CONFIDENTIAL
FOR PEER REVIEW ONLY

QUALITY ASSURANCE
RECREDENTIALING
Department of Anesthesiology

MD/CRNA __________________________ Date __________
PACU RN __________________________

CASE CATEGORY
☐ QA for Discussion
☐ Sentinel Event Referral
   (Risk Management x 2204 or 8888)
☐ Legal Issue
   (Risk Management x 2115 or 2116)

AIRWAY / RESPIRATORY
☐ Aspiration
☐ Bronchospasm (Severe)
☐ Difficult Airway
☐ Embolism
☐ Emergency Tracheotomy
☐ Injury due to ETT, Light Wand, LMA, Laryngoscope
☐ Laryngospasm
☐ Obstruction (Severe, Prolonged)
☐ Reintubation in PACU
☐ Stridor
☐ Swollen Uvula
☐ Hypoxemia (SatO2 < 90%)
☐ Hypercapnea (ETCO2 > 50 mm)

CIRCULATORY
☐ Cardiac Arrest: ☐ OH ☐ PACU
☐ Congestive Heart Failure
☐ Dysrhythmia, Hemodynamically Significant
   Hypotension / Hypokalemia
☐ Hypovolemia
☐ Myocardial Infarction
☐ Hypertension, Prolonged / Severe
☐ Myocardial Infarction
☐ Myocardial Infarction
☐ Pulmonary Edema

INVASIVE MONITORING
☐ Arterial Line Complication
☐ Central Line Complication
☐ Hematoma
☐ Hypotension
☐ Pneumothorax

CANCELLATION ON DAY OF SURGERY
☐ Cancelled After Induction
☐ Missing or Delayed Report
☐ Need Further Workup
☐ No ICU Bed Available
☐ NPO Violation
☐ Schedule Overrun
☐admitting Problem:
   ☐ RN’s
   ☐ Anesthesia
   ☐ STAT Consult
   ☐ Unstable or New Medical Problem
   ☐ Respiratory Infection

DEATH
☐ Intraoperative
☐ Postoperative PACU/ICU

MEDICATION EVENT
***REPORT ALL MEDICATION EVENTS***
☐ Adverse Reaction
☐ Allergy / Anaphylaxis
☐ Incorrect Dose
☐ Incorrect Drug
☐ Incorrect Route
☐ Drug Unavailable

NEUROLOGICAL INJURY
☐ CVA
☐ Nerve Injury Suspected
☐ Seizure (No Prior History)

REGIONAL ANESTHESIA / ANALGESIA
☐ Catheter Problem
☐ Failed / Inadequate Block
☐ High Block
☐ Spinal Headache
☐ Toxic Reaction
☐ Wet Tap

EQUIPMENT
☐ Malfunction
☐ Unavailable

BLOOD PRODUCT EVENT
☐ Blood Product Unavailable
☐ Transfusion Reaction
☐ Wrong Blood Product Administered

OTHER ANESTHESIA RELATED ISSUES
☐ Alopoeia
☐ Awareness
☐ Blindness or Decreased Vision Postop (Non-Optical)
☐ Burns
☐ Concomitant Issue
☐ Corneal Abrasion
☐ Dental Trauma
☐ Emergence Delirium (Severe)
☐ Fire in OR
☐ Gastric Tube or Esophageal Stethoscope Complication
☐ Hyperthermia
☐ Hypothermia
☐ Latex Reaction
☐ Patient Complaint
☐ Patient Identification Error
☐ Prolonged Emergence / PACU Stay
☐ Severe Postop Nausea / Vomiting
☐ Unplanned Admit
☐ Out-Patient
☐ Unplanned ICU Admit
☐ Unplanned Postop Ventilation
☐ Wrong Side Surgery

☐ EVALUATE FOR
APPROPRIATENESS OF
EMERGENCY STATUS

RE-CREDENTIALING STATISTICS
Child < _______ 3 kg
Child < _______ 3 months
Child < _______ 1 year
Child > _______ 1 year

Central Line __________________________
Arterial Line __________________________
Pulmonary Artery Catheter __________________________

Epidural __________________________
Anesthesia for Delivery __________________________

Spinal __________________________
Bier Block __________________________
Brachial Pneumothorax Block __________________________

Caudal Block (Child) __________________________
Caudal Block (Adult) __________________________
Controlled Hypotension __________________________
Other Regional Block: Please Specify __________________________

DO NOT PLACE ON MEDICAL RECORD. RETURN TO DEPARTMENT OF ANESTHESIA