

OFFICE OF MENTAL HEALTH AND SUBSTANCE ABUSE

SI-815 INCIDENT REPORT CODE SHEET

Incident Location Code

Activity Program area	1
Bathroom(off unit/ward)	2
Bathroom(unit/ward)	3
Bedroom/Dorm area	4
Canteen/Vending area	5
Chapel	6
Clinic	7
Corridor/Hallway	8
Courtyard	9
Day room/Day hall	10
Dining room	11
Library	12
Lobby	13
Medication room	14
Nurse's station	15
Office (off unit/ward)	16
Office (on unit/ward)	17
Off-campus specify	18
On-campus-outside	19
Porch	20
Shower/tub area	21
Smoking/area	22
Tunnel	23
Visiting room	24
Other, specify in narrative	25

Incident Category

Adverse drug reaction	1
Airway(obstruction/choking)	2
Alcohol use ,suspected	3
Alleged sexual assault	4
*Alleged patient abuse	5
Assault patient/staff	6
Assault patient/patient	7
AWOL	8
Community incident	9
Contraband possession	10
Fall	11
Family concern	12
Fire setting	13
Illicit drug/use/possession	14
Medical emergency	15
Medication error	16
Property Damage	17
Self-injurious Behavior	18
Sexual Behavior	19
Smoking Violation	20
Suicide Attempt	21
Suicide Threat/plan	22
Theft	23
Treatment Error	24
Unknown	25
Other specify in narrative	26

Effect Codes

Abrasion/Scrape/Scratch/Ematoma	1
Allergic reaction	2
Amputation	3
Asphyxiation	4
Bite-Animal	5
Bite-Human	6
Bite-Insect	7
Bruise/concussion/discoloration/swell	8
Burn/scald	9
Concussion	10
Cut/lacerations no sutures ¹	
No steri-strips	11
Cut/laceration w sutures/steristrips	12
Damaged or lost tooth	13
Death	14
Dislocation	15
Epistaxis	16
Fracture	17
Internal injury	18
Knife or stab wound	19
Muscle pull/strain/sprain	20
No injury/none	21
Pain unspecified	22
Poisoned	23
Seizure	24
Skin irritation/rash	25
Sunburn	26
Unconscious/unresponsive	27
Other specify in narrative	28

Body Part Codes

Abdomen	1
Anus	2
Back	3
Body system illness	4
Buttocks	5
Chest	6
Ear(s)	7
Eye(s)	8
Face	9
Genitalia	10
Head	11
Lt. Shoulder	12
Lt. Toes	13
Lt. Foot	14
Lt. Fingers	15
Lt. Arm	16
Lt. Wrist	17
Lt. Elbow	18
Lt. Hand	19
Lt. Knee	20
Lt. Leg	21
Lt. Hip	22
Lt. Ankle	23
Mouth	24
Neck(cervical)	25
No body part	26
Nose	27
Rt. Hand	28
Rt. Hip	29
Rt. Leg	30
Rt. Shoulder	31
Rt. Fingers	32

Rt. Foot	33
Rt. Elbow	34
Rt. Toes	35
Rt. Knee	36
Rt. Wrist	37
Rt. Arm	38
Rt. Ankle	39
Teeth	40

Treatment Team Closure Codes

**Changes on level of observation	2
**Changes in physician order	3
Changes(s) in privilege	4
Changes to unit/ward	4
Corrective action with staff	5
Education	6
Medication change	7
No further action at this time	8
Other specify in narrative	9
Patient treatment plan modified	10
Patient transferred	11
Patient bed/dorm changed	12
Referred for investigation	13

** Describe changes in treatment
Team Director Section

Revised 6/29/98 (gms)

Attachment B