

Activation: ☐ New ☐ Mentoring (No direct support provided)

Case Topic:

Professional Type: ☐ MD/DO ☐ RN/LPN ☐ Respiratory Therapy ☐ Pharmacist ☐ EMT-P/EMT ☐ Other

Length of Interaction:

Event Type: ☐ Unanticipated Patient Outcome ☐ Adverse Event ☐ Other

Event Outcome		Risk Factors	
<input type="checkbox"/> No Harm	<input type="checkbox"/>	<input type="checkbox"/> Pediatric case (21 years & younger)	<input type="checkbox"/> First death under their “watch”
<input type="checkbox"/> Temporary Harm	<input type="checkbox"/>	<input type="checkbox"/> Patient that reminds staff of their family	<input type="checkbox"/> Unexpected patient demise
<input type="checkbox"/> Permanent Harm	<input type="checkbox"/>	<input type="checkbox"/> Patient known to staff members	<input type="checkbox"/> Organ donation
<input type="checkbox"/> Death	<input type="checkbox"/>	<input type="checkbox"/> Community high profile	<input type="checkbox"/> Young adult patients
<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/> Multiple patients with bad outcomes	<input type="checkbox"/> Death of a staff member or their spouse
	<input type="checkbox"/>	<input type="checkbox"/> Long Term Patient	<input type="checkbox"/> Victim of violence
	<input type="checkbox"/>	<input type="checkbox"/> Palliative Care	<input type="checkbox"/> Other

Referrals	Brief Summary
<input type="checkbox"/> Not Needed	
<input type="checkbox"/> Chaplain	
<input type="checkbox"/> Clinical Health Psychologist	
<input type="checkbox"/> Employee Assistance Program (EAP)	Follow-Up:
<input type="checkbox"/> Personal Counselor	Comments:
<input type="checkbox"/> Risk Management/Patient Safety Team	

Activation: ☐ Follow-Up ☐ 3 Month

Length of Interaction:

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<input type="checkbox"/> Personal Counselor	Comments:
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