

**Documentation Completion Instructions
Incident Report Form (SI-815)**

	DESCRIPTION	INSTRUCTIONS
	Patient #	Use the patient's medical record number.
	Name	Last, first, middle initial of the patient.
	Unit/Ward	Living area where the patient resided at the time of the incident
	Sequence #	Leave these fields blank
	Incident Date	Date that the incident was reported. Enter eight digit number for year, month, day (e.g., 2003/05/12). If the date of the incident is different than the date reported clarify this in the "Description of Event" narrative.
	Time	Military time (i.e., 0001 – 2400)
	Shift	Circle one option
	DOW	Day of the week: Sunday = 1, Monday = 2; Tuesday = 3; Wednesday = 4; Thursday = 5; Friday = 6; Saturday = 7
	Location Code	Enter the appropriate location code number as listed on the "SI-815 Code Sheet", #1 – 31 (Attachment D). If #25 – Other, further specify in narrative.
	Category Code	Enter the appropriate incident category code number (1 – 35.2) from Attachment D. (Category definitions are contacted in Attachment C). If #26 – Other, further specify in narrative. Two (2) category codes may be used to define the incident, utilizing the most serious first (e.g., Patient assaults a staff member then calls "911" – code as 6/28).
	Effect Code	Enter the appropriate effect code (1 – 44) from Attachment D. Two (2) effect codes may be used to define the incident, utilizing the most serious first (e.g., patient sustained a fracture and an abrasion – code as 17/1).
	Body Part Code	Enter the appropriate body part code (1 –57) from Attachment D. Only one (1) category code may be used to define the incident. If multiple body parts are involved use the code for the most seriously injured body part.
	Closure Code	After review of the incident report by the Treatment Team, this section is to be completed. Enter the appropriate closure codes (1-25) from Attachment D that best describes the action(s) taken up to and including the time of the review.

`FALLS	SUBCATEGORY CODE	INSTRUCTIONS
	Fall From/By – A:	Use the appropriate 2-digit number (01-14) from Attachment E, Subcategory Code List
	Fall Was – B:	Use the appropriate 2-digit number (20 or 21) from Attachment E
	Ambulation – C:	Use the appropriate 2-digit number (40-42) from Attachment E
	Surface – D:	Use the appropriate 2-digit number (50-55) from Attachment E
	Footwear – E:	Use the appropriate 2-digit number (60-67) from Attachment E
MEDICATION ERRORS	SUBCATEGORY CODE	INSTRUCTIONS
	Med Error Type – A:	Use the appropriate 2-digit number (87-97) from Attachment E, Subcategory Code List
	No. of Doses	Enter the total number of errors/doses
	Reason for Med Error – B:	Use the appropriate 3-digit number (100-114) from Attachment E
	Med Type – C:	Use the appropriate 3-digit number (120-145) from Attachment E
	Severity – D:	Use the appropriate 3-digit number (156-158) from Attachment E
SELF-INJURIOUS BEHAVIOR	SUBCATEGORY CODE	INSTRUCTIONS
	SIB Method – A:	Use the appropriate 3-digit number (160-182) from Attachment E. If “Other”(179), specify in narrative.
	SIB Instrument – B:	Use the appropriate 3-digit number (200-232) from Attachment E If “Other” (227), specify in narrative.
ASSAULT	SUBCATEGORY CODE	INSTRUCTIONS
	Assault Patient – A:	Use the appropriate 3-digit number (260-266) from Attachment E
	Assault Result – B:	Use the appropriate 3-digit number (270-275) from Attachment E
	Provocation/Reason – C:	Use the appropriate 3-digit number (280 or 281) from Attachment E
AGGRESSION	SUBCATEGORY CODE	INSTRUCTIONS
	Aggression Patient – A:	Use the appropriate 3-digit number (292-297) from Attachment E
	Aggression Result – B:	Use the appropriate 3-digit number (274 - 276) from Attachment E
	Provocation/Reason – C:	Use the appropriate 3-digit number (280 or 281) from Attachment E

DEATH	SUBCATEGORY CODE	INSTRUCTIONS
	Death Type – A:	Use the appropriate 3-digit number (300-306) from Attachment E
	Coroner Notified – B:	Use the appropriate 3-digit number (309 or 310) from Attachment E
	Coroner Status – C:	Use the appropriate 3-digit number (311-314) from Attachment E
	Autopsy Status – D:	Use the appropriate 3-digit number (320-325) from Attachment E
ALLEGED ABUSE	SUBCATEGORY CODE	INSTRUCTIONS
	Abuse Type – A:	Use the appropriate 3-digit number (330-336) from Attachment E
	Abuse Investigation – B:	Use the appropriate 3-digit number (340-341) from Attachment E
ANSA	SUBCATEGORY CODE	INSTRUCTIONS
	Alleged nonconsensual sexual activity TOWARD another patient – A:	Use the appropriate 3-digit number (325 or 326) from Attachment E
	Referred for investigation – B:	Use the appropriate 3-digit number (327 or 328) from Attachment E
AWOL/UA	SUBCATEGORY CODE	INSTRUCTIONS
	AWOL/UA Type – A:	Use the appropriate 3-digit number (350-355) from Attachment E
	Circumstances – B:	Use the appropriate 3-digit number (360-371) from Attachment E
	Search – C:	Use the appropriate 3-digit number (382-388) from Attachment E
	Consequences/Resolution – D:	Use the appropriate 3-digit number (390-392, 404, 405) from Attachment E
	Return Date & Time	Enter date, YYYY/MM/DD and military time, HH:MM
ADR	SUBCATEGORY CODE	INSTRUCTIONS
	ADR Drug & Dose:	In accordance with the facility procedures, designated staff member records suspected drug and dosage
	ADR Action:	In accordance with the facility procedures, designated staff member/committee uses the appropriate 1-digit code (1-3) from Attachment E
	ADR Type:	In accordance with the facility procedures, designated staff member/committee uses the appropriate 1-digit code (1-9) from Attachment E
	ADR Severity:	In accordance with the facility procedures, designated staff member/committee uses the appropriate 1-digit code (1-3) from Attachment E
	Pharmacy Review Code:	In accordance with the facility procedures, designated staff member/committee uses the appropriate 1-digit code (1-5) from Attachment E

	PHYSICAL RESTRAINT	Check the appropriate box (Yes or No)
	Total Min/Sec in PR:	If applicable, enter the total minutes/seconds in physical restraint (MM:SS)
	MECHANICAL RESTRAINT	Check the appropriate box (Yes or No)
	Total Minutes in MR:	If applicable, enter the total minutes in mechanical restraint
	EXCLUSION	Check the appropriate box (Yes or No)
	Total Minutes in Exclusion:	If applicable, enter the total minutes in exclusion
	SECLUSION	Check the appropriate box (Yes or No)
	Total Minutes in Seclusion	If applicable, enter the total minutes in seclusion
	R/S/E Authorized By:	Document the prescribing physician's name
	Family Notification of S/R?	Check the appropriate box (Yes or No)
	Was Patient on increased level of supervision at time of incident?	Check the appropriate box (Yes or No)
	NRI coding	Completed by the PI Department Staff or designee
	Description of Event	State the facts, not opinions, and answer the questions; who, what, where, when, and how. Note the patient medical record number (not name) of other involved patients, if applicable. Signature and title of the staff person completing the form is required and the date the SI-815 is completed. If the space allotted is not sufficient, utilize a blank 8 ½ X 11 sheet of paper, sign and date, and attach to the SI-815.
	Names of Witnesses	Any individual who is a potential/alleged witness is to be identified in this section. A patient witness is to be identified by medical record number not name. Reference staff members by classification. Visitor, volunteer, and other witnesses must be identified by name.
	Medical/Nursing Interventions:	To be completed by the RN conducting the initial assessment of the patient. Document a specific, measurable description of the injury and interventions taken. Check the appropriate box if a Pain Assessment was completed. Check the appropriate box(es) if a STAT or PRN medication was administered and list the name and dose of the medication(s). Sign and date the entry.

	PHYSICIAN NOTIFICATION	The RN is to check the appropriate box for physician notification
	Date:	If the response is yes, complete the date (YYYY/MM/DD)
	Time:	Enter the time (military - HH:MM) the physician was notified
	By Whom:	Enter the name and title of the staff member who notified the physician
	Physician Name:	Self-explanatory
	Examined:	Check the appropriate box, yes or no
	Date:	If the response is yes, complete the date (YYYY/MM/DD)
	Time:	Enter the time (military - HH:MM) the physician examined the patient
	Hospital Admission:	The physician is to check the appropriate box, yes or no
	ER?:	The physician is to check the appropriate box, yes or no
	Where:	If the response is yes, the physician is to document the community hospital name
	Physician Findings & Recommendations:	The physician is to document his/her assessment of the patient following examination. Check the appropriate box for family/other notification. Sign and date the entry.
	Patient's Report about the incident:	The patient's report to staff about the incident is described and documented by the originator of the SI-815. The patient may also document their statement on a separate 8 ½ X 11 sheet of paper that is forwarded to the CPIE for attachment to the original SI-815 form. If not applicable, check the available box.
	Others Notified	As applicable, list the individuals/agencies notified.
	Treatment Team Director's Review:	The Treatment Team Director shall complete this section and describe what actions were initiated as a result of the incident and, as appropriate, any contributing factors for consideration. Sign and date the entry.
	PI/RM Review:	Comments, signature/title and date are completed by the CPIE or designee. Appropriate box(es) are checked as applicable.
	Administrative Review:	Comments, signature/title and date are completed by any designated administrative reviewer.