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: