

MORTALITY REVIEW

Status:

Medical Record #:

Age:

Sex:

Attending Physician:

Date of Admission:

Date of Death:

Admitting Diagnosis:

Final Diagnosis:

Cause of Death:

Autopsy Done:

NORS contacted:

CRITERIA FOR REVIEW

1. The patient's History and Physical were completed within 48 hours of admission?
2. Laboratory studies completed:
Were they appropriate to evaluate the patient? **YES / NO**
3. Radiology studies obtained:
Were they appropriate to evaluate the patient? **YES / NO**
4. Were appropriate consultations obtained?
NOTE: Exception shall be made in those instances of incontrovertible and irreversible terminal disease wherein the patient's course has been documented.
5. The record supports the final diagnosis? **YES / NO**
6. Death was inevitable? **YES / NO**
7. The patient was pronounced dead by the physician?
NOTE: Exception shall be made in those instances of incontrovertible and irreversible terminal disease wherein the patient's course has been documented.
8. The medical record contains a physician order for Release of Body? **YES**
9. Was CPR initiated?
NOTE: Exception if a "NO CODE" order is written.
Date of "NO CODE" order:
10. Should the medical record be referred to the attending physician for comment. **YES / NO**

COMMENTS:

Reviewing physician

Date

Non-physician reviewer

Date