

## Abstract

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MET Calling Criteria: Moving the line in the sand

<sup>1</sup>Kate McCall, <sup>2</sup>Adam Visser

<sup>1</sup>General Medicine, Toowoomba Hospital, Australia

<sup>2</sup>Intensive Care, Toowoomba Hospital, Australia

### Objectives:

Toowoomba Hospital introduced mandatory MET review in response to physiological triggers due to previous failure to identify deterioration. This resulted in resources being overwhelmed by a large increase in calls. A trial was conducted to determine whether lowering the hypotension calling criteria from SBP90 to SBP80 would be safe and effective.

### Methods:

The local EWT was altered so SBP between 80 and 89 would result in junior medical review, rather than mandatory MET. Now a less sensitive tool, it was audited to ensure that no adverse outcomes occurred.

### Results:

In a three month trial, there were 169 occasions where a patient met the previous calling criteria but not the new. This represented a 25% fall in the number of calls. This percentage is smaller than the number of MET calls that were for asymptomatic hypotension in a prospective sample, indicating nurses apply appropriate judgement to borderline patients, and call when worried. 20 patients subsequently had MET calls made due to either nursing concerns or meeting other parameters. Only four of these patients required intervention more than fluid bolus (one antibiotics, one blood transfusion and endoscopy, two ICU admissions). Delayed MET review was not felt to be a clinical issue. Only one patient died unexpectedly, of surgical complications following laparotomy. Included in the audit for one SBP in the 80's without MET call, they had actual MET reviews both before and after this time. Review by the appropriate committees determined that the single avoided MET call was not contributory to the death.

### Conclusions:

Reducing the systolic blood pressure calling criteria from 90 to 80 results in a 25% reduction in MET calls, without leading to adverse patient events. Nurses are able to differentiate between a mildly hypotensive patient who is well, and one who is unwell.