

CARE/TREATMENT DEATH FIRE MEDICAL EMERGENCY OTHER MEDICAL RESPONSE PROPERTY OTHER

DATE OF INCIDENT: 8-11-93 TIME: 12:45 AM (M) LOCATION OF INCIDENT: Room 2a Quil Franchise

ALLED: DATE: 8-11-93 TIME: 12:00 AM (M) NURSING SUPERVISOR CALLED: DATE: 8-11-93 TIME: 12:30 AM (M)

DESCRIPTION: It brought in present condition by security (- suspension) ...
... physically assaultive to staff. Necessary
... E+S: In E+S noted to have emergency area @ 1st fl.

ACTION TAKEN--DATE & TIME: Unknown when or how injury sustained
1/3 1600 P 100-20 In applied. v for com all attempts

MEASURES TO PREVENT RECURRENCE: Unknown to writer. Recipitate to
occurrence

ACTION TAKEN, IF ANY: As applied; Transferred to MMC ER
for further evaluation.
SIGNATURE: [Signature] DATE AND TIME: 8/11/93

PHYSICIAN SECTION
DESCRIPTION (COPY OF PROGRESS NOTE) EXAMINED BY: Kamalio Weeratunge 8.11.93
INJURIES AND/OR TREATMENT(S) ORDERED M.D. SIGNATURE DATE AND TIME

PERSONS INVOLVED
EMPLOYEE VISITOR VOLUNTEER PATIENT (MEDICAL RECORD #) 62194-3 OTHER
PERSON 1: J. D. D.O.B. PHONE # ()
ADDRESS: EMPLOYEE S.S. #
EMPLOYEE VISITOR VOLUNTEER PATIENT (MEDICAL RECORD #) OTHER
PERSON 2: D.O.B. PHONE # ()
ADDRESS: EMPLOYEE S.S. #

WITNESS
NAME: PHONE # ADDRESS (WARD): NAME: PHONE # ADDRESS (WARD):

SUPERVISOR RESPONSE
COMMENTS: As stated above. Staff to do full
vitals check or eval. quit & Rom to 1st fl's
impaired level of functioning @ Carole Jones 8/11/93 1:30P
E+S to go to 1st fl
SIGNATURE/JOB TITLE DATE AND TIME

REVISED: 1/91

00101

TYPE OF INCIDENT AND RESPOND. TO QUESTIONS ON THE REVERSE SIDE IN YOUR DESCRIPTION.
E/TREATMENT DEATH FIRE MEDICAL EMERGENCY OTHER MEDICAL RESPONSE PROPERTY OTHER

INCIDENT: 8-12-93 TIME: : AM/PM LOCATION OF INCIDENT:

DATE: TIME: : AM/PM NURSING SUPERVISOR CALLED: DATE TIME : AM/PM

My mom a disturbing arrest by security of a staff member, who
used improper force on a pt. All handcuffing has been done
in front of unit door to avoid increasing the paranoia +
feelings of trust in our staff + pt's. No Court or Police office
any problems with this procedure. Why did this officer violate
our pts?

ACTION TAKEN--DATE & TIME:
pt. ABUSE LINE NOTIFIED

PREVENT RECURRENCE: CLOSE OBSERVATION

ACTIONS TAKEN, IF ANY:

Glynn W. WILSON Head Nurse 8/13/93
SIGNATURE/JOB TITLE H-E-A DATE AND TIME

PHYSICIAN SECTION

DIAGNOSIS (COPY OF PROGRESS NOTE) EXAMINED BY:
INSTRUCTIONS AND/OR TREATMENT(S) ORDERED. M.D. SIGNATURE DATE AND TIME

PERSONS INVOLVED

 VISITOR VOLUNTEER PATIENT (MEDICAL RECORD #) OTHER
 D.O.B. PHONE # ()
 EMPLOYEE S.S. #
 VISITOR VOLUNTEER PATIENT (MEDICAL RECORD #) OTHER
 D.O.B. PHONE # ()
 EMPLOYEE S. S. #

WITNESS

PHONE # NAME: PHONE #
ADDRESS
(WARD):

SUPERVISOR RESPONSE

 SIGNATURE/JOB TITLE DATE AND TIME

my file

REVISED: 1/91

00102 2