1. Which type of monitoring do you use at your facility?

**Question 1**

- Pulse Oximetry: 26%
- Capnography/ETCO2: 4%
- Both (Pulse Oximetry & Capnography/ETCO2): 64%
- None: 6%

2. At your institution, which factors determine if continuous electronic monitoring should be utilized for patients on opioids?

**Question 2**

- Cost/availability of equipment: 33%
- Staffing: 28%
- Telemetry: 16%
- Never events: 13%
- All of the above: 10%
3. Which percentage of your post-op patients receive supplemental oxygen?

![Question 3 Pie Chart]

- <25%: 22%
- 25-50%: 22%
- 50-70%: 24%
- 70-90%: 9%
- >90%: 5%

4. For patients receiving opioids via PCA, which type of monitoring do you use?

![Question 4 Pie Chart]

- None: 9%
- SpO2 spot checks: 24%
- Continuous SpO2: 34%
- Continuous EtCO2/capnography: 27%
- SpO2 and EtCO2/capnography: 5%
5. Where on your institution’s list of priorities is the focus for continuous monitoring of patients on opioids?

6. Based on your personal experience, how often does an adverse event (death/injury) related to respiratory compromise occur at your institution due to over sedation from opioids?
7. Patient safety metrics can be positively impacted in low acuity settings by continuously monitoring all patients, not just those on opioids.

Question 7

- Strongly Agree: 41%
- Agree: 34%
- No Opinion: 15%
- Disagree: 7%
- Strongly Disagree: 2%