

## Report of a Hospital Death Associated with Restraint or Seclusion

### A. Hospital Information:

Hospital Name: \_\_\_\_\_ CCN: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Person Filing the Report: \_\_\_\_\_ Filer's Phone Number: \_\_\_\_\_

### B. Patient Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Primary Diagnosis(es): \_\_\_\_\_  
\_\_\_\_\_  
Medical Record Number \_\_\_\_\_  
Date of Admission: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
Cause of Death: \_\_\_\_\_

### C. Restraint Information (check only one):

- \_\_\_\_\_ While in Restraint, Seclusion, or Both  
\_\_\_\_\_ Within 24 Hours of Removal of Restraint, Seclusion, or Both  
\_\_\_\_\_ Within 1 Week, Where Restraint, Seclusion or Both Contributed to the Patient's Death

**Type (check all that apply):** Physical Restraint \_\_\_\_\_ Seclusion \_\_\_\_\_ Drug Used as a Restraint \_\_\_\_\_

If Physical Restraint(s), Type **(check all that apply):**

- |                                      |   |
|--------------------------------------|---|
| _____ 01 Side Rails                  | _____ 08 Take-downs                                     |
| _____ 02 Two Point, Soft Wrist       | _____ 09 Other Physical Holds <a href="#">(Specify)</a> |
| _____ 03 Two Point, Hard Wrist       | _____ 10 Enclosed Beds                                  |
| _____ 04 Four Point, Soft Restraints | _____ 11 Vest Restraints                                |
| _____ 05 Four Point, Hard Restraints | _____ 12 Elbow Immobilizers                             |
| _____ 06 Forced Medication Holds     | _____ 13 Law Enforcement Restraints                     |
| _____ 07 Therapeutic Holds           | <del>_____ 14 Other Physical Holds</del>                |

If Drug Used as Restraint: Drug Name \_\_\_\_\_ Dosage \_\_\_\_\_