BC CANCER COLON SCREENING Provincial Health Services Authority

UNPLANNED EVENT REVIEW FORM

DO NOT PLACE LABEL ABOVE LINE

AFFIX CLIENT LABEL HERE

FAX THIS PAGE TO COLON SCREENING PROGRAM: 1 (604) 297-9340

CONFIDENTIAL FOR QUALITY ASSURANCE PURPOSES

EXAM DATE (YYYYMMDD) | QM REVIEW CODE | PHN | DATE OF BIRTH (YYYYMMDD)

QM REVIEW DATE (YYYYMMDD) | AMENDED DATE (YYYYMMDD) | PATIENT NAME LAST | PATIENT NAME FIRST | SEX (F/M/X)

REVIEWER (MSC) | REVIEWER LAST, FIRST

COLON SCREENING PROGRAM ADMINISTRATIVE USE ONLY

SAE: ☐ Yes ☐ No **Related to Colonoscopy:** ☐ Probably ☐ Possibly ☐ Unlikely ☐ **Not an UPE**

☐ **Letter to Colonoscopist** ______

Comments: ______

PRIMARY TYPE

- ☐ Death
- ☐ Perforation
- ☐ Post polypectomy bleeding
- ☐ Bowel preparation complication
- ☐ Cardiac
- ☐ Diverticulitis
- ☐ Post polypectomy syndrome
- ☐ Splenic injury
- ☐ Appendicitis
- ☐ Respiratory
- ☐ Sedation complication
- ☐ Small bowel obstruction
- ☐ Thromboembolic event
- ☐ Cholecystitis
- ☐ Ischemic colitis
- ☐ Infection ______
- ☐ Bleeding other
- ☐ Other ______

SECONDARY TYPE

- ☐ Myocardial infarction
- ☐ Arrhythmia
- ☐ Stroke: Ischemic/Hemorrhagic
- ☐ Kidney injury
- ☐ Electrolyte abnormality
- ☐ Other ______
- ☐ Aspiration pneumonia
- ☐ Laceration
- ☐ Fall
- ☐ Hypoxia
- ☐ Seizure
- ☐ Head injury
- ☐ Hypotension
- ☐ COPD exacerbation
- ☐ Hematemesis
- ☐ Fracture

TREATMENT

- ☐ Blood transfusion
- ☐ Repeat colonoscopy
  - ☐ Clips ☐ Injection
  - ☐ Cautery ☐ Hemospray
- ☐ Surgery
- ☐ IR Intervention
- ☐ Conservative management
- ☐ Other ______
- ☐ Cardioversion
- ☐ Reversal agent

CAUSE

☐ Post-polypectomy

Location:	SMI:	Hot Snare:
☐ Rectum	☐ Yes	☐ Yes
☐ Left	☐ No	☐ No
☐ Transverse	☐ Unknown	☐ Unknown
☐ Ascending		
☐ Cecum	☐ Prophylactic Clipping	
☐ Other ______		

☐ Unstable Loop

Location:
- ☐ Rectum
- ☐ Left
- ☐ Transverse
- ☐ Ascending
- ☐ Cecum
- ☐ Unknown

☐ Angioectasia treatment

Incidental: ☐ Yes ☐ No ☐ Unknown

☐ Coagulation at polypectomy site

Soft coagulation ☐ Yes ☐ No ☐ Unknown

- ☐ Hemorrhoids
- ☐ Deep sedation ______
- ☐ Other ______

- ☐ Diverticulosis
- ☐ Bisacodyl
- ☐ Retroflexion
- ☐ Buscopan
- ☐ Inappropriate management of anti-thrombotics

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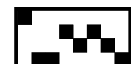

INFORMATION ON THIS FORM IS CONFIDENTIAL
IF YOU RECEIVE THIS IN ERROR PLEASE FAX TO
QUALITY DEPT: 1 (604) 675-7223

Appendix 3 to: Tomaszewski M, Sanders D, Enns R, et al. Risks associated with colonoscopy in a population-based colon screening program: an observational cohort study. *CMAJ Open* 2021. doi:10.9778/cmajo.20200192. Copyright © 2021 The Author(s) or their employer(s).
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