

**Case Review Tracking Form**

Patient Name \_\_\_\_\_ Admission Date \_\_\_\_\_  
 Medical Record # \_\_\_\_\_ Discharge Date \_\_\_\_\_  
 Trauma Registry # \_\_\_\_\_ Physician \_\_\_\_\_  
 Diagnosis \_\_\_\_\_

**Committee Review**

<u>Meeting</u>	<u>Date Presented</u>	<u>Findings/Action</u>
<input type="checkbox"/> Educational Conference	_____	_____
<input type="checkbox"/> Trauma Committee	_____	_____
<input type="checkbox"/> Peer Review	_____	_____
<input type="checkbox"/> Regional Committee	_____	_____

**Complications**

<u>Date</u>	<u>Complication</u>	<u>Comments</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Corrective Action**

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> None      | <input type="checkbox"/> Referred to _____                      |
| <input type="checkbox"/> Education | <input type="checkbox"/> Letter to/Date _____                   |
| <input type="checkbox"/> Study     | <input type="checkbox"/> Practice Guideline _____               |
| <input type="checkbox"/> Trend     | <input type="checkbox"/> Provider Counseling _____              |
| <input type="checkbox"/> Other     | <input type="checkbox"/> Revoke/Suspend Trauma Privileges _____ |

**Follow-up**

Date/Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NP = Non-Preventable	PR = Provider Related	DE = Diagnosis Error
PP = Potentially Preventable	DR = Disease Related	JE = Judgement Error
PRV = Preventable	SR = System Related	TE = Technique Error