

### 3. Data collection form

**Year** (2010-2015)

   

**Serial MET number**

   

**Personal number**

      -    

**Gender** (M/F)

**Date of hospital admittance**

       

**Date of MET assessment**

       

**MET call number** (for same hospital episode)

 

**Type of ward**

 

01 = Geriatric

02 = Hand surgical

03 = Cardiology

04 = Dermatology

05 = Surgical

06 = Gynaecological

07 = Respiratory

08 = General medical

09 = Oncology

10 = Orthopaedics

11 = Plastic surgical

12 = Psychiatric

13 = Rheumatology

14 = Urological

15 = Ear, nose and throat

16 = Neurological (including spinal injury and neuro surgical wards bleeding)

17 = Vascular surgical

18 = Transplantation

**Previous medical history**

Yes/No

Angina pectoris

Myocardial infarction

Cardiac failure

Cardiac arrest

Pulmonary disease

Respiratory insufficiency

Hypertension

Diabetes

Renal disease

Stroke

Neurological disease

Periopheral arterial disease (claudicatio, carotis stenosis, etc)

Rheumatic disease

Liver disease

Pancreatic disease

Gastrointestinal disease

Cancer

Psychiatric disease

Endocrine disease

Addiction

Other cardiac diseases (valvular disorders, arrhythmia, etc)

Haematological disease

Skeletal disease

Other disease

If yes, specify; .....

**Trigger criteria**

Yes/No

Threatened airway

Respiratory rate < 8 or > 30 breaths/min

POX < 90%

Heart rate < 40 or > 130 beats/min

Systolic blood pressure < 90 mm Hg

Decreased consciousness

Serious concern

**Status at arrival**

Respiratory rate  breaths/min

Heart rate  beats/min

Consciousness (RLS 1-8)

POX  %

Oxygen (Yes = 1, No = 0)

Systolic blood pressure  mmHg

**Measures at the ward**  
(already taken or prescribed)

Yes/No

Oxygen

Intravenous fluid

Medical treatment

If yes, specify; .....

Blood transfusion

Laboratory test

Other

If yes, specify; .....

**Level of care**

1. No treatment limitation

2. Treatment limitations

If yes, specify; .....

3. Palliation decision

**LOMT or DNAR decision**  
(resulting from MET assessment)

Yes/No

**MET assessment**

1. No measures / No medical indication

2. No intensive care due to LOMT-decision

3. Stabilisation at nursing ward

4. Transferral to ICU

5. Transferral to specialised ward / specialised ICU / another hospital

6. Delayed transferral to ICU

**Laboratory findings**

(# if not available)

pH	<input type="text"/> , <input type="text"/> <input type="text"/> pH
pCO <sub>2</sub>	<input type="text"/> <input type="text"/> , <input type="text"/> kPa
pO <sub>2</sub>	<input type="text"/> <input type="text"/> , <input type="text"/> kPa
Base excess	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> +/-
Saturation O <sub>2</sub>	<input type="text"/> <input type="text"/> <input type="text"/> %
Haemoglobin	<input type="text"/> <input type="text"/> <input type="text"/> g/l
Sodium	<input type="text"/> <input type="text"/> <input type="text"/> mmol/l
Potassium	<input type="text"/> , <input type="text"/> mmol/l
Calcium (Ionised) <input type="checkbox"/>	<input type="text"/> , <input type="text"/> <input type="text"/> mmol/l
Glukos	<input type="text"/> <input type="text"/> , <input type="text"/> mmol/l
Serum lactate	<input type="text"/> <input type="text"/> , <input type="text"/> mmol/l
Haematocrit	<input type="text"/> <input type="text"/> <input type="text"/> l/l
Creatinine	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> μmol/l
<b>Follow-up: Serum lactate in ICU</b>	<input type="text"/> <input type="text"/> , <input type="text"/> mmol/l
<b>Type of blood gas:</b>	<input type="checkbox"/>
1. Arterial	
2. Venous	
0. No blood gas	
<b>Location for first blood gas:</b>	<input type="checkbox"/>
1. Regular ward	
2. ICU	

**Acute medical condition at MET assessment**

Yes/No

Acute coronary syndrome

Sepsis

Pneumonia

Gastroenteritis

Postoperative infection

Other infection

Other postoperative complications

Pulmonary embolism

Cardiac failure

Pulmonary disease

Renal failure

Clinically relevant haemorrhage

Allergic reaction/anaphylaxis

Other

If yes, specify; .....

**Result after MET assessment**

Yes/No

**Cardiac arrest** (where CPR is initiated)

If yes; Date

  

**Mortality < 30 days**

If yes; Date

  

**Mortality < 1 year**

If yes; Date

  

**Mortality location:**

- 1. ICU
- 2. Regular ward
- 3. Other

**Date of ICU admittance**

  

**Date of ICU discharge**

  

**Date of hospital discharge**

  

**Primary diagnosis (ICD 10)**

(for the care event)

**Primary diagnosis in writing**.....