

## World SIVA adverse sedation event reporting toll

**Step 1: Was there one or more adverse events associated with this sedation encounter?**

No, this form is now complete.  Yes, fill out remainder of form below.

**Step 2: Please DESCRIBE the event(s). Check all that apply.**

Minimal risk descriptors	Minor risk descriptors	Sentinel risk descriptors
<input type="checkbox"/> <u>Vomiting/Retching</u>	<input type="checkbox"/> <u>Oxygen desaturation(75-90%) for 30~60s</u>	<input type="checkbox"/> <u>Oxygen desaturation, severe(&lt;75% at any time) or prolonged(&lt;90% for &gt; 60s)</u>
<input type="checkbox"/> Subclinical respiratory depression	<input type="checkbox"/> <u>Apnoea, not prolonged (30~60s)</u>	<input type="checkbox"/> <u>Apnoea, prolonged(&gt;60s)</u>
<input type="checkbox"/> Muscle rigidity, myoclonus	<input type="checkbox"/> <u>Airway obstruction</u>	<input type="checkbox"/> Cardiovascular collapse/ shock
<input type="checkbox"/> <u>Hypersalivation</u>	<input type="checkbox"/> Failed sedation	<input type="checkbox"/> Cardiovascular arrest/ absent pulse
<input type="checkbox"/> Paradoxical response	<input type="checkbox"/> Allergic reaction without anaphylaxis	
<input type="checkbox"/> Recovery agitation	<input type="checkbox"/> <u>Bradycardia (&gt; 25%Baseline)</u>	
<input type="checkbox"/> Prolonged recovery	<input type="checkbox"/> <u>Tachycardia (&gt; 25%Baseline)</u>	
	<input type="checkbox"/> <u>Hypotension (&gt; 25%Baseline)</u>	
	<input type="checkbox"/> <u>Hypertension (&gt; 25%Baseline)</u>	
	<input type="checkbox"/> Seizure	

**Step 3: Please note the INTERVENTIONS performed to treat the adverse event(s). Check all the apply.**

Minimal risk	Minor risk	Moderate risk	Sentinel intervention
<input type="checkbox"/> No intervention performed	<input type="checkbox"/> <u>Airway repositioning</u>	<input type="checkbox"/> <u>Bag valve mask-assisted ventilation</u>	<input type="checkbox"/> Chest compressions
Administration of:	<input type="checkbox"/> Tactile stimulation	<input type="checkbox"/> <u>Laryngeal airway</u>	<input type="checkbox"/> Tracheal intubation
<input type="checkbox"/> Additional sedatives	Administration of:	<input type="checkbox"/> <u>Oral/nasal airway</u>	Administration of:
<input type="checkbox"/> Antiemetic	<input type="checkbox"/> <u>Supplemental oxygen, new or increased</u>	<input type="checkbox"/> CPAP	<input type="checkbox"/> Neuromuscular block
<input type="checkbox"/> Antihistamine	<input type="checkbox"/> Antisialagogue	Administration of:	<input type="checkbox"/> <u>Pressor/ epinephrin:</u>
		<input type="checkbox"/> Reversal agents	<input type="checkbox"/> <u>Atropine to treat bradycardia</u>
		<input type="checkbox"/> Rapid i.v. fluids	
		<input type="checkbox"/> Anticonvulsant i.v.	

**Step 4: Please note the OUTCOME of the adverse event (s). Check all the apply.**

Minimal risk outcome	Moderate risk outcome	Sentinel outcome
<input type="checkbox"/> No adverse outcome	<input type="checkbox"/> Unplanned hospitalization or escalation of care	<input type="checkbox"/> Death
		<input type="checkbox"/> Permanent neurological deficit
		<input type="checkbox"/> Pulmonary aspiration syndrome

**Step 5: Assign a SEVERITY rating to the adverse event(s) associated with this sedation encounter.**

Sentinel  Moderate  Minor  Minimal

Doctor: \_\_\_\_\_