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

Question 1

- Pulse Oximetry: 68%
- Capnography/ETCO2: 25%
- Both (Pulse Oximetry & Capnography/ETCO2): 5%
- None: 2%

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

Question 2

- Cost/availability of equipment: 63%
- Staffing: 14%
- Telemetry: 21%
- Never events: 0%
- All of the above: 2%
3. Which percentage of your post-op patients receive supplemental oxygen?

**Question 3**

- <25%: 19%
- 25-50%: 14%
- 50-70%: 17%
- 70-90%: 25%
- >90%: 25%

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

**Question 4**

- None: 2%
- SpO2 spot checks: 18%
- Continuous SpO2: 33%
- Continuous EtCO2/capnography: 13%
- SpO2 and EtCO2/capnography: 33%
5. Where on your institution’s list of priorities is the focus for continuous monitoring of patients on opioids?

Question 5

- High (next 3-6 months): 58%
- Medium (next 6 months-year): 14%
- Low (> 1 year): 8%
- Not on list of priorities: 14%

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?

Question 6

- Daily: 0%
- Weekly: 2%
- Monthly: 16%
- Yearly: 23%
- Never: 59%
7. Patient safety metrics can be positively impacted in low acuity settings by continuously monitoring all patients, not just those on opioids.