

# MORTALITY REVIEW

Do not copy completed report

Department of Medicine CQI/QA Confidential Patient Care Information  
Deliver completed form to C. Thomas Nuzum, CB# 7080, 4152 Bioinformatics Bldg

Division \_\_\_\_\_

Patient Name \_\_\_\_\_ MR# \_\_\_\_\_ Age \_\_\_\_\_ Sex  M  F

Date Admitted \_\_\_\_\_ Transfer from outside hospital  Yes  No

Death: Date \_\_\_\_\_ Service \_\_\_\_\_ Attending \_\_\_\_\_, MD

Patient was: DNR Yes No DNI Yes No Autopsy Yes No

Summary of events: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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The events surrounding the patient's death were reviewed at a Division meeting on \_\_\_\_\_ (Date), paying particular attention to any possible actions or omissions that could have contributed to an untimely death of the patient. We conclude:

- \_\_\_ Death was expected and timely.
- \_\_\_ Death was unexpected but not preventable or modifiable in any important way by any reasonable actions by the UNCH care team.
- \_\_\_ Possibly preventable actions, complications, or omissions may have contributed to the death. Explain (briefly): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (continue on back)

Based on this case, the following:

- \_\_\_ Was done: \_\_\_\_\_ (continue on back)
- \_\_\_ Will be instituted: \_\_\_\_\_ (continue on back)
- \_\_\_ Is recommended: \_\_\_\_\_ (continue on back)

We recommend the following topic(s) for departmental educational program(s):

- \_\_\_ This case for CPC
- \_\_\_ Other: \_\_\_\_\_

Completed By: \_\_\_\_\_ Pager: \_\_\_\_\_ Date: \_\_\_\_\_

Questions: Contact C. Thomas Nuzum, Phone 6-0808, Pager 216-9624, Fax 6-6842, E-Mail [tom\\_nuzum@med.unc.edu](mailto:tom_nuzum@med.unc.edu) or his assistant Steve Kennedy, Phone 6-2514, Pager 216-3703, [skennedy@med.unc.edu](mailto:skennedy@med.unc.edu)