Your Hospital's Logo Here

ANESTHESIA QUALITY ASSURANCE

DATE:	MED REC #:	PATIENT NAME:
ANESTHESIOLOGIST:		SURGEON (S):

PULMONARY - AIRWAY

- ☐ Failure - Planned Intubation
- ☐ Failure - Planned Extubation
  - ☐ Residual Narcosis
  - ☐ Residual Paralysis
  - ☐ Other
- ☐ Required Reintubation
- ☐ Endobronchial Intubation
- ☐ Esophageal Intubation
- ☐ Laryngospasm
- ☐ Bronchospasm
- ☐ Pneumothorax
- ☐ Respiratory Failure
- ☐ O2 Saturation < 90%
- ☐ Aspiration

NEUROLOGIC

- ☐ Seizures
- ☐ CNS Neurologic Deficit
- ☐ Peripheral Nerve Injury
- ☐ Prolonged Emergence

TRAUMATIC

- ☐ Dental / Ocular Injury
- ☐ Intubation Trauma
- ☐ Burn / Electrical
- ☐ Fall

REGIONAL

- ☐ Local Anesthesia Toxicity
- ☐ Inadequate Block / Supplemented
- ☐ Failed Regional

OTHER

- ☐ Unplanned Admission **
- ☐ Unplanned Transfer **
- ☐ Death < 24 Hrs

** = due to Anesthesia

DRUG / FLUID / ELECTROLYTE / METABOLISM

- ☐ Reaction - Blood Product
- ☐ Reaction - Drug / Medical Error
- ☐ Anaphylaxis / Anaphylactoid
- ☐ Hyperthermia > 38
- ☐ Hypothermia < 36
- ☐ Hyperkalemia > 6.0

CARDIOVASCULAR

- ☐ Pulmonary Edema < 4 Hrs
- ☐ Cardiac Arrest < 24 Hrs
- ☐ Dysrhythmia - Ventricular
- ☐ Dysrhythmia - Supraventricular
- ☐ Myocardial Ischemia / Infarction < 6 Hrs
- ☐ Severe Hypertension
- ☐ Severe Hypotension
- ☐ Cardiac Consult Req'd

POST - OPERATIVE

- ☐ Headache after Regional Block
- ☐ Peripheral Neurological Deficit > 24 Hrs
- ☐ Respiratory Depression requiring Reversal Agent
- ☐ Pneumonia Consistent w/ Aspiration

PACU

- ☐ Narcotic Antagonistic Administered
- ☐ Benzodiazepine Antagonistic Administered
- ☐ Hypertension requiring Pharmaceutical Intervention
- ☐ Hb / Hct < 8 / 24 in PACU

PAIN ISSUES

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

COMMENTS: