Supplemental Digital Content. Summary of critical events requiring cardiopulmonary resuscitation, other advanced interventions, intensive care unit admission, and case of 30 day mortality.

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| Age, Sex, ASA | Comorbidities | Procedure, Anesthetic | Description, long term sequelae. |
| **Events requiring cardiopulmonary resuscitation** | | | |
| 59 yo F  ASA 2 | None | Hysteroscopy, GA | **Asystole.** During recovery, patient became unconscious, apneic and developed bradycardia with a heart rate of approximately 30 beats per minute. This was followed by 14 seconds of no cardiac activity. CPR provided for 10 seconds with recovery of cardiac activity and consciousness. Glycopyrrolate subsequently administered. Admitted to the hospital for observation. No long term sequelae. |
| 50 yo F  ASA 2 | Smoker | Arthroscopy, GA | **Asystole.** During recovery, patient became hypertensive, hypoxic with oxyhemoglobin desaturation to 75%, and developed a non-petechial rash on her chest and neck. Labetalol administered. Ten minutes later became unconscious with wide complex tachycardia that progressed into asystole. CPR provided for four minutes, epinephrine administered, and reintubated. Cardiac activity returned. ICU admission for observation. No long term sequelae. |
| 51 yo F  ASA 2 | None | Cataract surgery, MAC | **Asystole.** Preoperatively during placement of eye drops, patient became asystolic. CPR provided for 2 minutes with return of cardiac function. Case discontinued. No long term sequelae. |
| 70 yo M  ASA 2 | Hypertension | Prostate biopsy, MAC | **Asystole.** During recovery, patient became unconscious with no palpable pulse. CPR administered for 20 second. Patient regained cardiac function and consciousness. Admitted to the hospital for observation. No long term sequelae. |
| 71 yo M  ASA 3 | Coronary artery disease with prior MI  Atrial fibrillation  Gastrointestinal bleeding  Hypertension  Obstructive sleep apnea | EGD, GA | **Asystole.** During emergence, patient developed right bundle branch block, hypotension, hypoxia, and bradycardia which progressed to asystole. CPR provided for 2.5 minutes with administration of vasopressin and epinephrine. Underwent emergent cardiac catheterization where a thrombus was extracted from a previously stented left main coronary artery (drug eluding stent placed six years prior) and balloon angioplasty of the circumflex artery was performed. ICU admission. Myocardial infarction confirmed. Tracheotomy placed for prolonged intubation. Patient died 4 months later of cardiogenic and septic shock. |
| 70 yo F  ASA 2 | Atrial fibrillation  Obstructive sleep apnea Hypertension | Cystoscopy, GA | **Asystole.** During the procedure, patient developed bradycardia which progressed to asystole. CPR provided for 60 second, with return of cardiac function. Procedure discontinued. ICU admission for observation. No long term sequelae. |
| 73 yo M  ASA 2 | Hypertension | Prostate biopsy, MAC | **Asystole.** During anesthetic induction attempts to place LMA were unsuccessful. Succinylcholine administered followed by bradycardia which progressed to asystole. CPR provided for 90 seconds, and epinephrine and atropine administered with recovery of cardiac function. Airway secured. ICU admission for observation. No long term sequelae. |
| 59 yo F  ASA 2 | None | Breast reduction, GA | **Bradycardia.** During emergence patient was administered 1 mg neostigmine and 0.2 mg glycopyrrolate. During transfer to recovery patient developed hypoxia and bradycardia. CPR provided for 2 minutes, and glycopyrrolate and atropine administered with recovery of cardiac function. Naloxone administered for continued decreased level of consciousness. ICU admission for observation. No long term sequelae. |
| **Events requiring other advanced interventions** | | | |
| 34 yo F  ASA 1 | None | Laparoscopic hernioplasty, GA | **Pneumothorax**. During wound closure patient’s lungs abruptly became difficult to ventilate with associated hypoxia. A pneumothorax was diagnosed and a chest tube placed with immediate improvement in pulmonary mechanics. Admitted to the hospital. Complete recovery |
| **Events requiring ICU observation but not cardiopulmonary resuscitation or other advanced techniques** | | | |
| 73 yo M  ASA 3 | Cardiac ablation (PSVT)  Diabetes Mellitus  Hypertension | Cystoscopy, GA | **Bradycardia.** During anesthetic recovery, patient became somnolent and bradycardia. Glycopyrrolate administered with resolution. ICU admission for observation. No long term sequelae. |
| 19 yo F  ASA 2 | Muscle spams | Muscle biopsy, MAC | **Seizure.** Following the procedure, patient had a generalized seizure requiring bag-mask ventilation to treat hypoxemia. Propofol and midazolam administered. The patient desaturated to the 80’s and an oral airway and nasal trumpet were inserted enable ventilation. The patient was successfully mask ventilated until her oxyhemoglobin saturations became normal. ICU admission for observation. No long term sequelae. |
| 55 yo F  ASA 3 | Liver transplant (10 days prior)  Delirium | ERCP, MAC | **Seizure.** Prior to induction of anesthesia, patient had a generalized tonic-clonic seizure. Lorazepam and fosphenytoin administered. ICU admission for observation. No long term sequelae. |
| 75 yo M  ASA 3 | Coronary artery disease COPD  Diabetes Mellitus  Obstructive sleep apnea Peripheral arterial disease Stroke  Hypertension | Cystoscopy, GA | **Aspiration**. During maintenance with LMA patient had emesis. LMA removed and endotracheal tube placed. ICU admission for observation. Developed pneumonia, successfully treated with antibiotics. No long term sequelae. |
| 40 yo F  ASA 2 | Contrast allergy | Fluoroscopically guided spine injection, MAC | **Allergic Reaction**. Under allergologist direction, she was premedicated with steroids, histamine 1 and 2 antagonists, montelukast, and albuterol and ipratropium nebulizer. During recovery developed dyspnea, and stridor. Administered intravenous epinephrine, diphenhydramine and steroids. ICU admission for observation. No long term sequelae. |
| **Events followed by 30 day mortality** | | | |
| 62 yo M  ASA 4 | CLL  GVHD  Renal failure | Transjugular hepatic biopsy, placement tunneled dialysis catheter, MAC | **Agitation/Restlessness.** During the procedure, patient became agitated. Midazolam administered and arm restraints placed. Transferred back to hospital after procedure. Died 8 days later from disease progression. |

**Abbreviations**: ASA = American Society of Anesthesiologists; F = female; M = male; yo = years old; MI = myocardial infarction; COPD = chronic obstructive pulmonary disease; PSVT = paroxysmal supraventricular tachycardia; CLL = chronic lymphocytic leukemia; GVHD = graft versus host disease; EGD = esophagogastroduodenoscopy; ERCP = endoscopic retrograde cholangiopancreatography; CPR = cardiopulmonary resuscitation; ICU = intensive care unit; LMA = laryngeal mask airway; GA = General anesthesia; MAC = monitored anesthesia care.