

**PROCESS IMPROVEMENT  
INDICATOR: SEDATION/ANALGESIA**

Complete this form for each patient that receives Sedation/Analgesia for the tolerance of a procedure. Forward this completed form to your Clinical Director or place in the designated PI location.

**PROCEDURE** \_\_\_\_\_ **Form Completed by** \_\_\_\_\_

**Medications Given** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Required Reporting Areas for Sedation/Analgesia** **YES**      **NO**

1. Did this patient require reversal of the drugs given for Sedation/Analgesia
2. Did this patient lose consciousness? Ramsey Scale >4
3. Did the O2 sat decrease below 90% for 5 minutes or longer during the procedure?
4. Did the patient require assisted ventilation? (Were they "bagged" or airway manually supported?)
5. Did the O2 decrease to 80% or less at any time during the procedure?
6. Was there 30% change from baseline in HR, BP, and/or the occurrence of atrial or ventricular arrhythmias?
7. Did the patient develop CNS complications, peripheral neurological deficits, MI, cardiac arrest or death?
8. Was there an unplanned admission to the hospital?
9. Were there any equipment problems encountered during the procedure?
10. The procedure was not accomplished. (If this is a true statement, check the "YES" box. If this is a false statement, check the "NO" box.)
11. Did the discharge score meet or equal 9, or was the MD notified?
12. Was the following monitoring equipment available per policy:

Oximeter  
EKG/BP  
Emergency Cart/Intubation Equipment  
Ambu  
Suction  
O2

**Follow up Section to be completed by Department PI representative.**

**Follow**  
**Up** \_\_\_\_\_