

**Documentation Completion Instructions  
For SI-815 Form**

1. **Patient #:** Use the patient's Medical Record number.  
(If the patient is unknown enter 5 zero's - 00000).
2. **Name:** Last, first, middle initial.
3. **Unit/Ward:** Living area - where patient resided at time of incident.
4. **Sequence #:** Leave blank.
5. **Incident Date:** Date on which the incident was reported. If the date of the incident is different than date reported then be sure to clarify in "Description of Event" narrative. Enter eight digit number for year, month, day e.g., 1998/03/24.
6. **Tie:** Military time, i.e. 0001-2400.
7. **Shift:** Circle one. Specify the shift 1 (days), 2 (evening), or 3 (night) as defined by the reporting hospital's shift description.
8. **DOW:** Day of the week:

Sun	- 1	Thurs	- 5
Mon	- 2	Fri	- 6
Tues	- 3	Sat	- 7
Wed	- 4		
9. **Incident Location Code:** Enter the appropriate number from the "SI-8 15 Code Sheet", #1-25 (Attachment .B). If "other" (#25), further specify in narrative.
10. **Incident Category Code:** Enter the appropriate code (1-26) from Attachment B. (For definition of each category see Attachment C). If "other" (26), further specify in narrative. Three categories may be used to define the incident, most serious first. (Example: Patient fell, reason is known (other) and further defined in the narrative and family is concerned - would be coded (11/26/12).
11. **Effect Code:** Enter the appropriate code (1-28) from Attachment B. If "other" (28), further specify in narrative. Up to three categories may be used to define the incident, most serious first. (Example: Patient sustained a fracture, epistaxis, and abrasion - would be coded 17/16/1.)
12. **Body Part Code:** Enter the appropriate code (1-40) from Attachment B. Up to three categories may be used to define the incident, most serious first. (Example: Patient fractured right hip, had a nosebleed and abraded right elbow - would be coded 29/27/34.)

13. **Closure Code(s):**

- A. All Incident Reports (Form SI-815) shall be reviewed by the Treatment Team within 24 hours of the incident occurrence. If the incident occurs on a weekend or holiday, the incident report shall be reviewed on the next working day.
- B. After review of the incident report the Treatment Team Closure Code section shall be completed. Enter the appropriate code (Attachment B) #1-13 which best describes the action(s) taken up to and including the time of the review.

**Complete Only the Following Category(ies) Which Describes the Incident.**

FALLS - Complete this section relative to falls (A-G) using the Incident Report Sub-categories Sheet (Attachment D).

14. **Fall From/By - A :**

Use the appropriate 2 digit number from 01 - 14 in the "Fall From By" section. If #12 or #14 is used (tripped or other), further specify in the narrative.

15. **Patient Was - B:**

Use the appropriate 2 digit code from 20-25 in the "Patient Was" section.

16. **Side Rails - C:**

Use the appropriate 2 digit code from 30-32 in the "Side Rails" section.

17. **Ambulation - D:**

Use the appropriate 2 digit code from 40-44 in the "Ambulation" section. C

18. **Walking Surface - E:**

Use the appropriate 2 digit code from 50-54 in the "Walking Surface" section.

19. **Footwear - F:**

Use the appropriate 2 digit code from 60-64 in the "Footwear" section.

20. **Medication - G:**

Use the appropriate 2 digit code from 70-72 in the "Medication" section

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**MEDICATION ERROR** - Complete the Medication Error Category section (A- E) using the Incident Report Sub-categories Sheet (Attachment D).

21. **Medication Category - A:**

Use the appropriate 2 digit code from 80-81 in the "Medication Category" section. Type 1 is an error **not** involving the patient (example: a transcription error found before medication is given to the patient) and Type 2 is an error involving the patient.

22. **Medication Error - B:**  
Use the appropriate 2 digit code from 90-97 in the "Medication Error" section. If other, specify in the narrative.
23. **Reason For Error - C:**  
Use the appropriate 3 digit code from 100-114 in the "Reason for Error" section. If other, specify in the narrative.
24. **Type Medication(s) - D:**  
Use the appropriate 3 digit code from 120-145 in the "Type Medication(s)" section. Up to three types of medications can be entered. Specify medications by generic name in the narrative. If other, specify in the narrative.
25. **Discipline Involved - E:**  
Use the appropriate 3 digit code from 150-156 in the "Discipline Involved" section. If the error involved more than 1 discipline, please designate all the appropriate discipline codes to a maximum of 3

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**SELF-INJURIOUS BEHAVIOR** -Complete the Self-Injurious Behavior Section (A-D) using the Incident Review Subcategory Sheet (Attachment D).

26. **Method - A:**  
Use the appropriate 3 digit code from 160-179 in the "Method" section. If other, specify in the narrative.
27. **Patient Was - B:**  
Use the appropriate 3 digit code from 190-191 in the "Patient Was" section.
28. **Instrument - C:**  
Use the appropriate 3 digit code from 200-227 in the "Instrumental section. If other, specify in the narrative.
29. **Reason/precipitating Event(s) - D:**  
Use the appropriate 3 digit code in the "Reason/Precipitating Event(s) section. Up to 3 codes may be entered. If other, specify in the narrative.

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**ASSAULT** - Complete the Assault Section (A-D) using the Sub-category Sheet (Attachment D).

30. **Patient - A:**  
Use the appropriate 3 digit code from 260-265 in the "Patient" section.
31. **Assault Resulted In - B:**  
Use the appropriate 3 digit code from 270-275 in the c"Assault Resulted In" section

32. **Provocation Was - C:**  
Use the appropriate 3 digit code from 280-281 in the "Provocation Was" section.

33. **Reason/Precipitating Factor(s) - D:**  
Use the appropriate 3 digit code from 290-291 in the "Reason/Precipitating Factor(s) section

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**DEATH** Regardless of incident category, if the outcome (effect) is death, complete the Incident Report Sub-category for "Death"(Attachment D).

34. **Type of Death - A:**  
Use the appropriate 3 digit Code from 300-304 in the "Type of Death section".

35. **Coroner Notification - B:**  
Use the appropriate 3 digit code from 309-3 10 in the "Coroner Notification" section. If code 309 is used, specify in the narrative the time of notification and notified by whom.

36. **Coroner Status - C:**  
If the coroner was notified, use the appropriate 3 digit code from 311-313 in the "Coroner Status" section.

37. **Autopsy Status - D:**  
If an autopsy is requested, use the appropriate 3 digit code from 320-324 in the "Autopsy Status" section.

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**ALLEGED ABUSE:** Complete the "Alleged Patient Abuse" section (A-B) using the Incident Report Sub-category Sheet (Attachment D).

38. **Type of Alleged Abuse - A:**  
Use the appropriate 3 digit code from 330-338 in the "Type of Alleged Abuse" section.

39. **Referred For Investigation - B:**  
Use the appropriate 3 digit code from 340-342 in the "Referred for Investigation" section.

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**AWOL:** Complete the section (A-D) using the Incident Report sheet (Attachment D).

40. **Type of AWOL - A:**  
Use the appropriate 3 digit code from 350-354 in the "Type of AWOL" section.

41. **Circumstances of AWOL - B:**  
Use the appropriate 3 digit code from 360-369 in the "Circumstances of AWOL" section.

42. **Grounds Search - C:**  
Use the appropriate 3 digit code from 380-381 in the "Grounds Search" section.

43. **Consequences/Resolution of AWOL - D:**  
Use the appropriate 3 digit code from 390-407 in the "Consequences/Resolution of AWOL" section. Up to 3 codes may be entered.
44. **Date and Time Patient Returned from AWOL:**  
Date to be YYYY/MM/DD and time to read in military time HH:MM.
45. **Was the patient on increased level of supervision at the time of the incident?**  
Circle one - yes or no.  
If yes, specify in the narrative.
46. **Was restraint used as part of this incident?**  
Circle one - yes or no.  
If yes, specify in the narrative.
47. **Was seclusion used as part of this incident?**  
Circle one - yes or no.  
If yes, specify in the narrative:
48. **Description of Event (Who, What, Where, When, How)**  
State the facts, not opinions, and answer the questions - who - what - where - when and how. Note the patient number (not the name) of other involved patients, if applicable.

If space allotted for narrative is insufficient, utilize a blank 8 1/2" X11 sheet of paper and attach (with signature and date)

**Signature & Title & Date:**

Signature and title of person completing the SI-815. Use the date the SI-815 is completed.

49. **Name of Witnesses:**  
Self-explanatory. The person completing narrative of this form does not need to include their name.

An individual(s) who is a potential/alleged witness(es) should be identified in this section. A patient witness should be identified only by medical record number. Names of employees are not to be documented in the individual record. Reference staff members by classification. Visitor, volunteer and other witnesses should be identified by name.

50. **Medical/Nursing Interventions:**

The following instructions are to be used for completion of the Medical/Nursing Interventions section of the form:

This section of the SI-815 is completed by the RN conducting the initial assessment of the patient. The nurse will document a specific, measurable description of injury and interventions. Sign and date entry.

**PHYSICIAN NOTIFICATION:**

51. Following the nursing assessment, the nurse determines if it is necessary to now the physician. Circle yes or no to record if a physician was notified.
52. If the response to #51 is yes, complete the date, physician was notified (YYYY/MM/DD).
53. Enter the time (military) HH/MM the physician was notified.
54. Enter by whom (name and title) the physician was notified.
55. **Physician Name:** Self-explanatory.
56. **Examined:** Circle yes or no. The physician must physically be present to examine or assess the patient for yes to be circled.
57. **Date:** Enter the date the patient was examined by the physician.
58. **Time:** Enter the time (military)HH/MM the patient was examined by the physician.
59. **Hospital Evaluation:** If the patient was transferred to a community hospital for an evaluation in the emergency room, testing, or admission, circle yes or no. If yes, specify type of service in the narrative under Medical/Nursing Interventions.
60. **Where Hospitalized:** If yes is answered to #59 (above), complete the name of the community hospital.
61. **Physician Findings & Recommendations (completed only when the Patient is examined by a Physician):**  
  
If the physician examines and/or assesses the patient, then he/she will complete the Physician Findings & Recommendations section of the SI-815, and document in the individuals medical record.
62. **Patient Interview:**
  - A. The patient's report to staff about the incident is described and documented by the staff member
  - B. The patient may also document a statement(s) on a 8 1/2" x 11-" sheet of paper which shall be forwarded to CQI for attachment to the original Incident Report (SI-815).
  - C. If non-applicable - so note.

63. **Others Notified (Including Family):** As applicable. May include but is not limited to family, OMHSAS, CEO, police, supervisor, BSU, court, etc.

**Date/time/notified by:** Self explanatory.

64. **Treatment-Team Director's review and additional action(s) to prevent reoccurrence:**

The Treatment Team Director shall complete this section and is expected to utilize all information on the SI-815, past events that generated SI-815's, information from the medical record, and the individual's treatment plan as necessary. The statement shall also describe what actions(s) were taken and as appropriate any contributing factor(s).

**Treatment Team Director's Signature, Title, and Date:** Self-explanatory.

65. **CQI/RM Review:** Comments, Signature/title, and Date is completed by CQI/RM Director, or designee.
66. **Administrative Review:** Comment(s), Signature(s), Title(s), and Date(s) reviewed by any administrative reviewer.