



**Agitated Chaotic Event / Behavioral Emergencies / Conscious Sedation  
Quality Control Form**

Date: \_\_\_\_\_ Incident #: \_\_\_\_\_

Agency: \_\_\_\_\_ Provider Certification #: \_\_\_\_\_

Patient Info: Age: \_\_\_\_\_ Sex:  Male  Female Race: \_\_\_\_\_ Weight: \_\_\_\_\_  lbs  kg

Type of Call:  Trauma  Medical

Indication for Use (check):

Chemical extrication (entrapments)  
Results: \_\_\_\_\_

Extremity fractures/dislocations with circulatory compromise  
Results: \_\_\_\_\_

Agitated Chaotic Event – not responding to Versed  
Results: \_\_\_\_\_

Behavioral Emergencies  
Results: \_\_\_\_\_

Pharmacological Agents:

Fentanyl	Dose: _____ mg	Route: <input type="checkbox"/> IV	<input type="checkbox"/> IO
Haloperidol	Dose: _____ mg	Route: <input type="checkbox"/> IV	<input type="checkbox"/> IO
Ketamine	Dose: _____ mg	Route: <input type="checkbox"/> IV	<input type="checkbox"/> IO
Lorazepam	Dose: _____ mg	Route: <input type="checkbox"/> IV	<input type="checkbox"/> IO
Midazolam	Dose: _____ mg	Route: <input type="checkbox"/> IV	<input type="checkbox"/> IO
Zofran	Dose: _____ mg	Route: <input type="checkbox"/> IV	<input type="checkbox"/> IO

Blood Pressure Pre: \_\_\_ / \_\_\_ mmHg During: \_\_\_ / \_\_\_ mmHg Post: \_\_\_ / \_\_\_ mmHg

Heart Rate: Pre: \_\_\_ BPM During: \_\_\_ BPM Post: \_\_\_ BPM

Complications (check):

Hypertension  Tachycardia  Hypersalivation  
 Nausea/Vomiting  Hallucinations