

IMMANUEL MEDICAL CENTER

6901 North 72nd Street
Omaha, Nebraska 68122-1709

MEDICAL EMERGENCY TEAM STANDING ORDERS

Medical Executive Committee

Revised: 3/2005 - Next Review: 3/2007

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- Physician may activate MET to evaluate patient's status; after evaluating situation, physician will be contacted.
- When patient condition warrants immediate physician attention, physician will be called first.
- MET may be initiated by any assigned caregiver.
- Respiratory Therapist**
 - Verify airway. Implement O₂ protocol.
 - Advanced airway techniques will be initiated as needed.
 - 12 lead ECG for new or recurring chest pain.
 - Aerosol treatment with 2.5 mg Albuterol 3 ml NS for bronchospasm.
- MET Nurse**
 - Initiate cardiac monitoring when indicated.
 - Check for patent IV access. If not present, start 0.9% NaCl 1000 ml via infusion pump at 20 ml/hour as indicated.
 - If patient on opioids experiences resp. rate ≤ 8 /minute, may administer 0.4 mg Naloxone.
 - If patient on benzodiazepine and resp. rate ≤ 8 , may administer Romazicon 0.2 mg (2mL) at 1 minute intervals to a maximum of 1 mg.
Caution: Hold Romazicon if patient has chronic dependency of benzodiazepine, tricyclic overdose, or seizure disorder.
 - For suspected hypoglycemia, obtain Accu-Chek and treat according to following protocol:
 - If fingerstick glucose < 50 mg/dL, inject 25 ml Dextrose 50% IV push and call physician.
 - If fingerstick glucose < 30 mg/dL, inject 50 ml Dextrose 50% IV push and call physician.
 - Repeat blood sugar at 15 minutes.
 - Notify physician of patient status and interventions made.

Date _____

Time called _____ Code status _____

Arrival time _____

Physician _____

Time notified _____

Patient's nurse _____

Changes which activated MET

Respiratory

Status

- RR < 10 > 26
- \uparrow WOB
- SOB

Heart

Rate

- < 50
- > 120
- Irreg Rhythm

LOC

- Lethargic
- Confused
- Unresponsive
- Agitated

BP

- < 90
- > 180
- undetectable

Staff

Worried

- Does not look right
- unable to notify physician

Chest

Pain

- New
- Recurring

Fluid Status

- I > 0
- Rales
- UOP < 50 ml/4hour

Critical Lab Values

- K
- Na
- Hgb
- Creat

Patient Outcome (Immediate)

- Stayed on unit
- Transferred to _____
- Transferred to ICU
- Code Blue
- Expired

6 Hour Follow Up

- Remained on unit
- Remained in ICU
- Expired
- Transferred to ICU
- Transferred to _____
- Made no Code Blue

Signature _____

Dr _____

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Assessment

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Medical Emergency Team

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SBAR COMMUNICATIONS (not orders)

S - SITUATION

I am calling about:
The patient's code status is:
I am concerned about:

B - BACKGROUND

Are you familiar with the patient? Current medications are:
Any significant events in the last 24 hours?

A - ASSESSMENT

A MET call was activated.

1. I think the problem is:
or
2. I am not sure what the problem is but the patient is deteriorating.
or
3. I believe the patient is unstable and may get worse.

R - RECOMMENDATION

Would you like to:
1. Talk to the family about code status.
2. Transfer to a higher level of care.
3. Consult with a specialty physician.
4. Have the Intensivist see the patient.

Are there any tests you would like?
How often do you want vital signs?
When do you want to be called?

PCD 69930 v4

Temp _____ HR _____ RR _____ BP _____

SPO₂ _____ FIO₂/LPM _____

Lung Sounds:

WOB:

Heart Tones:

Skin:

Pulses:

Level of Consciousness:

Pain:

Fluid Status:

Critical Lab Values:

Nursing Interventions:

Signature _____ End time _____

Respiratory Interventions

Signature _____ End time _____