

**County of San Bernardino
Department of Behavioral Health**

Quality Assurance Review of Unexpected Deaths

CHART # _____ ATTENDING _____ REVIEWER _____

REVIEW DATE _____ ADMIT DATE _____ DISCHARGE DATE _____

ADMISSION DIAGNOSES CAUSE OF DEATH YES NO

Was this an "expected death"? _____ _____

If this was an unexpected death, further review by a physician is indicated.

PHYSICIAN REVIEW

- | | | |
|--|-------|-------|
| 1. Was the patient's admitting psychiatric diagnosis stated on initial evaluation/progress note? | _____ | _____ |
| 2. Did the initial evaluation/progress note indicate nature of acute or chronic medical conditions (Axis III)? | _____ | _____ |
| 3. Was the ongoing medication treatment consistent with patient's psychiatric diagnosis? | _____ | _____ |
| 4. If indicated, was consultation ordered? | _____ | _____ |
| 5. Were indicated laboratory and diagnostics tests ordered? | _____ | _____ |
| (a.) Did the progress notes indicate knowledge and follow up of abnormal lab or diagnostic tests? | _____ | _____ |
| 6. Was there: | _____ | _____ |
| (a.) Re-evaluation of clinical and follow-up of labs ordered to check progress of the case? | _____ | _____ |
| (b.) Modification of the therapeutic regimen in accordance with the changing condition of the patient? | _____ | _____ |
| 7. Was death caused by or related to a therapeutic intervention? | _____ | _____ |

If the answer to any item in questions 1-6 is no, or to question 7 is yes, the case will be considered for department review.

**County of San Bernardino
Department of Behavioral Health**

CHART # _____ REVIEWER _____

SUBJECT: QUALITY ASSURANCE REVIEW OF UNEXPECTED DEATHS

1. DEFINITIONS:

a. **EXPECTED DEATH**

- (1.) End-stage major organ disorder stated in admission diagnoses (end-stage liver disease, end-stage COPD, end-stage renal disease, etc.)
- (2.) No CPR order placed within 24 hours of admission.
- (3.) Metastatic cancer.

b. **UNEXPECTED DEATH**-all deaths not defined under expected deaths.