

DCFS PRTF Incident Reporting Form v.07.01.2020

Not a part of the Medical Record. Do not distribute externally.

Document relevant and appropriate progress note into the medical record per documentation standards

Incident #: _____ Date of Incident: _____ Time of Incident: _____ Day: <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su Shift: <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> N	Location of incident: <input type="checkbox"/> Youth bedroom <input type="checkbox"/> Recreation area <input type="checkbox"/> Public area <input type="checkbox"/> Other: _____	SITE: <input type="checkbox"/> PRTF Oasis <input type="checkbox"/> PRTF North <input type="checkbox"/> PRTF Enterprise <input type="checkbox"/> Staff office <input type="checkbox"/> Common area/hallway/dayroom <input type="checkbox"/> Outside area or parking lot <input type="checkbox"/> Quiet Room <input type="checkbox"/> School/Class <input type="checkbox"/> Dining room/kitchen <input type="checkbox"/> Treatment area
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Person(s) Affected: Name (Last, First, M): _____ Youth Employee Visitor Other: _____

Age: _____ Gender: M F O Admit Date: _____ Unit: _____ Ethnicity: _____ Most recent diagnosis: _____

Name of attending physician: _____ Notified? Yes No

INDIVIDUALS INVOLVED

<input type="checkbox"/> Youth <input type="checkbox"/> Staff <input type="checkbox"/> Other NAME: _____	<input type="checkbox"/> Youth <input type="checkbox"/> Staff <input type="checkbox"/> Other NAME: _____
<input type="checkbox"/> Youth <input type="checkbox"/> Staff <input type="checkbox"/> Other NAME: _____	<input type="checkbox"/> Youth <input type="checkbox"/> Staff <input type="checkbox"/> Other NAME: _____

INCIDENT CLASS (Check all applicable boxes)

<p style="text-align: center;">Class I Incident: YOUTH (Notify CPM II)</p> <input type="checkbox"/> Youth death <input type="checkbox"/> Youth suicide <input type="checkbox"/> Youth suicide attempt <input type="checkbox"/> Youth elopement. Length of elopement in hours _____ <input type="checkbox"/> Youth sexual incident <input type="checkbox"/> Youth-to-staff aggression resulting in injury <input type="checkbox"/> Youth-to-youth aggression resulting in injury <input type="checkbox"/> Youth allegation of abuse <input type="checkbox"/> Major medication error resulting in harm to youth <input type="checkbox"/> Significant adverse drug reaction <input type="checkbox"/> Pharmacy Follow-up <input type="checkbox"/> Youth threat of harm to self or others <input type="checkbox"/> Youth significant injury (e.g., fracture, major trauma, etc.) <input type="checkbox"/> AMA discharge <input type="checkbox"/> Youth medical emergency <input type="checkbox"/> Youth other (Describe) _____	<p style="text-align: center;">Class II Incident: YOUTH (Notify CPM II)</p> <input type="checkbox"/> Manual guidance of youth <input type="checkbox"/> Restraint of youth. Type of restraint _____ . . Length of hold _____ <input type="checkbox"/> Youth allergic reaction (to? _____) <input type="checkbox"/> Youth suicide gesture or suicidal ideation <input type="checkbox"/> Youth minor adverse drug reaction <input type="checkbox"/> Pharmacy follow-up <input type="checkbox"/> Medication error <input type="checkbox"/> Youth-to-youth physical aggression-no injury <input type="checkbox"/> Youth-to-staff aggression no injury <input type="checkbox"/> Deliberate self-inflicted injury <input type="checkbox"/> Fall or other accidental injury <input type="checkbox"/> Fall without injury <input type="checkbox"/> Recreational injury <input type="checkbox"/> Contraband <input type="checkbox"/> Property damage or loss <input type="checkbox"/> Major milieu disruption <input type="checkbox"/> Other (Describe) _____
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<p style="text-align: center;">Class III Incident: Visitor (General Liability: Forward IR to CPM to forward to Safety Committee)</p> Name: _____ Address: _____ Phone: _____ Purpose of visit: <input type="checkbox"/> Youth visit <input type="checkbox"/> Vendor <input type="checkbox"/> Provider <input type="checkbox"/> Other: _____ Injury/Damage sustained: <input type="checkbox"/> Physical injury <input type="checkbox"/> Property damage (auto) <input type="checkbox"/> Theft <input type="checkbox"/> Other (Describe) _____ <input type="checkbox"/> Police report number (if none taken, write n/a) _____	<p style="text-align: center;">Class IV Incident: Employee (Worker's Comp: Forward to CPM to notify HR)</p> Name: _____ Job Title and ID#: _____ Address: _____ Phone: _____ Injury/Damage Sustained: <input type="checkbox"/> Physical injury <input type="checkbox"/> Property damage (auto) <input type="checkbox"/> Theft <input type="checkbox"/> Other (Describe) _____ <input type="checkbox"/> C-1 Form completed <input type="checkbox"/> Referral for medical treatment <input type="checkbox"/> Police report number (if none taken, write n/a) _____
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Class V Incident: (Safety: Forward IR to CPM to forward to Safety Committee)

Weapon Equipment Malfunction Non-youth threat of harm to self or others State of Nevada property damage
 Other (describe) _____

Was youth placed on 15-minute monitoring? Yes No If "Yes", who approved, and what was the justification for approval (the reason)?
