**KETAMINE IN ACUTE BEHAVIOURAL DISTURBANCE(KIA) DATA ABSTRACTION FORM**

**Ketamine in Acute Behavioural Disturbance Data Abstraction Form**

*(Adapted from RFDS Queensland Emergency Retrieval Sedation Datasheet 2016, Courtesy Dr Minh Le Cong)*

**DEMOGRAPHIC DETAILS:**

|  |  |  |
| --- | --- | --- |
| 1. Study number (4 digits) |  | |
| 1. Patient QCC ID (8 digits including any preceding zeros |  | |
| 1. Date of Retrieval (DD/MM/YY): |  | |
| 1. Age (years) |  | |
| 1. Gender | Male | Female |
| 1. Weight (kg) |  | |

**SEDATION DETAILS:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Sedatives administered pre-retrieval (up to 12hrs ) | Drug |  | | | |  | |  | | | |  | |  |  | |
| Route |  | | | |  | |  | | | |  | |  |  | |
| Dose |  | | | |  | |  | | | |  | |  |  | |
| 1. Sedatives administered during retrieval | Drug |  | | | |  | |  | | | |  | |  |  | |
| Route |  | | | |  | |  | | | |  | |  |  | |
| Dose |  | | | |  | |  | | | |  | |  |  | |
| Time |  | | | |  | |  | | | |  | |  |  | |
| 1. “Arrive At patient” time |  | | | | | | | | | | | | | | | |
| 1. “Arrive receiving hospital” time |  | | | | | | | | | | | | | | | |
| 1. Duration of return leg(s) of patient retrieval(minutes) |  | | | | | | | | | | | | | | | |
| 1. Mode of retrieval | FW | | | | | | | | RW | | | | | | | |
| 1. Referring facility |  | | | | | | | | | | | | | | | |
| 1. Receiving facility |  | | | | | | | | | | | | | | | |
| 1. Diagnosis | Schizophrenia | | Psychosis not otherwise specified | | | | | | | Drug intoxication | | | | Other | | |
| 1. Mental Health involuntary order | Yes | | | | | | | No | | | | | | | | |
| 1. Physical restraints utilized during retrieval | Yes | | | | | | | No | | | | | | | | |
| 1. Co-morbidities | Chronic respiratory disease | | | | Obesity | | Chronic kidney disease | | | Chronic liver disease | | | | Chronic heart disease | | Other |
| 1. Any SBP <90mmHg or >140mmHg ?\* | Yes | | | | | | | No | | | | | | | | |
| 1. If Yes to Q19, any intervention? | None | | | Fluids | | | | Inotropes | | | | | Other | | | |
| 1. Any recorded heart rate >100/min ? \* | Yes | | | | | | | No | | | | | | | | |
| 1. Any recorded SpO2 <90%\* | Yes | | | | | | | No | | | | | | | | |
| 1. If Yes to Q22, any intervention? | Airway manoeuvres | | | | | | Airway device | | | Supplemental oxygen | | | | | | None |
| 1. Any other reported adverse effects\* | Nausea/  Vomiting | | Increased secretions | | | | Apnea | | | | Laryngo  spasm | | | Emergence  phenomena | | Other |
| 1. If yes to Q24,any intervention? |  | |  | | | |  | | | |  | | |  | |  |
| 1. Was patient intubated? | Yes | | | | | | | No | | | | | | | | |
| 1. Time of intubation | Pre-retrieval | | | | | | | During retrieval | | | | | | | | |
| 1. Indication for intubation | Airway protection /  Respiratory Depression | | | | | | Persistent ABD | | | | | | | Other | | |

\*Please insert time of adverse event if it occurred prior to the arrival of LRM team