

**ADMINISTRATIVE REVIEW FORM
FOR UNANTICIPATED HOSPITALIZATION
APPENDIX D**



MUI Department
Phone (330) 634-8684 | Fax (330) 634-8553

Individual's Name:

Date of Unanticipated Hospitalization:

Major Unusual Incident Number:

Date Form Initiated:

Name of Person Initiating Form:

Title of Person Initiating 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? 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

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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

Medication Error

Seizure

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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 discharge summary.

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 monitor urination and/or bowel movements

Failure to provide timely medical care

Chronic medical diagnosis that places individual at higher risk

Refusal of staff assistance

Lack of health care coordination

Other:

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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 level of supervision).

Contact Information for Person Initiating Form:

Date Form Completed: