# SIR Worksheet

wellpath℠ RECOVERY SOLUTIONS

| EVENT DETAILS | |
|---|---|
| **Event Date**: | **Event Time** (Military Format): |
| **Event Type:** | **Event Sub-type:** |
| **Event Department:** | **Event Location:** |
| **Event Description:** | |

| PERSONS INVOLVED | |
|---|---|
| **Does this event involve multiple patients?** | Yes No NA |
| **Does this event involve multiple staff members?** | Yes No NA |
| **Primary Person Type:** Patient Employee Vendor Contractor Visitor-Social Visitor-Official Site/Facility | **Person Name**:<br><br>**If EMPLOYEE**: On-duty Off-duty |
| **Gender**: Male Female Transgender/Non-Binary | **Employee Number/Patient ID**:<br>**If patient, Medical Record #:**<br>If Med Rec is not available, re-enter patient ID. |
| **Secondary Person Type:** Patient Employee Vendor Contractor Visitor-Social Visitor-Official Site/Facility | **Person Name:** |
| **Gender**: Male Female Transgender/Non-Binary | **Employee Number/Patient ID:**<br>**If patient, Medical Record #:**<br>If Med Rec is not available, re-enter patient ID. |
| **Witness to event?** Patient Employee Vendor Contractor Visitor-Social Visitor-Official | **Person Name:** |
| **Gender**: Male Female Transgender/Non-Binary | **Employee Number/Patient ID:**<br>**If patient, Medical Record #:**<br>If Med Rec is not available, re-enter patient ID. |

| ACTION TAKEN DETAILS | |
|---|---|
| **MEDICATION INVOLVED** | |
| **Was medication involved in the event?** | Yes No |

# SIR Worksheet

wellpath℠ RECOVERY SOLUTIONS

| | |
|---|---|
| **Is the medication on the formulary?** | Yes No |
| **Medication Name:** | |
| **Order Type:** | |
| **Dose Ordered:** | |
| **Dose Given:** | |
| **Prescribed by:** | |
| **Administered by:** | |
| **RESTRAINT** | |
| **Was a physical restraint used (manual hold)?** | Yes No |
| **Type of Restraint** (list MANDT hold) | |
| **Start time** (Military format): | |
| **End time** (Military format): | |
| **Employee Requesting Order:** | |
| **Ordered by:** | |
| **Applied by:** | |
| **Face-to-face evaluation conducted by:** | |
| **Face-to-face evaluation time** (Military format): | |
| **SECLUSION** | |
| **Was SECLUSION initiated?** | Yes No |
| **Start time** (Military format): | |
| **End time** (Military format): | |
| **Employee Requesting Order:** | |
| **Ordered by:** | |
| **Applied by:** | |
| **USE OF FORCE** | |
| **Was Use of Force used?** | Yes No |
| **If so, name the type of Use of Force applied:** | |
| **MEDICAL ASSESSMENT** | |
| **Medical assessment completed for patient/resident?** | Yes No NA |
| **Treatment/Injury type:** | NA On-site TX Off-site ER Off-site INPT Death |
| **Medical assessment completed for staff?** | Yes No NA |
| **Treatment/Injury type:** | NA First Aid On-site TX Off-site ER Off-site INPT Death |
| **Was a Workers Compensation report made?** | No NA Notice Medical Claim |
| **OTHER INFORMATION** | |
| **Was a SEARCH conducted?** | No Patient Patient's Room Unit |
| **Was the patient on special precautions at the time of the event?** | Assault Prec. Suicide Prec. SIB Prec. Elopement Prec. Escape Prec. Fall Prec. Seizure Prec. Choking Prec. Airborne Isolat. Contact Isolat. Droplet Isolat. |
| **What was the patient's level of supervision at the time of the event?** | Reg. (30 min) 15 min. 1:1 supervision 1:2 supervision 2:1 supervision |

# SIR Worksheet

| | |
|---|---|
| **Did an equipment involved malfunction?** | Yes No NA |
| **List equipment:** | |
| **Was there a Lockdown?** | No Partial Total |
| **Was there an Evacuation?** | No Partial Total |
| **Was there Property Damaged?** | No Yes < $1000 Yes >/= $1000 |
| **Is there a recording of this event?** | Yes No |
| **If Yes, then pick type of recording:** | Handheld video CCTV Still camera photographs |
| **If No, then pick reason:** | Spontaneous Event Equipment malfunction<br>Blind spot **Other**: |
| **Media Involved?** | Yes No |
| **Did Patient Debriefing occur?** | Yes No |
| **Did Staff Debriefing occur?** | Yes No |
| **NOTIFICATION DETAILS** | |
| **Was the Treatment Team notified?** | Yes No |
| **Law enforcement notified?** | Yes No NA |
| **APS notified?** | Yes No NA |
| **Client's representative notified?** | Yes No NA |
| **Agency notified:** | |
| **Representative notified** (Name): | |
| **Notification date:** | |
| **Notification time** (Military format): | |
| **Level 1 notifications occurred per policy?** | Yes No NA |
| | |