

Pediatric Sedation web questionnaire version 6

QS	Question Text	Response Text
1	Age (select appropriate age range, then enter number of months or years in text box).	Type: combo quest
		Age in months (0 - 35)
		Age in years (3 - 18)
		Data not available
2	Enter patient weight in kilograms (-999 if data not available)	Type: decimal
3	What is the patient's gender?	Type: Mark only one
		Male
		Female
		Data not available
4	ASA Status : Patient condition = ASA	Type: Mark only one
		I
		II
		III
		IV
		V
		IE
		IIIE
		IIIE
		IIIE
		IVE
		VE
		Data not available
5	Select PRIMARY problem(s) (the indication for the procedure)	Type: Mark all that apply - drop down list
		Burn injury
		Cardiovascular
		Congenital conditions
		Craniofacial abnormalities
		Dental
		Dermatologic
		Gastrointestinal
		Heme/Onc
		Immune compromise
		Infection
		Liver disease
		Metabolic / Genetic (includes obesity)
		Neurological

		Orthopedics
		Prematurity Related
		Renal
		Respiratory - Lower Airway
		Respiratory - Upper Airway
		Rheumatology
		S/P Transplant
		S/P Trauma - in the last 24 hours or reason for current hospitalization
		Surgical / Wound management
		Other
		Data not available
6	Choose all primary dermatologic conditions.	Type: Mark all that apply
		Congenital nevus or similar
		Epidermolysis Bullosa
		Hemangioma
		Pyogenic granuloma
		Other
7	Specify other primary dermatologic conditions.	Type: text box
8	Choose all primary rheumatologic conditions.	Type: Mark all that apply
		Ankylosing spondylitis
		Juvenile Rheumatoid Arthritis (JRA)
		Lupus Erythematosus (SLE)
		Other
9	Specify other primary rheumatologic conditions.	Type: text box
10	Choose all primary cardiovascular problems.	Type: Mark all that apply
		Arrhythmias
		AV malformation
		Cardiomyopathy
		Congenital heart disease (cyanotic)
		Congenital heart disease (non-cyanotic)
		Hypertension
		Hypotension
		Murmur (unknown)
		Cardiovascular (other)
11	Specify other primary cardiovascular problems.	Type: text box
12	Choose all primary craniofacial abnormalities.	Type: Mark all that apply

		Craniosynostosis
		Large tongue
		Micrognathia
		Pierre Robin sequence
		S/P craniofacial surgery
		Unusual facies
		Craniofacial (other)
13	Specify other primary craniofacial abnormalities.	Type: text box
14	Choose all primary gastrointestinal problems.	Type: Mark all that apply
		Abdominal pain
		Constipation
		Diarrhea
		GERD
		GI bleed
		Inflammatory Bowel Disease (Crohn's, IBD)
		Intestinal polyp
		Pancreatitis
		Vomiting
		Gastrointestinal (other)
15	Specify other primary gastrointestinal problems.	Type: text box
16	Choose all primary heme/onc problems.	Type: Mark all that apply
		Brain Tumor
		Hereditary spherocytosis or similar
		Histiocytosis
		Hypercoagulability
		Leukemia
		Lymphoma
		Mediastinal mass
		Sickle Cell (SS) disease or similar
		Thrombocytopenia
		Solid tumor (other)
		heme/onc (other)
17	Specify other primary solid tumors.	Type: text box
18	Specify other primary heme/onc problems.	Type: text box
19	Choose all primary infectious problems	Type: Mark all that apply
		Abscess (any)
		Appendicitis workup or followup
		Cellulitis
		Fever of unknown origin

		Hepatitis
		Joint infection
		Kawasaki Disease
		HIV
		Lymphadenitis
		Meningitis
		Osteomyelitis
		Pneumonia
		R/O sepsis / meningitis
		Sepsis
		Sinusitis / mastoiditis
		Other
20	Specify other primary infectious problems	Type: text box
21	Choose all primary metabolic / genetic problems.	Type: Mark all that apply
		Dehydration
		Diabetes
		Failure to thrive
		Growth hormone deficiency
		Inborn error of metabolism
		Metabolic disorder
		Obesity
		Precocious puberty
		Short stature
		Trisomy 18
		Trisomy 21 (Down Syndrome)
		Metabolic (other)
22	Specify other primary metabolic problems.	Type: text box
23	Choose all primary neurological problems.	Type: Mark all that apply
		ADHD
		Autism
		Chiari malformation / spina bifida
		CP / Spasticity
		Developmental or speech delay
		Headaches
		Hearing deficiency (documented or suspected)
		Hemiparesis / stroke
		Hydrocephalus
		Macrocephaly
		Microcephaly
		Neurofibromatosis

		Neuromuscular disease - hypotonia
		Nystagmus / ataxia
		Pseudotumor cerebri
		Sacral dimple / tethered cord
		Seizure disorder
		Neurological (other)
24	Specify other primary neurological problems.	Type: text box
25	Choose all primary orthopedic problems.	Type: Mark all that apply
		Joint or back pain (any)
		Scoliosis
		Trauma - extremity minor
		Trauma - extremity major
		Other
26	Specify other primary orthopedic problems.	Type: text box
27	Choose all primary prematurity related problems.	Type: Mark all that apply
		Active apnea bradycardia issues
		BPD
		Cardiorespiratory monitoring at home
		Ex Premature infant (< 30 weeks at delivery and < 52 weeks post conceptual age at the time of the procedure)
		Ex Premature infant (< 36 weeks at delivery and < 52 weeks post conceptual age at the time of the procedure)
		History of intraventricular hemorrhage
		Remote history of apnea bradycardia
		Prematurity related (other)
28	Specify other primary prematurity problems.	Type: text box
29	Choose all primary renal problems	Type: Mark all that apply
		Glomerulonephritis
		Hemolytic uremic syndrome
		Hydronephrosis
		Nephrotic syndrome
		Recurrent urinary tract infections / pyelonephritis
		Renal failure / insufficiency
		Vesico-ureteral reflux
		Other
30	Specify other primary renal problems	Type: text box

31	Choose all primary respiratory - lower airway problems.	Type: Mark all that apply
		Active wheezing
		Chronic cough
		Cystic fibrosis
		New onset productive cough
		Pleural disease
		Remote asthma history
		Other
32	Specify other primary respiratory - lower airway problems.	Type: text box
33	Choose all primary respiratory - upper airway problems.	Type: Mark all that apply
		Cough
		Croup
		Sleep apnea
		Snoring
		Stridor
		Tracheostomy
		URI
		Upper Respiratory (other)
34	Specify other primary respiratory - lower airway problems.	Type: text box
35	Choose all primary S/P trauma problems	Type: Mark all that apply
		Abdominal
		Chest
		Extremity trauma
		Facial trauma
		Head trauma
		Multisystem trauma resulting in severe compromise
		Spinal trauma
		Other
36	Specify other primary S/P trauma problems	Type: text box
37	Specify other primary medical problems.	Type: text box
38	Select COEXISTING medical problem(s) (in addition to primary problem)	Type: Mark all that apply - drop down list
		None
		Burn injury
		Cardiovascular

		Congenital conditions
		Craniofacial abnormalities
		Dental
		Dermatologic
		Gastrointestinal
		Heme/Onc
		Immune compromise
		Infection
		Liver disease
		Metabolic / Genetic (includes obesity)
		Neurological
		Orthopedics
		Prematurity Related
		Renal
		Respiratory - Lower Airway
		Respiratory - Upper Airway
		Rheumatology
		S/P Transplant
		S/P Trauma - in the last 24 hours or reason for current hospitalization
		Surgical / Wound management
		Other
		Data not available
39	Choose all coexisting dermatologic conditions.	Type: Mark all that apply
		Congenital nevus or similar
		Epidermolysis Bullosa
		Hemangioma
		Pyogenic granuloma
		Other
40	Specify other coexisting dermatologic conditions.	Type: text box
41	Choose all coexisting rheumatologic conditions.	Type: Mark all that apply
		Ankylosing spondylitis
		Juvenile Rheumatoid Arthritis (JRA)
		Lupus Erythematosus (SLE)
		Other
42	Specify other coexisting rheumatologic conditions.	Type: text box
43	Choose all coexisting cardiovascular problems.	Type: Mark all that apply

		Arrhythmias
		AV malformation
		Cardiomyopathy
		Congenital heart disease (cyanotic)
		Congenital heart disease (non-cyanotic)
		Hypertension
		Hypotension
		Murmur (unknown)
		Cardiovascular (other)
44	Specify other coexisting cardiovascular problems.	Type: text box
45	Choose all coexisting craniofacial abnormalities.	Type: Mark all that apply
		Craniosynostosis
		Large tongue
		Micrognathia
		Pierre Robin sequence
		S/P craniofacial surgery
		Unusual facies
		Craniofacial (other)
46	Specify other coexisting craniofacial abnormalities.	Type: text box
47	Choose all coexisting gastrointestinal problems.	Type: Mark all that apply
		Abdominal pain
		Constipation
		Diarrhea
		GERD
		GI bleed
		Inflammatory Bowel Disease (Crohn's, IBD)
		Intestinal polyp
		Pancreatitis
		Vomiting
		Gastrointestinal (other)
48	Specify other coexisting gastrointestinal problems.	Type: text box
49	Choose all coexisting heme/onc problems.	Type: Mark all that apply
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		Hereditary spherocytosis or similar
		Histiocytosis
		Hypercoagulability

		Leukemia
		Lymphoma
		Mediastinal mass
		Sickle Cell (SS) disease or similar
		Thrombocytopenia
		Solid tumor (other)
		heme/onc (other)
50	Specify other coexisting solid tumors.	Type: text box
51	Specify other coexisting heme/onc problems.	Type: text box
52	Choose all coexisting infectious problems	Type: Mark all that apply
		Abscess (any)
		Appendicitis workup or followup
		Cellulitis
		Fever of unknown origin
		Hepatitis
		Joint infection
		Kawasaki Disease
		HIV
		Lymphadenitis
		Meningitis
		Osteomyelitis
		Pneumonia
		R/O sepsis / meningitis
		Sepsis
		Sinusitis / mastoiditis
		Other
53	Specify other coexisting infectious problems	Type: text box
54	Choose all coexisting metabolic / genetic problems.	Type: Mark all that apply
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		Diabetes
		Failure to thrive
		Growth hormone deficiency
		Inborn error of metabolism
		Metabolic disorder
		Obesity
		Precocious puberty
		Short stature
		Trisomy 18
		Trisomy 21 (Down Syndrome)
		Metabolic (other)
55	Specify other coexisting metabolic problems.	Type: text box

56	Choose all coexisting neurological problems.	Type: Mark all that apply
		ADHD
		Autism
		Chiari malformation / spina bifida
		CP / Spasticity
		Developmental or speech delay
		Headaches
		Hearing deficiency (documented or suspected)
		Hemiparesis / stroke
		Hydrocephalus
		Macrocephaly
		Microcephaly
		Neurofibromatosis
		Neuromuscular disease - hypotonia
		Nystagmus / ataxia
		Pseudotumor cerebri
		Sacral dimple / tethered cord
		Seizure disorder
		Neurological (other)
57	Specify other coexisting neurological problems.	Type: text box
58	Choose all coexisting orthopedic problems.	Type: Mark all that apply
		Joint or back pain (any)
		Scoliosis
		Trauma - extremity minor
		Trauma - extremity major
		Other
59	Specify other coexisting orthopedic problems.	Type: text box
60	Choose all coexisting prematurity related problems.	Type: Mark all that apply
		Active apnea bradycardia issues
		BPD
		Cardiorespiratory monitoring at home
		Ex Premature infant (< 30 weeks at delivery and < 52 weeks post conceptual age at the time of the procedure)
		Ex Premature infant (< 36 weeks at delivery and < 52 weeks post conceptual age at the time of the procedure)
		History of intraventricular hemorrhage

		Remote history of apnea bradycardia
		Prematurity related (other)
61	Specify other coexisting prematurity problems.	Type: text box
62	Choose all coexisting renal problems	Type: Mark all that apply
		Glomerulonephritis
		Hemolytic uremic syndrome
		Hydronephrosis
		Nephrotic syndrome
		Recurrent urinary tract infections / pyelonephritis
		Renal failure / insufficiency
		Vesico-ureteral reflux
		Other
63	Specify other coexisting renal problems	Type: text box
64	Choose all coexisting respiratory - lower airway problems.	Type: Mark all that apply
		Active wheezing
		Chronic cough
		Cystic fibrosis
		New onset productive cough
		Pleural disease
		Remote asthma history
		Other
65	Specify other coexisting respiratory - lower airway problems.	Type: text box
66	Choose all coexisting respiratory - upper airway problems.	Type: Mark all that apply
		Cough
		Croup
		Sleep apnea
		Snoring
		Stridor
		Tracheostomy
		URI
		Upper Respiratory (other)
67	Specify other coexisting upper respiratory problems.	Type: text box
68	Choose all coexisting S/P trauma problems	Type: Mark all that apply
		Abdominal

		Chest
		Extremity trauma
		Facial trauma
		Head trauma
		Multisystem trauma resulting in severe compromise
		Spinal trauma
		Other
69	Specify other coexisting S/P trauma problems	Type: text box
70	Specify other coexisting medical problems.	Type: text box
71	Select all categories of procedures performed.	Type: Mark all that apply - drop down list
		Airway/Pulmonary
		Bone and Joint/Skeletal
		Cardiology
		Dental examination/treatment
		Foreign body removal (ear or nose)
		Gastroenterology
		Hematology/Oncology
		Nerve/Brain/Ear
		Ophthalmology exam
		Radiology
		Sexual abuse exam
		Surgical or Invasive Procedures
		Other
		Data not available
72	Choose all radiology procedures performed.	Type: Mark all that apply
		CT - diagnostic
		CT - interventional
		DEXA Scan
		MRI / MRA / MRV / MRS
		Nuclear scan - Bone
		Nuclear scan - Renal
		PET scan
		PICC line placement
		Transthoracic echo
		Ultrasound body
		VCUG
		Venogram / Arteriogram
		Radiology (other)
73	Specify other radiology procedures performed.	Type: text box

74	Choose all cardiology procedures performed.	Type: Mark all that apply
		Cardiac cath (diagnostic)
		Cardiac cath (interventional)
		Cardioversion
		Echocardiogram
		EP study / ablation
		Pericardiocentesis
		TEE
		Cardiology (other)
75	Specify other cardiology procedures performed.	Type: text box
76	Choose all dental procedures performed.	Type: Mark all that apply
		Dental restoration
		Tooth extraction - limited
		Other
77	Specify other dental procedures performed.	Type: text box
78	Choose all gastroenterology procedures performed.	Type: Mark all that apply
		Cecostomy tube change
		Cecostomy tube placement
		Colonoscopy
		Liver biopsy
		Manometry
		PEG/ G-tube change
		PEG/ G-tube placement
		pH Probe
		Upper endoscopy
		Gastroenterology (other)
79	Specify other gastroenterology procedures performed.	Type: text box
80	Choose airway / pulmonary procedure performed.	Type: Mark all that apply
		Bronchoscopy
		Laryngoscopy
		Other
81	Specify other airway / pulmonary procedure performed.	Type: text box
82	Choose all hematology / oncology procedures performed.	Type: Mark all that apply
		Bone Marrow Aspiration / Biopsy

		Lumbar Puncture / Intrathecal meds
		Radiation therapy
		heme/onc (other)
83	Specify other hematology / oncology procedures performed.	Type: text box
84	Choose all bone and joint / skeletal procedures performed.	Type: Mark all that apply
		Botox injection
		Cast application / removal
		Fracture Reduction
		Joint injections / Aspiration
		Joint reduction
		Pin removal / placement
		Other
85	Specify other bone / joint / skeletal procedures performed.	Type: text box
86	Choose all nerve / brain / ear procedures performed.	Type: Mark all that apply
		Brainstem Auditory Response Test
		EEG
		EMG
		Epidural blood patch
		LP
		MEG
		SSEP
		Other
87	Specify other nerve / brain / ear procedures performed.	Type: text box
88	Choose all surgical or invasive procedures performed.	Type: Mark all that apply
		Anal dilatation
		Arterial line - peripheral
		Broviac Catheter placement
		Central line placement
		Central line removal
		Chest tube/ thoracentesis
		Circumcision / lysis of labial adhesion / meatotomy
		Fine needle aspirate
		Foreign body removal (skin)
		I & D of abscess

		Intraoral
		Laceration Repair
		Peritoneal dialysis catheter placement
		PICC line placement
		Removal of skin nevus or small lesions/ biopsy
		Renal biopsy
		Suture removal
		Wound / Burn care
		Other
89	Specify other surgical or invasive procedures performed.	Type: text box
90	Specify other procedures performed.	Type: Text box
91	Location of sedation/distraction:	Type: Mark all that apply
		Cath lab
		Critical Care (ICU / PACU)
		Dental office - freestanding
		Dental suite - hospital
		Emergency Department
		OR
		Peds / specialty clinic
		Peds floor
		Radiology
		Sedation Unit
		Other
		Data not available
92	Specify other location of sedation/distraction	Type: text box
93	Select medication categories used.	Type: Mark all that apply
		Analgesics
		Anticholinergics
		Antiemetics
		Distraction Techniques
		Inhaled Anesthetics
		Inhaled Meds
		Local Anesthetics
		Muscle Relaxants
		Sedatives
		Sedative/Analgesic Reversal Agents
		Other
		Data not available

94	Choose sedatives used:	Type: Mark all that apply
		Ativan
		Chloral hydrate
		Dexmedetomidine
		DPT combination
		Etomidate
		Ketamine
		Methohexital
		Midazolam
		Pentobarbital
		Propofol
		Thiopental
		Valium
95	Choose applicable mode of administration for Propofol.	Type: Mark all that apply
		Bolus
		Infusion
		Data not available
96	Total infusion time for propofol (minutes)	Type: Integer
97	Propofol total dose in mg: (Enter -999 if data not available)	Type: Integer
98	Choose route of medication delivery for Midazolam.	Type: Mark all that apply
		PO / per G-tube
		IV
		IM
		Intranasal
		Rectal
		Other
		Data not available
99	Total dose of PO / per G-tube Midazolam in mg (Enter -999 if data not available)	Type: Decimal
100	Total dose of IV Midazolam in mg (Enter -999 if data not available)	Type: Decimal
101	Total dose of IM Midazolam in mg (Enter -999 if data not available)	Type: Decimal
102	Total dose of Intranasal Midazolam in mg (Enter -999 if data not available)	Type: Decimal
103	Total dose of rectal midazolam in mg (Enter -999 if data not available)	Type: Decimal
104	Specify other route used for administration of midazolam (enter -999 if data not available)	Type: Text box

105	Total dose of midazolam via other route of administration (enter -999 if data not available)	Type: Decimal
106	Midazolam total dose in mg: (Enter -999 if data not available)	Type: Decimal
107	Choose route of medication delivery for ketamine.	Type: Mark all that apply
		PO / per G-tube
		IV
		IM
		Intranasal
		Rectal
		Other
		Data not available
108	Total dose of PO / per G-tube Ketamine in mg (Enter -999 if data not available)	Type: Integer
109	Total dose of IV Ketamine in mg (Enter -999 if data not available)	Type: Integer
110	Total dose of IM Ketamine in mg (Enter -999 if data not available)	Type: Integer
111	Total dose of intranasal ketamine in mg (Enter -999 if data not available)	Type: Integer
112	Total dose of rectal ketamine in mg (Enter -999 if data not available)	Type: Integer
113	Specify other route used for administration of ketamine (enter -999 if data not available)	Type: Text box
114	Total dose of ketamine via other route of administration (enter -999 if data not available)	Type: Integer
115	Ketamine total dose in mg: (Enter -999 if data not available)	Type: Integer
116	Choose route of medication delivery for Pentobarbital.	Type: Mark all that apply
		PO / per G-tube
		IV
		IM
		Other
		Data not available
117	Total dose of PO / per G-tube pentobarbital in mg (enter -999 if data not available)	Type: Integer
118	Total dose of IV pentobarbital in mg (enter -999 if data not available)	Type: Integer

119	Total dose of IM pentobarbital in mg (enter -999 if data not available)	Type: Integer
120	Specify other route used for administration of pentobarbital (enter -999 if data not available)	Type: Text box
121	Total dose of pentobarbital in mg via other route of administration (enter -999 if data not available)	Type: Integer
122	Pentobarbital total dose in mg: (Enter -999 if data not available)	Type: Integer
123	Choose route of medication delivery for chloral hydrate.	Type: Mark all that apply
		PO / per G-tube
		Rectal
		Other
		Data not available
124	Total dose of PO / per G-tube chloral hydrate in mg (Enter -999 if data not available)	Type: Integer
125	Total dose of rectal chloral hydrate in mg (Enter -999 if data not available)	Type: Integer
126	Specify other route used for administration of chloral hydrate (enter -999 if data not available)	Type: Text box
127	Total dose of chloral hydrate via other route of administration (enter -999 if data not available)	Type: Integer
128	Chloral hydrate total dose in mg: (Enter -999 if data not available)	Type: Integer
129	Valium total dose in mg: (Enter -999 if data not available)	Type: Decimal
130	Etomidate total dose in mg: (Enter -999 if data not available)	Type: Decimal
131	Thiopental total dose in mg: (Enter -999 if data not available)	Type: Integer
132	Choose route of medication delivery for Ativan.	Type: Mark all that apply
		PO / per G-tube
		IV
		IM
		Other

		Data not available
133	Total dose of PO / per G-tube Ativan in mg (Enter -999 if data not available)	Type: Decimal
134	Total dose of IV Ativan in mg (Enter -999 if data not available)	Type: Decimal
135	Total dose of IM Ativan in mg (Enter -999 if data not available)	Type: Decimal
136	Specify other route used for administration of ativan (enter -999 if data not available)	Type: Text box
137	Total dose of ativan via other route of administration (enter -999 if data not available)	Type: Decimal
138	Ativan total dose in mg: (Enter -999 if data not available)	Type: Decimal
139	Choose applicable mode of administration for methohexital.	Type: Mark all that apply
		Bolus
		Infusion
		Data not available
140	Total infusion time for methohexital (minutes):	Type: Integer
141	Methohexital total dose in mg: (Enter -999 if data not available)	Type: Integer
142	Choose applicable mode of administration for dexmedetomidine.	Type: Mark all that apply
		PO / per G-tube
		IV Bolus
		IV Infusion
		Data not available
143	Total infusion time for dexmedetomidine (minutes):	Type: Integer
144	Dexmedetomidine total dose in mcg: (Enter -999 if data not available)	Type: Decimal
145	Please describe doses for each medication used in DPT. (Enter -999 if data not available)	Type: text box
146	Choose analgesics used:	Type: Mark all that apply
		Alfentanil
		Fentanyl
		Meperidine
		Morphine
		Nalbuphine

		Remifentanyl
147	Choose route of medication delivery for Fentanyl.	Type: Mark all that apply
		PO / per G-tube
		IV
		IM
		Intranasal
		Inhaled
		Transmucosal
		Other
		Data not available
148	Total dose of PO / per G-tube fentanyl in mcg (Enter -999 if data not available)	Type: Integer
149	Total dose of IV fentanyl in mcg (Enter -999 if data not available)	Type: Integer
150	Total dose of IM fentanyl in mcg (Enter -999 if data not available)	Type: Integer
151	Total dose of intranasal fentanyl in mcg (Enter -999 if data not available)	Type: Integer
152	Total dose of inhaled fentanyl in mcg (Enter -999 if data not available)	Type: Integer
153	Total dose of transmucosal fentanyl in mcg (Enter -999 if data not available)	Type: Integer
154	Specify other route used for administration of fentanyl (enter -999 if data not available)	Type: Text box
155	Total dose of fentanyl in mcg via other route of administration (enter -999 if data not available)	Type: Integer
156	Fentanyl total dose in mcg: (Enter -999 if data not available)	Type: Integer
157	Choose route of medication delivery for Morphine.	Type: Mark all that apply
		IV
		IM
		Inhaled
		Other
		Data not available
158	Total dose of IV morphine in mg (Enter -999 if data not available)	Type: Decimal
159	Total dose of IM morphine in mg (Enter -999 if data not available)	Type: Decimal

160	Total dose of inhaled morphine in mg (Enter -999 if data not available)	Type: Decimal
161	Specify other route used for administration of morphine (enter -999 if data not available)	Type: Text box
162	Total dose of morphine via other route of administration (enter -999 if data not available)	Type: Decimal
163	Morphine total dose in mg: (Enter -999 if data not available)	Type: Decimal
164	Choose route of medication delivery for Meperidine	Type: Mark all that apply
		PO / per G-tube
		IV
		IM
		Other
		Data not available
165	Total dose of PO / per G-tube meperidine in mg (Enter -999 if data not available)	Type: Integer
166	Total dose of IV meperidine in mg (Enter -999 if data not available)	Type: Integer
167	Total dose of IM meperidine in mg (Enter -999 if data not available)	Type: Integer
168	Specify other route used for administration of meperidine (enter -999 if data not available)	Type: Text box
169	Total dose of meperidine via other route of administration (enter -999 if data not available)	Type: Integer
170	Meperidine total dose in mg: (Enter -999 if data not available)	Type: Integer
171	Alfentanil total dose in mg: (Enter -999 if data not available)	Type: Decimal
172	Choose applicable mode of administration for Remifentanil.	Type: Mark all that apply
		Bolus
		Infusion
		Data not available
173	Total infusion time for remifentanil (minutes)	Type: Integer
174	Remifentanil total dose in mcg: (Enter -999 if data not available)	Type: Integer

175	Nalbuphine total dose in mg: (Enter -999 if data not available).	Type: Integer
176	Choose local anesthetics used:	Type: Mark all that apply
		Bupivacaine
		EMLA / LMX / ElaMax cream
		Lidocaine
		Lidocaine by iontophoresis
		Ropivacaine
		TEC / LET solution
177	Choose route of medication delivery for ropivacaine.	Type: Mark all that apply
		Caudal / epidural
		Local infiltration
		Nerve block
		Other
		Data not available
178	Specify other route used for administration of ropivacaine (enter -999 if data not available).	Type: Text box
179	Ropivacaine total dose in mg: (Enter -999 if data not available).	Type: Integer
180	Choose route of medication delivery for Lidocaine.	Type: Mark all that apply
		Sub Q
		IV
		Topical
		Other
		Data not available
181	Total dose of Sub Q Lidocaine in mg (Enter -999 if data not available)	Type: Integer
182	Total dose of IV Lidocaine in mg (Enter -999 if data not available)	Type: Integer
183	Total dose of Topical Lidocaine in mg (Enter -999 if data not available)	Type: Integer
184	Specify other route used for administration of lidocaine (enter -999 if data not available)	Type: Text box
185	Total dose of lidocaine via other route of administration (enter -999 if data not available)	Type: Integer
186	Lidocaine total dose in mg: (Enter -999 if data not available)	Type: Integer

187	Choose route of medication delivery for bupivacaine.	Type: Mark all that apply
		Caudal / epidural
		Local infiltration
		Nerve block
		Other
		Data not available
188	Specify other route used for administration of bupivacaine (enter -999 if data not available).	Type: Text box
189	Bupivacaine total dose in mg: (Enter -999 if data not available)	Type: Integer
190	TEC / LET total dose in mg: (Enter -999 if data not available)	Type: Integer
191	Choose muscle relaxants used:	Type: Mark all that apply
		Pancuronium
		Rocuronium
		Succinylcholine
		Vecuronium
192	Rocuronium total dose in mg: (Enter -999 if data not available)	Type: Integer
193	Vecuronium total dose in mg: (Enter -999 if data not available)	Type: Integer
194	Pancuronium total dose in mg: (Enter -999 if data not available)	Type: Integer
195	Succinylcholine total dose in mg: (Enter -999 if data not available)	Type: Integer
196	Choose inhaled anesthetics used:	Type: Mark all that apply
		Desflurane
		Halothane
		Isoflurane
		N2O
		Sevoflurane
197	Choose percentage of N2O used.	Type: Mark only one
		< 50 %
		50%
		> 50 %

		Data not available
198	Choose sedative/analgesic reversal agents used:	Type: Mark all that apply
		Caffeine
		Flumazenil
		Nalbuphine
		Nalmefene
		Naloxone
199	Choose route of medication delivery for caffeine.	Type: Mark all that apply
		PO / per G-tube
		IV
		Other
		Data not available
200	Total dose of PO / per G-tube caffeine in mg (Enter -999 if data not available)	Type: Integer
201	Total dose of IV caffeine in mg (Enter -999 if data not available)	Type: Integer
202	Specify other route used for administration of caffeine (enter -999 if data not available)	Type: Text box
203	Total dose of caffeine via other route of administration (enter -999 if data not available)	Type: Integer
204	Caffeine total dose in mg: (Enter -999 if data not available)	Type: Integer
205	Flumazenil total dose in mg: (Enter -999 if data not available)	Type: Decimal
206	Nalbuphine total dose in mg: (Enter -999 if data not available).	Type: Integer
207	Nalmefene dose in mg: (Enter -999 if data not available)	Type: Integer
208	Naloxone total dose in mg: (Enter -999 if data not available)	Type: Decimal
209	Choose antiemetics used:	Type: Mark all that apply
		Compazine
		Hydroxyzine
		Ondansetron

		Phenergan
		Reglan
210	Choose route of medication delivery for compazine.	Type: Mark all that apply
		PO / per G-tube
		IV
		IM
		Rectal
		Other
		Data not available
211	Total dose of PO / per G-tube compazine in mg (Enter -999 if data not available)	Type: Integer
212	Total dose of IV compazine in mg (Enter -999 if data not available)	Type: Integer
213	Total dose of IM compazine in mg (Enter -999 if data not available)	Type: Integer
214	Total dose of rectal compazine in mg (Enter -999 if data not available)	Type: Integer
215	Specify other route used for administration of compazine (enter -999 if data not available)	Type: Text box
216	Total dose of compazine via other route of administration (enter -999 if data not available)	Type: Integer
217	Compazine total dose in mg: (Enter -999 if data not available)	Type: Integer
218	Hydroxyzine total dose in mg: (Enter -999 if data not available)	Type: Decimal
219	Ondansetron total dose in mg: (Enter -999 if data not available)	Type: Decimal
220	Choose route of medication delivery for phenergan.	Type: Mark all that apply
		PO / per G-tube
		IV
		IM
		Rectal
		Other
		Data not available
221	Total dose of PO / per G-tube phenergan in mg (Enter -999 if data not available)	Type: Integer

222	Total dose of IV phenergan in mg (Enter -999 if data not available)	Type: Integer
223	Total dose of IM phenergan in mg (Enter -999 if data not available)	Type: Integer
224	Total dose of rectal phenergan in mg (Enter -999 if data not available)	Type: Integer
225	Specify other route used for administration of phenergan (enter -999 if data not available)	Type: Text box
226	Total dose of phenergan via other route of administration (enter -999 if data not available)	Type: Integer
227	Phenergan total dose in mg: (Enter -999 if data not available)	Type: Integer
228	Reglan total dose in mg: (Enter -999 if data not available)	Type: Decimal
229	Choose anticholinergics used:	Type: Mark all that apply
229		Atropine
229		Glycopyrrolate
230	Choose route of medication delivery for Glycopyrrolate	Type: Mark all that apply
		IV
		IM
		Other
		Data not available
231	Total dose of IV Glycopyrrolate in mg (Enter -999 if data not available)	Type: Decimal
232	Total dose of IM Glycopyrrolate in mg (Enter -999 if data not available)	Type: Decimal
233	Specify other route used for administration of glycopyrrolate (enter -999 if data not available)	Type: Text box
234	Total dose of glycopyrrolate via other route of administration (enter -999 if data not available)	Type: Decimal
235	Glycopyrrolate total dose in mg: (Enter -999 if data not available)	Type: Decimal
236	Choose route of medication delivery for Atropine.	Type: Mark all that apply
		PO / per G-tube
		IV

		IM
		Other
		Data not available
237	Total dose of PO / per G-tube atropine in mg (Enter -999 if data not available)	Type: Decimal
238	Total dose of IV atropine in mg (Enter -999 if data not available)	Type: Decimal
239	Total dose of IM atropine in mg (Enter -999 if data not available)	Type: Decimal
240	Specify other route used for administration of atropine (enter -999 if data not available)	Type: Text box
241	Total dose of atropine via other route of administration (enter -999 if data not available)	Type: Decimal
242	Atropine total dose in mg: (Enter -999 if data not available)	Type: Decimal
243	Choose inhaled meds used:	Type: Mark all that apply
		Albuterol
		Racemic Epinephrine
244	Albuterol total dose in mg: (Enter -999 if data not available)	Type: Integer
245	Racemic Epinephrine total dose in mg: (Enter -999 if data not available)	Type: Integer
246	Choose all distraction techniques used	Type: Mark all that apply
		Acupuncture
		Child life intervention
		Electronic game
		Imagery
		Music
		Parental presence
		Projected images
		Television
		Toys or bubbles
		Video
		Other
247	Describe other distraction technique used.	Type: text box
248	Specify other medication used, dose, and route of administration.	Type: text box

249	Indicate type of monitoring used during the procedure.	Type: Mark all that apply
		None
		BIS or other sedation depth monitor
		BP
		Direct observation
		ECG
		ETCO2 (end-tidal CO2)
		Inspired oxygen monitoring
		Pleth (impedance plethysmography)
		Precordial stethoscope
		SPO2
		Temperature
		Other
		Data not available
250	Specify other type of monitoring used during the procedure.	Type: Text box
251	Select type of provider ultimately RESPONSIBLE for the sedation.	Type: Mark only one
		Anesthesiologist
		APRN / PNP / PA
		CRNA
		Dentist
		Emergency Medicine Physician
		Fellowship Level
		House staff
		Intensivist
		Medical Technologist - or equivalent
		Oral Surgeon
		Pediatrician
		Radiologist
		RN
		Surgeon
		Other
		Data not available
252	Specialty area of anesthesiologist responsible:	Type: Mark only one
		General Practice or other subspecialty
		Pediatric
253	Specialty area of dentist responsible:	Type: Mark only one
		General

		Pediatric subspecialty
		Other
254	Other specialty area of dentist responsible:	Type: Text box
255	Specialty area of emergency medicine physician responsible:	Type: Mark only one
		General Practice or other subspecialty
		Pediatric
256	Specialty area of fellow responsible:	Type: Mark only one
		Anesthesia
		Cardiology
		Emergency Medicine
		Gastroenterology
		Hematologist /Oncologist
		Intensive care
		Pediatric subspecialty
		Other
257	Other specialty area of fellow responsible:	Type: Text box
258	Specialty area of house staff responsible:	Type: Mark only one
		Anesthesiology
		Emergency Medical
		Family practice
		Pediatric
		Surgery
		Other
259	Other specialty area of house staff responsible:	Type: Text box
260	Specialty area of intensivist responsible:	Type: Mark only one
		Anesthesiologist
		Pediatric or subspecialty
261	Specialty area of pediatrician responsible:	Type: Mark only one
		Cardiologist
		Endocrinologist
		Gastroenterologist
		General Practice
		Hematologist /Oncologist
		Hospitalist
		Other
262	Other specialty area of pediatrician responsible:	Type: Text box

263	Specialty area of radiologist responsible:	Type: Mark only one
		Pediatric subspecialty
		Other, General Practice
264	Specialty area of surgeon responsible:	Type: Mark only one
		ENT
		Neurosurgery
		Pediatric Surgery
		Pediatric Urology
		Ophthalmologist
		Orthopedist
		Other
265	Other specialty area of surgeon responsible:	Type: Text box
266	Specify other type of provider ultimately responsible for the sedation.	Type: text box
267	Select type of provider actually DELIVERING the medication.	Type: Mark all that apply
		Anesthesiologist
		APRN / PNP / PA
		CRNA
		Dentist
		Emergency Medicine Physician
		Fellowship Level
		House staff
		Intensivist
		Medical Technologist - or equivalent
		Oral Surgeon
		Pediatrician
		Radiologist
		RN
		Surgeon
		Other
		Data not available
268	Specialty area of anesthesiologist delivering:	Type: Mark only one
		General Practice or other subspecialty
		Pediatric
269	Specialty area of dentist delivering:	Type: Mark only one
		General
		Pediatric subspecialty

		Other
270	Other specialty area of dentist delivering:	Type: Text box
271	Specialty area of emergency medicine physician delivering:	Type: Mark only one
		General Practice or other subspecialty
		Pediatric
272	Specialty area of fellow delivering:	Type: Mark only one
		Anesthesia
		Cardiology
		Emergency Medicine
		Gastroenterology
		Hematologist /Oncologist
		Intensive care
		Pediatric subspecialty
		Other
273	Other specialty area of fellow delivering:	Type: Text box
274	Specialty area of house staff delivering:	Type: Mark only one
		Anesthesiology
		Emergency Medical
		Family practice
		Pediatric
		Surgery
		Other
275	Other specialty area of house staff delivering:	Type: Text box
276	Specialty area of intensivist delivering:	Type: Mark only one
		Anesthesiologist
		Pediatric or subspecialty
277	Specialty area of pediatrician delivering:	Type: Mark only one
		Cardiologist
		Endocrinologist
		Gastroenterologist
		General Practice
		Hematologist /Oncologist
		Hospitalist
		Other
278	Other specialty area of pediatrician delivering:	Type: Text box
279	Specialty area of radiologist delivering:	Type: Mark only one
		Pediatric subspecialty

		Other, General Practice
280	Specialty area of surgeon delivering:	Type: Mark only one
		ENT
		Neurosurgery
		Pediatric Surgery
		Pediatric Urology
		Ophthalmologist
		Orthopedist
		Other
281	Other specialty area of surgeon delivering:	Type: Text box
282	Specify other type of provider actually delivering the medication.	Type: text box
283	Select type of provider MONITORING the patient (present for monitoring during the case).	Type: Mark all that apply
		Anesthesiologist
		APRN / PNP / PA
		CRNA
		Dentist
		Emergency Medicine Physician
		Fellowship Level
		House staff
		Intensivist
		LPN
		Medical Technologist - or equivalent
		Oral Surgeon
		Pediatrician
		Radiologist
		RN
		Surgeon
		Other
		Data not available
284	Specialty area of anesthesiologist monitoring:	Type: Mark only one
		General Practice or other subspecialty
		Pediatric
285	Specialty area of dentist monitoring:	Type: Mark only one
		General
		Pediatric subspecialty
		Other

286	Other specialty area of dentist monitoring:	Type: Text box
287	Specialty area of emergency medicine physician monitoring:	Type: Mark only one
		General Practice or other subspecialty
		Pediatric
288	Specialty area of fellow monitoring	Type: Mark only one
		Anesthesia
		Cardiology
		Emergency Medicine
		Gastroenterology
		Hematologist /Oncologist
		Intensive care
		Pediatric subspecialty
		Other
289	Other specialty area of fellow monitoring:	Type: Text box
290	Specialty area of house staff monitoring:	Type: Mark only one
		Anesthesiology
		Emergency Medical
		Family practice
		Pediatric
		Surgery
		Other
291	Other specialty area of house staff monitoring:	Type: Text box
292	Specialty area of intensivist monitoring:	Type: Mark only one
		Anesthesiologist
		Pediatric or subspecialty
293	Specialty area of pediatrician monitoring:	Type: Mark only one
		Cardiologist
		Endocrinologist
		Gastroenterologist
		General Practice
		Hematologist /Oncologist
		Hospitalist
		Other
294	Other specialty area of pediatrician monitoring:	Type: Text box
295	Specialty area of radiologist monitoring:	Type: Mark only one

		Pediatric subspecialty
		Other, General Practice
296	Specialty area of surgeon monitoring:	Type: Mark only one
		ENT
		Neurosurgery
		Pediatric Surgery
		Pediatric Urology
		Ophthalmologist
		Orthopedist
		Other
297	Other specialty area of surgeon monitoring:	Type: Text box
298	Specify other type of provider monitoring the patient (present for monitoring during the case).	Type: text box
299	Was the sedation supervisor also performing the procedure?	Type: Mark only one
		No
		Yes
		Data not available
300	Planned or expected airway management	Type: Mark all that apply
		None
		Endotracheal tube
		Jaw thrust
		LMA
		Nasotracheal tube
		Nasal-Pharyngeal airway
		O2 mask or nasal cannula blow-by
		Oral airway
		Bag - mask ventilation
		Repositioning
		Suction
		Other
		Data not available
301	Specify other airway management planned or expected during the case.	Type: text box
302	Planned depth of sedation	Type: Mark only one
		Minimal
		Moderate
		Deep

		General anesthesia
303	Sedation start time (giving the drug) recorded as 24 hour time e.g. 0800 (enter -999 if data not available).	Type: text box
304	Procedure end time (completion of procedure) recorded as 24 hour time e.g. 0800 (enter -999 if data not available).	Type: text box
305	Procedure End Time Check Statement	Type: informational screen
306	Discharge time (baseline level of consciousness or return to previous care location) recorded as 24 hour time e.g. 0800 (enter -999 if data not available).	Type: text box
307	Discharge Time Check Statement	Type: informational screen
308	What was the NPO status (in hours) at the time of sedation with respect to clear liquids?	Type: Mark only one
		< 2
		2
		4
		6
		>= 8
		Data not available
309	What was the NPO status (in hours) at the time of sedation with respect to solids?	Type: Mark only one
		< 2
		2
		4
		6
		>= 8
		Data not available
310	Indicate any side effect or complication that occurred.	Type: Mark all that apply - drop down list
		None
		Agitation / Delirium
		Airway obstruction
		Allergic reaction
		Apnea > 15 seconds
		Aspiration
		Cardiac Arrest
		Coughing
		Death

		Desaturation: O2 Sat (below baseline) for greater than 30 seconds
		Emergency anesthesia consultation required
		Hypothermia
		Inadequate sedation
		IV related complication
		Laryngospasm
		Prolonged recovery time
		Prolonged Sedation
		Secretions requiring treatment
		Stridor
		Unexpected change in HR, BP, RR of > or < 30%
		Unexpected need for bag-mask ventilation
		Unintended deep level of sedation
		Unplanned admission to hospital or increase in level of care
		Unplanned intubation
		Use of reversal agents
		Vomiting (non-GI procedure)
		Wheezing
		Other
		Data not available
311	What was the lowest level of O2 saturation?	Type: Mark only one
		< 90% for greater than 30 seconds
		< 80% for greater than 30 seconds
		< 70% for greater than 30 seconds
		< 80 % for more than 3 minutes
		Data not available
312	Reversal agents used for:	Type: Mark all that apply
		Benzodiazepines
		Opiates
313	Benzodiazepine reversal agent used for:	Type: Mark all that apply
		Agitation
		Apnea
		Sedation
		Other
314	Specify other reason for benzodiazepine reversal agent use.	Type: Text box
315	Opiate reversal agent used for:	Type: Mark all that apply
		Apnea
		Itching
		Sedation
		Other

316	Specify other reason for opiate reversal agent use.	Type: Text box
317	Specify other side effect or complication that occurred.	Type: Text box
318	When did complication occur?	Type: Mark all that apply
		Preprocedure
		Intraprocedure
		Transport
		Recovery
		Remote to procedure
		Data not available
319	Unexpected airway management required during the case?	Type: Mark all that apply
		None
		Endotracheal tube
		Jaw thrust
		LMA
		Nasotracheal tube
		Nasal-Pharyngeal airway
		O2 mask or nasal cannula blow-by
		Oral airway
		Bag - mask ventilation
		Repositioning
		Suction
		Other
		Data not available
320	Specify other airway management required during the case	Type: text box
321	Transport during sedation?	Type: Mark only one
		No
		Yes
		Data not available
322	How would you describe the conditions produced with regard to procedure completion?	Type: Mark only one
		Ideal conditions - patient calm and still during procedure
		Procedure performed - conditions not ideal
		Procedure could not be completed because of inadequate sedation.

		Procedure could not be completed due to complications with sedation
		Procedure could not be completed because of problems not related to sedation
		Data not available
323	Depth of sedation achieved	Type: Mark only one
		Minimal
		Moderate
		Deep
		General anesthesia
324	If you have any comments or wish to provide additional information, you can do so here.	Resp Type: comments