



CLINICAL AUDIT 2017/2018
Procedural Sedation in Adults
Clinical Audit Proforma

Data should be submitted between 1 Aug 2017 – 31 Jan 2018. You can find the link to log into the data entry site at www.rcem.ac.uk/audits

Casemix

Q1	Reference (do not enter identifiable data)	
Q2	Date of arrival (dd/mm/yyyy) and time of arrival or triage, whichever is earlier (use 24 hour clock e.g. 11.23pm = 23:23)	dd/mm/yyyy HH:MM
Q3	Age of patient on attendance	<ul style="list-style-type: none">• 16-40• 41-64• 65 and above
Q4	Level of sedation intended	<ul style="list-style-type: none">• Minimal• Conscious – Moderate• Deep• Dissociative• Not recorded
Q5	Deepest level of sedation achieved	<ul style="list-style-type: none">• Minimal• Conscious – Moderate• Deep• Dissociative• Not recorded

Pre-procedure

Q6a	Were the following elements of pre-procedural assessment recorded in the ED notes? (tick all that apply)	<ul style="list-style-type: none">• ASA grade• Prediction of difficulty in airway management• Pre-procedural fasting status
Q7	Was there documented evidence of the patient's informed consent for the sedation?	<ul style="list-style-type: none">• Yes - consent given• No - lack of mental capacity noted• No - unable to assess mental capacity• No information

Procedure

Q8	Was the sedation carried out in a resuscitation room or one with dedicated resuscitation facilities?	<ul style="list-style-type: none"> • Yes • No • Not recorded
Q9	Which of the following staff were present during the procedure? (tick all that apply)	<ul style="list-style-type: none"> • Doctor • Second doctor, ENP or ANP procedurist • Nurse • Other
Q10	What was the speciality of the sedating practitioner?	<ul style="list-style-type: none"> • EM practitioner • Anaesthetist • Other • Not recorded
Q11	Which agents were used for sedation? (tick all that apply)	<ul style="list-style-type: none"> • Opioid • Benzodiazepine • Ketamine • Propofol • Other agent State name: _____ <ul style="list-style-type: none"> • Not recorded

Monitoring

Q12	Was there evidence of monitoring of the following during the procedure? (tick all that apply)	<ul style="list-style-type: none"> • Non-invasive blood pressure (NIBP) • Pulse oximetry • Capnography • ECG
Q13	Did the patient receive appropriate oxygen therapy during the sedation?	<ul style="list-style-type: none"> • Yes • No (<i>go to Q14</i>) • Not recorded (<i>go to Q14</i>)
Q13a	(Only answer if YES to Q13) please state when oxygen was given	<ul style="list-style-type: none"> • From the start of sedative administration • After complication • From other point • Not specified
Q13b	(Only answer if YES to Q13a) Was appropriate oxygen therapy given until the patient's condition returned to baseline?	<ul style="list-style-type: none"> • Yes • No
Q14	What was the procedure for which sedation was required? (tick all that apply)	<ul style="list-style-type: none"> • Joint reduction • Chest drain • DC cardioversion • Other – please state
Q15	Was the sedation to facilitate an invasive procedure?	<ul style="list-style-type: none"> • Yes • No (<i>go to Q16</i>) • N/A (<i>go to Q16</i>) • Not recorded (<i>go to Q16</i>)

Q15a	(Only answer if YES to Q15) If for an invasive procedure, was a LocSSIP checklist used (or other NatSSIP compliant checklist)?	<ul style="list-style-type: none"> • LocSSIP checklist • NatSSIP compliant checklist State name: _____ <ul style="list-style-type: none"> • Other State name: _____ <ul style="list-style-type: none"> • No • Not recorded
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Adverse events

Q16	Did any of the following adverse events arise?	
Q16a	Oxygen desaturation, severe (<75% at any time) or prolonged (<90% for >60s)	<ul style="list-style-type: none"> • Yes • No • Not recorded
Q16b	Apnoea, prolonged (>60s)	<ul style="list-style-type: none"> • Yes • No • Not recorded
Q16c	Cardiovascular collapse/shock	<ul style="list-style-type: none"> • Yes • No • Not recorded
Q16d	Cardiac arrest/absent pulse	<ul style="list-style-type: none"> • Yes • No • Not recorded
Q16e	Other	<ul style="list-style-type: none"> • Yes State what: _____ <ul style="list-style-type: none"> • No
Q16f	Patient dissatisfaction with procedure (score of 5/10 or less) when assessed on leaving the resus/ procedure room	<ul style="list-style-type: none"> • Yes • No • Not recorded

Adverse events – further information

→ If answered yes to either Q16a-f please answer Q16g-j; if not, please skip to Q17

Q16g	Did the adverse event lead to unplanned hospitalisation or escalation of care?	<ul style="list-style-type: none"> • Yes • No • Not recorded
Q16h	Did any of the following outcomes arise? (tick all that apply)	<ul style="list-style-type: none"> • Death • Permanent neurological deficit • Pulmonary aspiration syndrome
Q16i	If an adverse event occurred, was this reported as follows? (tick all that apply)	<ul style="list-style-type: none"> • Reported to the department clinical lead • Discussed at the departmental clinical governance meeting • Via completion of World SIVA Adverse Sedation Event Reporting Tool • Datix • Other method • Not reported/Not recorded

Q16j	If an adverse event has occurred, please provide details of the event or contact details if willing to participate in a structured interview and to supply a copy of the World SIVA form.	
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Patient discharge

Q17	Was the patient discharged home from the ED?	<ul style="list-style-type: none"> • Yes • No • Not recorded
Q17a	(Only answer if YES to Q17) Were the following elements of formal assessment of discharge suitability documented? (tick all that apply)	<ul style="list-style-type: none"> • Return to baseline level of consciousness • Vital signs within normal limits for the patient • Absence of respiratory compromise • Absence of significant pain and discomfort • Written advice on discharge

Organisational audit

PLEASE ANSWER THE FOLLOWING QUESTIONS ONCE PER EMERGENCY DEPARTMENT ONLY

Q1	Is procedural sedation in children undertaken in your ED?	<ul style="list-style-type: none"> • No • Yes – by ED clinicians • Yes – by anaesthetic clinicians • Yes – not specified by whom
Q2	Does your department have LocSSIP checklists for relevant procedures?	<ul style="list-style-type: none"> • Yes • No

Notes

Question and answer definitions

Q6a

ASA - American Society of Anaesthesiologists Physical Status Classification **Error! Bookmark not defined.**

ASA PS Classification	Definition
ASA I	A normal healthy patient
ASA II	A patient with mild systemic disease
ASA III	A patient with severe systemic disease
ASA IV	A patient with severe systemic disease that is a constant threat to life
ASA V	A moribund patient who is not expected to survive without the operation
ASA VI	A declared brain-dead patient whose organs are being removed for donor purposes

Q15a

NatSSIPs - "are intended to provide a skeleton for the production of Local Safety Standards for Invasive Procedures (LocSSIPs) that are created by multiprofessional clinical teams and their patients, and are implemented against a background of education in human factors and working as teams. The NatSSIPs do not replace the WHO Safer Surgery Checklist. Rather, they build on it and extend it to more patients undergoing care in our hospitals. They will standardise key elements of procedural care, ensure that care is harmonised – not just within organisations delivering NHS-funded care but also between organisations – and will reinforce the importance of education to patient safety.

LocSSIPs - "Organisations should develop Local Safety Standards for Invasive Procedures (LocSSIPs) that include the key steps outlined in the NatSSIPs and to harmonise practice across the organisation such that there is a consistent approach to the care of patients undergoing invasive procedures in any location."

<https://www.england.nhs.uk/wp-content/uploads/2015/09/natssips-safety-standards.pdf>

Q16c

Cardiovascular collapse/shock - clinical evidence of inadequate perfusion, cardiovascular compromise raising clinical concern, need for resus, fluid, or positioning of the patient.

Q16h

Pulmonary Aspiration Syndrome – known or suspected inhalation of foreign material such as gastric contents into the respiratory tract associated with new or worsening respiratory symptom

Q17

Patients discharged from the ED clinical decision unit (CDU) or observation ward should be treated as a discharge from the ED.