

McLaren Flint

Anesthesia Department  
Ongoing Professional Practice Evaluation

<b>Anesthesia Related Complications</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Airway/Respiratory</b>		
Dental Injury	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <li>Exclude patients not transferred directly to PACU from OR</li> <li>Exclude if patient did not have general anesthesia</li> </ul>		
Re-intubated prior to PACU discharge	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <li>Exclude patients not transferred directly to PACU from OR</li> <li>Exclude if patient did not have general anesthesia</li> </ul>		
Unplanned use of difficult airway equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <li>Exclude patients not transferred directly to PACU from OR</li> <li>Exclude if patient did not have general anesthesia</li> </ul>		
Failed intubation causing case cancellation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Aspiration	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Cardiovascular</b>		
Cardiac Arrest	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <li>Exclude if planned cardiac arrest or emergent case</li> </ul>		
Acute MI (new)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Medication</b>		
Severe hypersensitivity reaction	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <li>Exclude patients not transferred directly to PACU from OR</li> </ul>		
<b>Equipment Failure</b>		
Type:		
<b>Invasive Line Placement</b>		
Post Procedure Pneumothorax	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Carotid artery puncture	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Neurological</b>		
CNS Complication	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Peripheral Nerve Injury	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Regional Anesthesia</b>		
Failed Block	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Thermoregulation</b>		
≥ 35.5 C 30 minutes before/15 minutes after anesthesia end	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <li>Exclude if neuraxial/general anesthesia &lt;60 ml</li> <li>Exclude if patient has MAC</li> <li>Exclude if emergent or intentional hypothermia</li> </ul>		
<b>Pain Management</b>		
Max pain score <7/10 within 1 hour of arrival to PACU	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <li>Exclude patients not transferred directly to PACU from OR</li> <li>Exclude patients &lt;18 years old</li> <li>Exclude patients that are not lucid, or unable to communicate pain level</li> </ul>		
<b>Perioperative Mortality</b>		
Did the patient die?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Miscellaneous</b>		
Eye trauma	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <li>Exclude patients not transferred directly to PACU from OR</li> <li>Exclude if patient did not have general anesthesia</li> </ul>		
Burns or skin injury	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High Risk N/V without Prophylaxis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the patient abstain from smoking Prior to anesthesia on DOS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <li>Exclude if patient is not a current smoker</li> <li>Exclude if patient not scheduled for elective surgery</li> <li>Exclude if patient not seen by anesthesia prior to DOS</li> <li>Exclude if patient age &lt;18</li> </ul>		

Provider: \_\_\_\_\_, MD \_\_\_\_\_ CRNA

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