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.

□ Hospital admission lasting 48 hours or longer due to one or more of the specified diagnoses (i.e., aspiration pneumonia, bowel obstruction, dehydration, medication error, seizure, 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
- □ Chronic medical diagnosis that places individual at higher risk
- □ Refusal of staff assistance
- □ Lack of health care coordination
- □ 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: _____

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: _____