**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 | Laryngospasm | Emergencephenomena | 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