**World SIVA adverse sedation event reporting tool**

World SIVA adverse sedation event recording tool configured for a web page or paper form. Completion of this tool requires execution of all five steps. Responses to each step will often occupy different columns.

**Step 1: Was there one or more adverse events associated with this sedation encounter?**

- o No, this form is now complete.
- o Yes, fill out remainder of form below.

**Step 2: Please DESCRIBE the adverse events(s). Check all that apply.**

*Minimal risk descriptors*
- o Vomiting / Retching
- o Subclinical respriatory depression[a]
- o Muscle rigidity, myoclonus
- o Hypersalivation
- o Paradoxical response[b]
- o Recovery agitation[c]
- o Prolonged recovery[d]

*Minor risk descriptors*
- o Oxygen desaturation (75–90%) for <60 s
- o Apnoea, not prolonged
- o Airway obstruction
- o Failed sedation[e]
- o All ergic reaction without anaphylaxis
- o Bradycardia[f]
- o Tachycardia[f]
- o Hypotension[f]
- o Hypertension[f]
- o Seizure

*Sentinel risk descriptors*
- o Oxygren desaturation, severe (<75% at any time) or prolonged (<90% for >60 s)
- o Apnoea, prolonged (>60 s)
- o Cardiovascular collapse/ shock[g]
- o Cardiac arrest/absent pulse

- o Other, specify below

**Step 3: Please note the INTERVENTIONS performed to treat the adverse events(s). Check all that apply.**

*Minimal risk*
- o No intervention performed

Administration of:
- o Additional sedative(s)
- o Antiemetic
- o Antihistamine

*Minor risk*
- o Airway repositioning
- o Tactile stimulation

or the administration of:
- o Supplemental oxygen, new or increased
- o Antisialogogue

*Moderate risk*
- o Bag valve mask-assisted ventilation
- o Laryngeal mask airway
- o Oral/nasal airway
- o CPAP

or the administration of:
- o Reversal agents
- o Rapid i.v. fluids
- o Anticonvulsant i.v.

*Sentinel intervention*
- o Chest compressions
- o Tracheal intubation

or the administration of:
- o Neuromuscular block
- o Pressor / epinephrine
- o Atropine to treat bradycardia

- o Other, specify below

**Step 4: Please note the OUTCOME of the adverse events(s). Check all that apply.**

*Minimal risk outcome*
- o No adverse outcome

*Moderate risk outcome*
- o Unplanned hospitalisation or escalation of care[h]

*Sentinel outcome*
- o Death
- o Permanent neurological deficit
- o Pulmonary aspiration syndrome[i]

- o Other, specify below

**Step 5: Assign a SEVERITY rating to the adverse event(s) associated with this sedation encounter.**

- o If there are any options checked in the Sentinel columns above, then this is a Sentinel[j] adverse event.
- o If the most serious option(s) checked above are Moderate risk, then this is a Moderate[k] risk adverse event.
- o If the most serious option(s) checked above are Minor risk, then this is a Minor[l] risk adverse event.
- o If the most serious option(s) checked above are Minimal risk, then this is a Minimal[m] risk adverse event.

Additional details (including 'other' enteries):

Footnotes:

a. "Subclinical respiratory depression" is defined as capnographic abnormalities suggesting respiratory depression that do not manifest clinically.

b. "Paradoxical response" is defined as unanticipated restlessness or agitation in response to sedatives.

c. "Recovery agitation" is defined as abnormal patient affect or behaviors during the recovery phase that can include crying, agitation, delirium, dysphoria, hallucinations, or nightmares.

d. "Prolonged recovery" is defined as failure to return to baseline clinical status within 2 hours.

e. "Failed sedation" is defined as inability to attain suitable conditions to humanely perform the procedure.

f. Alteration in vitals signs (bradycardia, tachycardia, hypotension, hypertension) is defined as a change of >25% from baseline.

g. "Cardiovascular collapse/shock" is defined as clinical evidence of inadequate perfusion.

h. Examples of "escalation of care" include transfer from ward to intensive care, and prolonged hospitalisation.

i. "Pulmonary aspiration syndrome" is defined as known or suspected inhalation of foreign material such as gastric contents into the respiratory tract associated with new or worsening respiratory signs.

j. "Sentinel" adverse events are those critical enough to represent real or serious imminent risk of serious and major patient injury. Once recognized, they warrant immediate and aggressive rescue interventions. Once clinically concluded, they warrant immediate reporting within sedation care systems, and the highest level of peer scrutiny for continuous quality improvement.

k. "Moderate" adverse events are those that, while not sentinel, are serious enough to quickly endanger the patient if not promptly managed. Once clinically concluded, they warrant timely reporting within sedation care systems, and periodic peer scrutiny for continuous quality improvemet.

l. "Minor" adverse events are those encountered periodically in most sedation settings, and that pose little threat given appropriate sedationist skills and monitoring.

m. "Minimal" adverse events are those that alone present no danger of permanent harm to the patient.

**Fig 1** World SIVA adverse sedation event-reporting tool.