

Trauma PI Tracking Form

<p style="text-align: center;">Demographics</p> <p>Date of report:</p> <p>Date(s) of occurrence:</p> <p>Medical record #:</p>	<p style="text-align: center;">Source of Information</p> <p><input type="checkbox"/> Trauma program coordinator</p> <p><input type="checkbox"/> Nurse manager</p> <p><input type="checkbox"/> Staff nurse</p> <p><input type="checkbox"/> Physician</p> <p><input type="checkbox"/> Patient relations</p> <p><input type="checkbox"/> Rounds</p> <p><input type="checkbox"/> Multi-disciplinary conference</p> <p><input type="checkbox"/> Registry</p> <p><input type="checkbox"/> PI chart audit</p> <p><input type="checkbox"/></p>	<p style="text-align: center;">Location of Issue</p> <p><input type="checkbox"/> EMS</p> <p><input type="checkbox"/> ED</p> <p><input type="checkbox"/> OR</p> <p><input type="checkbox"/> ICU/PACU</p> <p><input type="checkbox"/> Floor</p> <p><input type="checkbox"/> Radiology</p> <p><input type="checkbox"/> Lab</p> <p><input type="checkbox"/> Rehab</p> <p><input type="checkbox"/></p>									
<p>Complication, problem or complaint:</p> 											
<p>Date of review: _____ Reviewed by: _____</p>											
<p style="text-align: center;">Determination</p> <p><input type="checkbox"/> system-related</p> <p><input type="checkbox"/> disease-related</p> <p><input type="checkbox"/> provider-related</p> <p><input type="checkbox"/> unable to determine</p>	<p style="text-align: center;">Outcome</p> <p><input type="checkbox"/> expected outcome</p> <p><input type="checkbox"/> unexpected outcome</p>	<p style="text-align: center;">Preventability</p> <p><input type="checkbox"/> without opportunity for improvement</p> <p><input type="checkbox"/> with opportunity for improvement</p>									
<p style="text-align: center;">Corrective action</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> not necessary</td> <td style="width: 33%;"><input type="checkbox"/> guideline/protocol</td> <td style="width: 33%;"><input type="checkbox"/> resource enhancement</td> </tr> <tr> <td><input type="checkbox"/> trend/track similar occurrences</td> <td><input type="checkbox"/> individual counseling</td> <td><input type="checkbox"/> privilege/credentialing review</td> </tr> <tr> <td><input type="checkbox"/> education</td> <td><input type="checkbox"/> provider case review</td> <td><input type="checkbox"/> _____</td> </tr> </table>			<input type="checkbox"/> not necessary	<input type="checkbox"/> guideline/protocol	<input type="checkbox"/> resource enhancement	<input type="checkbox"/> trend/track similar occurrences	<input type="checkbox"/> individual counseling	<input type="checkbox"/> privilege/credentialing review	<input type="checkbox"/> education	<input type="checkbox"/> provider case review	<input type="checkbox"/> _____
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<p>Action Plan(s) & Effect(s):</p> 											
<p>Signature: _____</p>	<p>Date: _____</p>										