|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Case Info** |  |  | **Anesthesia type** |  |
| **Date** |  |  | **Provider ID** |  |
| **MR #** |  |  | **CRNA ID** |  |
| **ASA Class** |  |  | **Additional provider** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **NO UNTOWARD EVENT** |  |  | Death (Excludes ASA 6 patients presenting for harvesting) | | | |  |
|  |  |  |  |  |  |  |  |
| Case Cancelled |  |  | Unplanned ICU Admission |  |  | Operation on incorrect site |  |
| Case Delayed |  |  | Unplanned admission of outpatient |  |  | Operation on incorrect patient |  |
| Incorrect procedure |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Pulmonary Edema |  |  | Cardiac Arrest |  |  | Bronchospasm req treatment |  |
| Hypotension requiring unanticipated therapy with a continuous infusion or pressor agents |  |  | New PVC's, bradycardia, atrial fibrillation, or other dysrhythmias requiring unanticipated therapy |  |  | Myocardial ischemia, indicated by ST segment changes or echocardiography |  |
|  |  |  |  |  |  |  |  |
| Unanticipated difficult airway |  |  | Unplanned reintubation |  |  | Aspiration |  |
| Inability to secure an airway |  |  | Unplanned respiratory arrest |  |  | Laryngospasm |  |
|  |  |  |  |  |  |  |  |
| Anaphylaxis |  |  | Transfusion Reaction |  |  | Delayed emergence |  |
| Other unanticipated adverse reaction to medication |  |  | Use of sedation/narcotic reversal agents |  |  | Inability to reverse neuromuscular blockade |  |
| Malignant Hyperthermia |  |  | Medication error |  |  |  |  |
|  |  |  |  |  |  |  |  |
| High spinal |  |  | Failed regional anesthetic |  |  | Unintended dural puncture |  |
| Vascular access complication - vessel injury |  |  | Vascular access complication - pneumothorax |  |  | Local anesthesia systemic toxicity |  |
|  |  |  |  |  |  |  |  |
| Seizure |  |  | Surgical fire |  |  | Position injury |  |
| Equipment failure |  |  | Burn injury |  |  | Fall from OR table |  |
| Equipment unavailability |  |  | Unanticipated transfusion greater than 10 units of any blood products |  |  | Activation of Code Call / Stat Page / Rapid Response Team |  |
|  |  |  |  |  |  |  |  |
| PQRS / SCIP Documentation |  |  |  |  |  |  |  |
| Antibiotics |  |  | Central Line Bundle |  |  | Beta blocker continuation |  |
| Normothermia |  |  |  |  |  | DVT prophylaxis |  |
| **If other, please describe:** |  |  |  |  |  |  |  |