

# ESRD PATIENT DEATH REVIEW FORM



For each ESRD patient death, complete the following assessment form. A positive answer to any of the questions 1-5 triggers a thorough investigation of the death by the Quality Assessment Performance Improvement Committee. Questions 6-10 should be answered to fully explain the circumstances surrounding the death.

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ COMPLETED BY: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_/\_\_\_\_/\_\_\_\_ DNR ORDER  YES  NO AUTOPSY:  YES  NO

CAUSE OF DEATH (PRIMARY): \_\_\_\_\_ SECONDARY \_\_\_\_\_

(Refer to CMS 2746 form for cause(s) of death)

1. Did a treatment related complication develop that contributed to the patient's death?  YES  NO
2. Did death occur as a result of an adverse patient event during a dialysis treatment?  YES  NO
3. Was the cause of death unrelated to patient's disease process?  YES  NO
4. Did the death occur within 3 months following kidney transplantation, or could death otherwise be related to kidney transplantation?  YES  NO
5. Did death occur within 24 hours of the last treatment performed?  YES  NO

### The following factors should also be considered in evaluating a death:

6. Was the advanced stage of the patient's disease process such that death at the time was anticipated?  
 YES  NO If yes:
  - a. Was there an Advanced Care Plan for EOL?  YES  NO *if no, why?*  
If yes, was it followed?  YES  NO *if no, why?*
  - b. Was there an Advance Directive?  YES  NO *if no, why?*  
If yes, was it followed?  YES  NO *if no, why?*
7. Did the patient or the patient's family decide to discontinue dialysis?  YES  NO  
If so was there a hospice referral?  YES  NO *if no, why?*
8. Were the patient and significant others aware of the seriousness of the patient's condition?  YES  NO
9. Did non-compliance contribute to patient's death?  YES  NO  
List specifics: \_\_\_\_\_
10. Are any other factors important in evaluating this death?  YES  NO