McLaren Flint Procedural Sedation Quality Monitoring

Date of Procedure: Unit/Department where sed:	ntion was given:		Procedure:		
Physician Name:			RN name:		_
Medication Administered:	Ativan Dilaudid	Versed other:	Fentanyl	_ Demerol	Morphine

	YES	NO
1. Was there an "Immediate Assessment done prior to the start of the procedure that included:		
a. Mallampati assessment?		
b. ASA Classification?		
c. Review of Current Vital Signs?		
or region of carrone riminary		
2. Was there unusual difficulties/problems during the procedure such as:		
a. Patient became unresponsive?		
b. Obstructed airway requiring placement of an		
oral/nasal airway, intubation or bag/mask		
ventilation with ambu bag?		
c. Increased oxygen need by either increasing FiO2		
or changing the mode of oxygen delivery		
(example: changing from nasal cannula to a mask)		
d. CPR initiated?		
e. Other: Explain		
3. Was the oxygen saturation documented every 5 minutes duing the procedure and		
every 15 minutes during recovery?		
4. Was any reversal agent required during or after the procedure?		
Narcan Romazicon		
5. If reversal agents were used, did the patient stay 120 minutes following		
administration of reversal?		
6. Did the patient return to pre-procedure condition upon completion of procedure?		
If no, explain:		
7. Was there any adverse outcomes/events? If yes, explain:		
8. How long was the patient's recovery from end of procedure until an Aldrete score		
of 10 (or pre-procedure level if baseline was less than 10)?		
Less than 60 minutes More than 60 minutes		
9. Was education provided and documented? (i.e. discharge/transfer instruction)		
10. Was Procedural Sedation Documentation form thoroughly completed?		

FAX OR MAIL ALL QUALITY MONITORING FORMS TO THE QUALITY DEPARTMENT DAILYTHIS DOCUMENT IS NOT PART OF THE MEDICAL RECORD

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PT.

MR.#/P.M.