ADMINISTRATIVE REVIEW FORM FOR UNANTICIPATED HOSPITALIZATION

Individual's Name: _____
Date of Unanticipated Hospitalization: _____
Major Unusual Incident Number: _____
Date Form Initiated: _____
Name of Person Initiating Form: _____
Title of Person Initiating the Form: _____
Contact Information for Person Initiating Form: _____
Provider Name: _____

PART 1 – TO BE COMPLETED BY THE INDIVIDUAL'S PROVIDER

DESCRIPTION – Indicate which situation applies.

□ Hospitals admission lasting 48 hours or longer due to one or more of the specified diagnoses (i.e. aspiration pneumonia, bowel obstruction, dehydration, medication error, seizures, or Sepsis.)

□ Hospital re-admission lasting 48 hours or longer due to any diagnosis that is the same diagnosis as a prior hospital admission lasting 48 hours or longer within the past 30 calendar days.

HISTORY/ANTECEDENTS: Explain what led to the unanticipated hospitalization.

Describe the medical history of the individual.

Have there been recent similar illnesses?

If so, please describe the illness and date or the occurrence,

What was the health of the individual in the 72 hours leading up to the hospitalization?

Did the individual complain of feeling unwell or deviate from routine (e.g., change in behavior, eating, sleeping, or bathroom habits)?

SYMPTOMS AND RESPONSE - What were the individual's symptoms (e.g., fever, rash, bloody stool, or trouble breathing) and over what length of time?

What actions did the provider take to address the symptoms?

PART 2 – TO BE COMPLETED BY THE INVESTIGATIVE AGENT IN COLLABORATION WITH THE INDIVIDUAL'S TEAM

DETAILS OF HOSPITALIZATION

Date of Admission: _____

Date of Discharge: _____

WHEN UNANTICIPATED HOSPITALIZATION IS BASED ON A HOSPITAL ADMISSION LASTING 48 HOURS OR LONGER DUE TO ONE OR MORE OF THE FOLLOWING DIAGNOSES

Indicate which apply:

- □ Aspiration Pneumonia
- □ Bowel Obstruction
- □ Dehydration
- □ Medical Error
- □ Seizure
- □ Sepsis

WHEN UNANTICIPATED HOSPITALIZATION IS BASED ON A HOSPITAL RE-ADMISSION LASTING 48 HOURS OR LONGER DUE TO ANY DIAGNOSIS THAT IS THE SAME DIAGNOSIS AS A PRIOR HOSPITAL ADMISSION LASTING 48 HOURS OR LONGER WITHIN THE PAST 30 CALENDAR DAYS

Indicate the diagnosis of the hospitalizations:

Provide the dates of the prior hospital admission and discharge:

DISCHARGE SUMMARY – Attach discharged summary.

FOLLOW-UP APPOINTMENT/CHANGES TO MEDICATION/CONTINUING CARE – List the changes and the continuing needs of the individual.

The person responsible for these changes. _____

Confirm follow-up appointments have been made. _____

CAUSES AND CONTRIBUTING FACTORS

- □ Medication change
- □ Medication error
- □ Aspiration due to improper diet texture
- □ Refusal to follow diet
- □ Insufficient fluid intake
- □ Failure to monitor input/output of fluids
- □ Failure to follow bowel protocol
- □ Failure to provide timely medical care
- □ Failure to monitor urination and/or bowel movements
- □ Other: _____
- □ Chronic medical diagnosis that places individual at higher risk
- □ Refusal of staff assistance
- □ Lack of health care coordination

ADMINISTRATIVE REVIEW SUMMARY AND CONCLUSION

PREVENTION PLAN – Describe the prevention plan being implemented to address causes and contributing factors (e.g., environmental change, staff training, medication changes, or diet change).

Name of Investigative Agent Completing Form: _____

Date Form Completed: _____