis, Code Status Level, room #, MRP
 - You provide reason for call
 - Adequate IV access
 - Room clear of clutter
 - You stay with patient at bedside to assist MET RN (they don't become primary RN)
 - You have chart/MARS (Medication Administration Record) available
 - Oxygen/suction is working
- We will let you know if there will be a delay; we need to triage the call



MET will follow up on ICU discharged patients but will sign off on AMH, Forensics and Palliative patients (Level 1)

MET will audit all adult code blue events and consults



Thunder Bay Regional
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