



# EASTERN LOS ANGELES REGIONAL CENTER

1000 S. Fremont Ave. • P.O. Box 7916 • Alhambra, CA 91802-7916 • (626) 299-4700 • FAX (626) 281-1163

## VENDOR SPECIAL INCIDENT REPORT FOR CONSUMER DEATH

VENDOR NAME: \_\_\_\_\_ VENDOR#: \_\_\_\_\_ REPORT DATE: \_\_\_\_\_

VENDORING REGIONAL CENTER: ELARC OTHER: \_\_\_\_\_

If more space is needed, use/attach separate sheet.

### SECTION A - IDENTIFYING INFORMATION

Consumer's Name	UCI #	Gender Male      Female	Date of Birth	Age
Consumer's Address	Telephone Number	Living with: Self/Spouse	Parent	Residential

Check Applicable boxes:      Verbal      Non-verbal      Ambulatory      Non-Ambulatory

Developmental/Mental/Medical Diagnoses:

Parent/Conservator Name, Address, Telephone Number

### SECTION B - INFORMATION REGARDING DEATH

Date of Death	Time of Death	Approximate	Location of Death
	AM	Yes	
	PM	No	

Circumstances of Death (Describe what happened, include Time Sequence of Events, Interventions Taken, name & relationship of people present at time of death)

Death was      Anticipated      Unanticipated

**If Anticipated:** Was there a DNR (Advanced Directives) in place?      No      Yes, If Yes, who provided consent?

**If Unanticipated:** Indicate recent hospitalizations and/or medical visits, including the date, name & address of hospital/attending physician, reason for visit/hospitalization, diagnoses, treatment administered, surgeries, medications, etc.

**SECTION C - NOTIFICATIONS**

Parent/Family: _____	_____	_____	_____	_____
	Name	Address	Telephone	Date
Community Care Licensing: _____	_____	_____	_____	_____
	Name	Address	Telephone	Date
Health Services Licensing: _____	_____	_____	_____	_____
	Name	Address	Telephone	Date
Law Enforcement: _____	_____	_____	_____	_____
	Name	Address	Telephone	Date
Regional Center: _____	_____	_____	_____	_____
	Name	Address	Telephone	Date
Other: _____	_____	_____	_____	_____
	Name	Address	Telephone	Date

**SECTION D - INTERVENTIONS TAKEN**

Who found consumer? \_\_\_\_\_ When & where did they find consumer? \_\_\_\_\_

Physical description of consumer (breath, color, pulse, position, etc.) \_\_\_\_\_

What actions were taken by the person who found the consumer (first aid, cleared airway, CPR, etc.) \_\_\_\_\_

What were the results of these actions? \_\_\_\_\_

Was 911 contacted? How long after consumer was found? Who contacted 911? What was 911 told? How long did it take for 911 to arrive? \_\_\_\_\_

Describe the actions taken by the Emergency Services that arrived      Law Enforcement      Paramedics      Fire Dept.      County Coroner

Where was consumer transported? By Whom? \_\_\_\_\_

What activities immediately preceded death? \_\_\_\_\_

**SECTION E - MEDICAL HISTORY**

Date of last physician's visit:	Name of physician:	Reason for Visit:				Copy of Record	
		Routine	Illness	Injury	ER Visit	Attached	Requested
Date of last Nursing Assessment:	Name of Nurse:	Copy of Record		Date of most recent lab work:	Copy of Record		
		Attached	Requested		Attached	Requested	

**Vendor Special Incident Report for Consumer Death (continued)**

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Risk Factors Present Prior to Death (check all that apply & briefly explain)

Choking Risk: \_\_\_\_\_ Seizures: \_\_\_\_\_  
Special Diet: \_\_\_\_\_ Recent Injury: \_\_\_\_\_  
Monitored During Meals: \_\_\_\_\_ Restraint Prior to Death: \_\_\_\_\_  
Medications: \_\_\_\_\_ Recent Change in Physical Appearance: \_\_\_\_\_  
Recent Medication Change: \_\_\_\_\_ Recent Change in Behavior/Mood: \_\_\_\_\_  
Other: \_\_\_\_\_

**SECTION F - CORONER INFORMATION**

Was a police report completed?    No    Yes    If yes, was a copy of the police report obtained?    No    Yes  
Has the Death Certificate been requested?    No    Yes    Date Requested: \_\_\_\_\_    Requested from: \_\_\_\_\_  
Was an Autopsy completed?    No    Yes    Has it been requested?    No    Yes    Date: \_\_\_\_\_  
Requested from: \_\_\_\_\_

Burial Arrangements: Name, Address, Telephone of Mortuary and Cemetery:

**SECTION G - REPORT INFORMATION**

Name & Title of Person Completing this report: \_\_\_\_\_    Date Submitted: \_\_\_\_\_  
Vendor Name: \_\_\_\_\_    Vendor Number: \_\_\_\_\_  
Address: \_\_\_\_\_    Telephone Number: \_\_\_\_\_

**ELARC USE ONLY:**

Date e-mail was sent: \_\_\_\_\_  
Date Report was Printed: \_\_\_\_\_  
Signature: \_\_\_\_\_