

HARTFORD HOSPITAL EMS SEDATION/ANALGESIA QUALITY ASSURANCE FORM

Completely fill out this form for every controlled substance administration. Follow instructions on reverse side.
Return to your EMS agency's supervisor who will forward to the Hartford Hospital EMS Coordinator.

Agency: AETNA WHFD WINDSOR **Date:** ___/___/___ **Run #:** _____

Patient Weight: ___ Kg **Age:** ___ **Gender (circle):** M F **Paramedic:** _____

Primary indication: Musculoskeletal Pain Abd/flank pain Non-traumatic chest pain Headache
 Seizure ETOH Withdrawal Post-intubation Agitation/Combative Other (specify): _____

Medication(s) administered. Check all that apply and write in total dose and route(s) administered:

Ketamine Total dose: ___ mg Route: _____ Midazolam Total dose: ___ mg Route: _____
 Fentanyl Total dose: ___ mcg Route: _____ Morphine Total dose: ___ mg Route: _____
 Haloperidol Total dose: ___ mg Route: _____

Pain scale used (analgesia only): Verbal numeric (0-10) r-FLACC FACES VAS (0-100mm) NA

1st Pain (prior to medication): _____ **Last Pain (at time of arrival at hospital):** _____

On arrival at hospital, ALSO have patient answer "how is pain now compared to pain before the medicine?" (circle):

"A lot less" "A little less" "No change" "A little more" "A lot more"

For ALL PATIENTS, assess patient's Richmond Agitation-Sedation Scale (use RASS definitions/procedure on reverse side of this form) prior to sedation or analgesia. Choose the most representative whole number score (circle):

-5	-4	-3	-2	-1	0	1	2	3	4
Unarousable	Deep sedation	Moderate sedation	Light sedation	Drowsy	Alert and calm	Restless	Agitated	Very Agitated	Combative

For ALL PATIENTS, assess patient's RASS on arrival at hospital (circle):

-5	-4	-3	-2	-1	0	1	2	3	4
Unarousable	Deep sedation	Moderate sedation	Light sedation	Drowsy	Alert and calm	Restless	Agitated	Very Agitated	Combative

Lowest SpO2 after analgesia/sedation: ___% **Lowest respiratory rate after analgesia/sedation:** ___/min

Did the patient require the addition of any of the following after analgesia or sedation?

No additional interventions required Verbal stimulation to ↑RR Physical stimulation to ↑RR
 Airway positioning NPA OPA O2 BVM Naloxone LMA King Airway
 ETI NTI Cricothyrotomy Vasopressor Other: _____

Select any of the following adverse reactions observed after analgesia/sedation:

None Agitation/Emergence reaction Increased oral/respiratory secretions Laryngospasm
 Heart block Hypotension (SBP<90) Vomiting Chest wall rigidity
 Cardiac or respiratory arrest Other (explain): _____

Instructions for Using the Sedation/Analgesia QA Form

Fill the form out completely. Do not leave fields blank. All data elements are important to help answer whether treatment was effective, caused any adverse effects and what may have influenced these results.

Patient weight: Enter the weight (kg) you were using for the patient at the time of sedation/analgesia administration

Pain scale: For the purposes of this form, this section only needs to be filled in when administering analgesia.

- For most patients, use the verbal numeric score (VNS). Ask the patient to rate his or her pain on a scale of 0 to 10 with 0 indicating “no pain” and 10 indicating “worst pain imaginable”. Document any number provided greater than “10” as a “10”
- For young children (3-8) use the Wong-Baker FACES scale. The pictures are described to the child who then points to the one he or she feels like. DO NOT try to match the facial expressions to the patient’s appearance
- For very young children (<3 y/o) or non-verbal patients, use the r-FLACC behavioral pain scale

Regarding additional interventions, DO NOT select interventions already being performed prior to medication administration. This question seeks to answer whether the medication may have resulted in a need for these interventions.

For ALL patients (analgesia and sedation), score the patient’s level of agitation or sedation prior to medication and on arrival at the hospital. Select the whole number score which most closely represents the patient’s condition.

Richmond Agitation Sedation Scale (RASS)

Score	Term	Description	
+4	Combative	Overtly combative, violent, immediate danger to staff	
+3	Very agitated	Pulls or removes tube(s) or catheter(s); aggressive	
+2	Agitated	Frequent non-purposeful movement, fights ventilator*	
+1	Restless	Anxious but movements not aggressive vigorous	
0	Alert and calm		
-1	Drowsy	Not fully alert, but has sustained awakening	} Verbal Stimulation
-2	Light sedation	Briefly awakens with eye contact to voice (<10 seconds)	
-3	Moderate sedation	Movement or eye opening to voice (but no eye contact)	
-4	Deep sedation	No response to voice, but movement or eye opening to physical stimulation	} Physical Stimulation
-5	Unarousable	No response to voice or physical stimulation	

*For non-intubated patients, disregard descriptor “fights ventilator”

Procedure for RASS Assessment

1. Observe patient
 - Patient is alert, restless, agitated or combative (score 0 to +4)
2. If not alert, state patient’s name and say to open eyes and look at speaker
 - Patient awakens with sustained eye opening and eye contact (score –1)
 - Patient awakens with eye opening and eye contact, but not sustained(score –2)
 - Patient has any movement in response to voice but no eye contact (score –3)
3. When no response to verbal stimulation, physically stimulate patient by shaking shoulder and/or rubbing sternum
 - Patient has any movement to physical stimulation (score –4)
 - Patient has no response to any stimulation (score –5)