

Tracking and Reporting Outcomes Of Procedural Sedation (TROOPS)



A standardized quality improvement tool from the International Committee for the Advancement of Procedural Sedation³

	www	.TROOPS-sedation.com		
_	lverse events during sedation inplanned interventions or ou	or recovery. (form completed) tcomes occurred. (check all that apply	/ below)	
	Intermediate	Sentinel	Suspected Etiology	
Airway / Breathing	□ Positive pressure ventilation ^D □ Naloxone or flumazenil □ Oral airway	☐ Tracheal intubation ☐ Neuromuscular blockade ☐ Pulmonary aspiration ^c	□ Apnea ^d □ Respiratory depression ^e □ Upper airway obstruction ^f □ Laryngospasm ^g	
Circulation	☐ Bolus IV fluids	☐ Chest compressions ☐ Vasoactive drug administration ☐ Death	☐ Hypotension ☐ Bradycardia ☐ Cardiac arrest	
Neuro	☐ Anticonvulsant administration	☐ Neurological deficit	☐ Seizure or seizure-like movements	
Sedation Quality & Patlent Experience	□ Sedation insufficient □ Escalation of care or hospitalization ^h □ Provider dissatisfied □ Patient/family dissatisfied		□ Patient active resistance or need for restraint¹ □ Sedation complication □ Paradoxical response¹ □ Unpleasant recovery reaction/agitation ^k □ Unpleasant recall	
nanaged, or re	items can endanger patients if effect suboptimal sedation quality	or patient warrant immediate	are life-threatening and te reporting and the highest	
The goal of the 1 tool intended for assessment of p patients of all ag Procedural Seda TROOPS intentic favor of interven Positive airway pulmonary aspirappearance of n Apnea is cessati Respiratory depruper airway ob placement. Laryngospasm is placement. Escalation of ca	Tracking and Reporting Outcomes Of r daily use to record procedural sed attent safety and quality of care. This les. It was developed by multidiscipli- tion (www.ProceduralSedation.org). I onally excludes timed event duration tions and outcomes, which are more e ventilation (PPV) includes bag-masi cressure (CPAP) and laryngeal mask a ation is inhalation of oropharyngeal sew respiratory signs and symptoms. ion of ventilatory effort, ression is decrease in ventilatory effort struction is partial or complete obstruction is partial or complete obstruction.	f Procedural Sedation (TROOPS) form is to prition adverse events, interventions, and outcome tool is intended for use by all types of sedat nary consensus from the International Commits elements can readily be incorporated into sand specific thresholds (e.g., vital signs, only objective, clinically relevant, and more reliable ventilation (BMV), bilevel positive airway prairway (LMA). or gastric contents into the trachea during second. ort. uction of the upper airway responsive to airway recond cords that is not responsive to airway reconditions.	rovide a standardized and practical omes relevant to the continuous ion providers in all locations and for littee for the Advancement of electronic medical records. ygen desaturation, capnography) in ply recorded. essure (BiPAP), continuous dation or recovery and the way positioning or oral/nasal airway positioning or oral/nasal airway	

Fig 1. Paper-form version of the TROOPS continuous quality-improvement form. A mock-up of the corresponding version suitable for electronic medical records or web platforms can be viewed at www.TROOPS-sedation.com. TROOPS, Tracking and Reporting Outcomes of Procedural Sedation.