

# ViCTOR Medical Emergency Response Metrics

## General Instructions

These metrics have been developed to assist organisations in their local review of deteriorating patients.

- This form is intended to guide data collection from inpatient paediatric patients who have a medical emergency response (e.g. MET call or Code Blue)
- It may be used in conjunction with, or instead of, your usual hospital emergency response forms. The data fields may inform any modifications to already established data bases for collecting paediatric medical emergency response data.
- The below table provides an additional explanation of various elements of the form.

Form Section	Additional Explanation of selected elements
Patient details	<ul style="list-style-type: none"> <li>• Admission diagnosis: <i>Primary reason for admission to hospital</i></li> <li>• &lt; 48 hours postoperative: <i>Any surgical operation or procedure that required anaesthetic</i></li> </ul>
Event details	<ul style="list-style-type: none"> <li>• Called made by Doctor, Nurse, Family, Other: <i>describe 'other' e.g. physio</i></li> </ul>
Reason(s) call made	<p><i>Tick all reasons that are applicable: includes any concerning change to the physiological variables that prompted the call, which may not necessarily be in the Orange or Purple zone.</i></p> <ul style="list-style-type: none"> <li>• Family worried = <i>any family member, although usually parent or guardian</i></li> <li>• Respiratory arrest = <i>cessation of breathing and requiring emergency assisted ventilation</i></li> <li>• Cardiac arrest = <i>chest compressions and/or defibrillation administered irrespective of rhythm</i></li> <li>• Initial rhythm = <i>describe initial rhythm – indicate 'unknown' if unable to be determined</i></li> <li>• Other = <i>e.g. major bleed, severe pain</i></li> </ul>
ViCTOR Purple Parameter	<p><i>Tick all applicable parameters that were in the Purple Zone at the last set of observations prior to the Medical Emergency Call</i></p> <p><i>Tick N/A if no purple parameters were breached</i></p>
Existing modification(s) at Time of call	<p><i>Tick all ViCTOR Purple Parameters that had an existing modification at time of call irrespective of whether the parameter was breached</i></p> <p><i>Tick N/A if there were no existing modifications to the purple parameters</i></p>

Victorian Children's Tool for Observation Response (ViCTOR) is a paediatric sector-led project supported by:

<p>Significant event</p>	<p><i>These events have been selected because they are either related to a higher risk of mortality, or the severity of illness indicates that avoidable clinical deterioration may have occurred.</i></p> <p><i>Tick if any of the following events that occurred during or immediate prior to call (e.g chest compressions given for brief period for bradycardia/hypotension prior to the arrival of the medical emergency team)</i></p> <p><u>Acute respiratory compromise</u>  <i>Absent, agonal or inadequate respirations that required emergency assisted ventilation as listed below</i></p> <ul style="list-style-type: none"> <li>• Bag mask ventilation</li> <li>• Intubation &amp; ventilation</li> <li>• Initiated high flow O<sub>2</sub> (<i>not routine low flow oxygen</i>)</li> <li>• Initiated/Escalated CPAP or BiPAP</li> </ul> <p><u>Cardiac arrest</u>  <i>(No pulse, or pulse with inadequate perfusion requiring chest compressions and/or Defibrillation (VF/VT)</i></p> <ul style="list-style-type: none"> <li>• Chest compressions (<i>describe initial rhythm – indicate ‘unknown’ if unable to be determined</i>)</li> <li>• Defibrillation</li> </ul> <p><u>Other</u></p> <ul style="list-style-type: none"> <li>• Initiated/Escalated inotropes (<i>e.g. dobutamine infusion</i>)</li> <li>• Extensive fluid administration if ≥40 mL/kg <u>or</u> otherwise any smaller fluid bolus (<i>e.g 10 mL/kg</i>)</li> </ul>
<p>Patient Outcome Post call</p>	<ul style="list-style-type: none"> <li>• Resolved without intervention <i>e.g. medical emergency team informed on arrival that they were not required</i></li> <li>• Remained on ward with advice/or intervention (<i>e.g. blood cultures requested, suctioning and repositioning of child, anticonvulsant medication administered</i>)</li> <li>• Internal hospital transferred to: HDU, ICU, ED, Theatre, Other: (<i>Describe: Other e.g. Radiology</i>)</li> <li>• Transferred to another hospital: Monash Children’s, RCH, Other – <i>name other hospital</i></li> <li>• Indicate if PIPER were consultant irrespective of whether the child was transferred</li> <li>• List any ViCTOR purple parameters that were modified as an outcome at the medical emergency call: <i>e.g. upper RR</i></li> <li>• Presumed reason/diagnosis for emergency call: <i>This is the provisional diagnosis that caused the deterioration. This diagnosis may be different to the admission diagnosis e.g. respiratory failure, seizure, septic shock.</i></li> <li>• Does this case require a more detailed review? <i>This is an opportunity to capture any concerns about processes of care that warrant further investigation.</i></li> </ul>