Maine Sentinel Event Functional Evidence Form

This form is to provide further information for certain Sentinel Events previously reported to the Division.

Section 3.3.2.1.1: Within 14 days of discharge from a health care facility, if evidence is discovered that the major loss of function was not permanent, the facility must submit the department-approved Functional Evidence form with supporting documentation to the SET, and a RCA of the event is not required.

Forward completed form to the Sentinel Event Program
Confidential Fax Number (207) 287-3251

Today’s Date: ___________________________   Date of Discovery: _____________

Date SE Reported: ______________________   Date/Time of SE: _______________

Date Loss of Function Reported: ___________   Patient Age _______ M [] F []

Admitting Diagnosis: ______________________________________________________

Brief description of the event including location:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Brief description of events during 14 days after discharge:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Attach physician documentation that loss of function has resolved.

Reporter’s Name: _________________________   Title: _______________________

Telephone Number: ________________________   E-Mail Address: ________________

Facility Name:  ___________________________________________________________

Signature of Reporter:  _____________________________________________________

Effective 04/17/10