

Oral presentation

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Are patients fulfilling MET criteria recognized?

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Introduction

The aim of this study was to estimate to which extent patients with abnormal vital signs (defined as modified MET criteria [1,2]) on general wards had their vital signs monitored and documented and to establish if staff concern for patients influenced the level of monitoring and was predictive of increased mortality.

Methods

Prospective observational study at Herlev University Hospital, Copenhagen, Denmark. Study personnel measured vital signs on all patients present on five wards during the evening and interviewed nursing staff about patients with abnormal vital signs. Subsequently, patient records were studied.

Results

A total of 155 patients with abnormal vital signs were identified, and nursing staff was interviewed about 139 patients. In 61 of these 139 patients, one or more vital signs were measured by the evening nursing staff. The respiratory rate was not measured by nursing staff. In 86 cases staff decided to intervene because of abnormal vital signs measured by study personnel. A total of 77% of patients had vital signs documented in their records on the day of the observation. The documentation of vital signs was significantly higher when staff expressed concern for a patient in the patient record (95% vs. 65%, chi(2): p < 0.001), but 30-day mortality did not differ significantly (15% vs. 10%, chi(2): p = 0.40).

Conclusion

More than half of the patients fulfilling MET criteria were not recognized by staff, because the vital signs were not measured. In two out of three patients, nursing staff decided to intervene when notified of abnormal vital signs measured by study personnel, indicating a need to reevaluate monitoring routines at general wards.

References

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