**Division of Behavioral Health and Recovery**

**CRITICAL INCIDENT REPORTING**

**Opiate Treatment Program**



Washington Administrative Code (WAC) 388-877-0420(15) requires critical incidents to be reported within one working day of the event. This form is designed to provide further detail to the department about the nature of the event and actions taken by the agency. You may be contacted for more information.

Please complete this form and e-mail it to Jodi Taylor, Certification Policy Manager, at Jodi.Taylor@dshs.wa.gov, or fax it to

(360) 725-2279.

|  |  |  |
| --- | --- | --- |
| **OTP NAME:**  **SAMHSA ID** | **Patient Identifier** | **Date**  **Reported:** |
| **Type of Event:**  **Death**  **Medication or dispending error resulting in untoward side effect requiring medical attention.**  **Other:** | **Patient’s Date of Birth:**  **Patient’s Sex:**  **Patient’s ZIP Code of Residence:**  **Patient’s Date of Admission:** | |
| **Date of Last Opioid Dose Dispensed:**  **Last Dose:**  **Number of take-home doses dispensed at last visit:** | **Treatment Objective at Time of Death:**  Induction  Maintenance  Medically Supervised  Withdrawal (Detox)  Other  **Most recent drug test:**  **Results:** | |
| **List of known OTC and Prescription medications at the time of the last visit:**  **Date of most recent PMP:** | | |

|  |  |  |
| --- | --- | --- |
| **Describe event: (who, what, when, where, how)** | | |
| **COMPLETE THE FOLLOWING FOR PATIENT DEATH** | | |
| **Approximate Date of Death:**  **Medical Examiner/Coroner’s Contact Information:** | **Preliminary (P) or Confirmed (C) Underlying Cause/Mechanism of Death:** | |
| Overdose  Motor Vehicle Accident  Homicide  Suicide  AIDS or AIDS-related  Cancer  Cardiovascular  Diabetes | Kidney Disease  Liver Disease  Seizures  Unknown/Undetermined  Trauma  Other |
| Additional information: | | |

**The following items should not be completed at the initial report. Due when autopsy and toxicology report are available.**

|  |  |
| --- | --- |
| **Results of internal investigation (to be completed within 30 days of event):** | **Results of the death autopsy and toxicology report (complete when available):** |

|  |
| --- |
|  |
|  |

Date faxed or e-mailed: Person Completing Report:

Person sending report: