Royal College of
Dental Surgeons of Ontario

6 Crescent Road, Toronto, ON Canada M4W 1T1
T: 416.961.6555 F: 416.961.5814 Toll Free: 1.800.565.4591 www.rcdso.org

Reporting a Tier 2 Event

TIER TWO EVENTS:

Other incidents must be reported to the RCDSO in writing within 10 days of knowledge of the event.

- Unscheduled treatment of a patient in a hospital within 10 days of a procedure performed with sedation or general anesthesia.
- Any use of a benzodiazepine or opioid antagonist.
- Any serious cardiac or respiratory adverse event requiring administration of a medication for its management.

1. COMPLETION OF REPORT

Name of Person Completing this Report: _____

Title: _____

Telephone: _____

Date report completed: _____

2. GENERAL INFORMATION

Facility Owner: _____

Facility: _____

Dentist: _____

Date of the Incident: Day: _____ Month: _____ Year: _____

Sedation performed by: _____

Dentist: Dr. (Name): _____

Modality: _____

3. PATIENT INFORMATION

Patient Identification Number (if applicable):

Patient Name:

HT: WT: Gender: Male ☐ Female ☐ Age:

Date of Birth:

ASA Classification:

Treatment Proposed:

Treatment Performed:

	Column 1	Column 2	Suspected Etiology
Airways & Breathing	☐ Naloxone ☐ Flumazenil ☐ Oral airway	☐ Tracheal intubation ☐ Neuromuscular blockade ☐ Pulmonary aspiration ☐ Bag mask valve ventilation	☐ Apnea ☐ Respiratory depression ☐ Upper airway obstruction ☐ Laryngospasm ☐ Oxygen desaturation ☐ Abnormal capnography
Circulation	☐ Bolus IV fluids ☐ Vasoactive drug administration		☐ Hypotension ☐ Hypertension ☐ Bradycardia ☐ Trachycardia ☐ Cardiac arrest
Neuro	☐ Anticonvulsant administration		☐ Nausea ☐ Vomiting ☐ Seizure or seizure-like movements ☐ Myoclonus/muscle rigidity
Allergy	☐ Administration of antihistamine ☐ Administration of inhaled ß-agonist ☐ Administration of epinephrine (adrenaline) for anaphylaxis		☐ Allergic reaction ☐ Anaphylaxis
Other			☐ Patient active resistance or need for restraint ☐ Sedation complication ☐ Paradoxical response ☐ Unpleasant recovery reaction/ agitation ☐ Unpleasant recall

4. OFFICE RESPONSE TO THE EVENT

If this incident had progressed without corrective action, what might the outcome have been for the patient?

What prevented this incident from becoming more serious?

What steps have been taken to prevent future occurences such as change to policy or procedures? Give details.

Dentist Who Provided Treatment and Administered Sedation - I have reviewed the contents of this report:

Signature: _____

Date: _____

Printed Name: _____

Once you have completed the form and are ready to submit it, email us.
We will send you an encrypted email, which you will be able to reply to with your completed form attached, in order for the transmission to be private and secure.

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