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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Yes** | **No** |  |  |  |  |
| Patient is awake and able to contribute to assessment |   |   |  |  |  |  |
|  |  |  |  |  |  |  |
| Patient Physical Exam: | **Yes** | **No** |  | Pain Score (10-point VAS scale): |  |  |
| Mental Status at baseline (Y/N) |   |   |  | on PACU admission |   |   |
| Vital Signs at baseline (Y/N) |   |   |  | Highest pain score |   |   |
| Airway patency at baseline (Y/N) |   |   |  | Pain score at time of assessment |   |   |
|  |  |  |  |  |  |  |
| Nausea or vomiting requiring treatment |   |   |  | Any occurrence of vomiting |   |   |
|  |  |  |  |  |  |  |
| Did the patient experience an unexpected event during perioperative care?  | **Yes** | **No** |
| Unplanned ICU admission |   |   |  | Anaphylaxis |   |   |
| Unplanned hospital admission |   |   |  | Other medication reaction |   |   |
| Intraoperative awareness |   |   |  | Delayed emergence |   |   |
| Epidural hematoma |   |   |  | Respiratory arrest |   |   |
| Peripheral neurologic deficit |   |   |  | Reintubation |   |   |
| Corneal abrasion |   |   |  | Dental trauma |   |   |
| Agitation requiring treatment |   |   |  | Aspiration |   |   |
| Seizure |   |   |  | Cardiac arrest |   |   |
| Uncontrolled blood sugar (high or low) |   |   |  | Hypotension requiring treatment |   |   |
| Subcutaneous emphysema |   |   |  | Unplanned transfusion |   |   |
| Vascular access complication |   |   |  | Unplanned return to OR |   |   |
| Pulmonary Edema |   |   |  | Death  |   |   |
| Prolonged PACU stay - patient condition |   |   |  | Prolonged PACU stay - unrelated to patient condition |   |   |
| New PVC's, bradycardia, arterial fibrillation, or other dysrhythmias requiring treatment |   |   |   | Use of sedation/narcotic reversal agent |   |   |
| **If other, please specify:**  |   |   |   |   |  |  |