NER WEEKLY REPORT

Ending on Friday, August 16, 2019	
	Institution, Last Name, First Name, Reg. No., Date of Death (DOD), Cause Of Death (COD), Reported within 24 hours?
Inmate Deaths	**NYM:** EPSTEIN, #73618-054, August 10, 2019 – Alleged Suicide - On August 10, 2019, at 6:33 a.m. Special Housing Unit Staff found inmate Epstein unresponsive in his cell and attempted to wake him. The body alarm was activated in SHU and the Control Center announced a medical emergency. CPR was initiated by Special Housing Unit Staff. At 6:35 a.m., medical staff responded and continued CPR and the AED was applied. The Control Center called for an ambulance. The EMS arrived at 6:45 a.m. and the paramedics continued CPR. Inmate Epstein remained unresponsive. Inmate Epstein was intubated, and the ACLS Protocol was initiated by the EMS. No pulse found, no shock was advised and the inmate was prepared for transport to local hospital while continuing CPR. At 7:10 a.m., the EMS departed institution en-route to New York Presbyterian Lower Manhattan Hospital. At 7:36 a.m., the inmate was pronounced dead by the ER Physician.
Serious Illness Notification	[redacted]
Restraints - 4pt. ***Duration?*** ***>24 hours?***	
Hunger Strikes/Involuntary Feedings ***Start Date/Notified Date:*** ***Missed Meals=*** ***Inmate Cooperative?*** ***Psych Notified?*** ***Date:*** ***Legal Notified?*** ***Date:*** ***Original (Pre-H.Strike) Weight:*** ***Current Weight:*** ***Hydration Status:*** ***Last Clinical Exam Date:*** ***Lab Data:*** ***Plan:***	

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Risk Management Issues *Psych notified?* *Legal notified?* *NER HSA/RMD notified?* *Details:* *DOD:* *Were any inmates housed in the HSU observation area this week? Y/N* *How long?* *Were any "medical" inmates housed in SHU for a medical reason this week? Y/N* *How long?* *Sentinel Events/Near Miss*	[redacted]
Forced Psych Medications	Institution, Last Name, First Name, Reg. No., brief description

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Catastrophic Case Updates	[redacted]
Greater than 7 days or $35,000 or more for Care Level 1,2,or 3 **INCLUDE COST INCURRED TO DATE** *Admit Date:* *Diagnosis:* *NER SW notified:* *Date:* *NER HSA or NER RMD notified?* *Date:* *Plan:* *Notification to family: YES/NO*	

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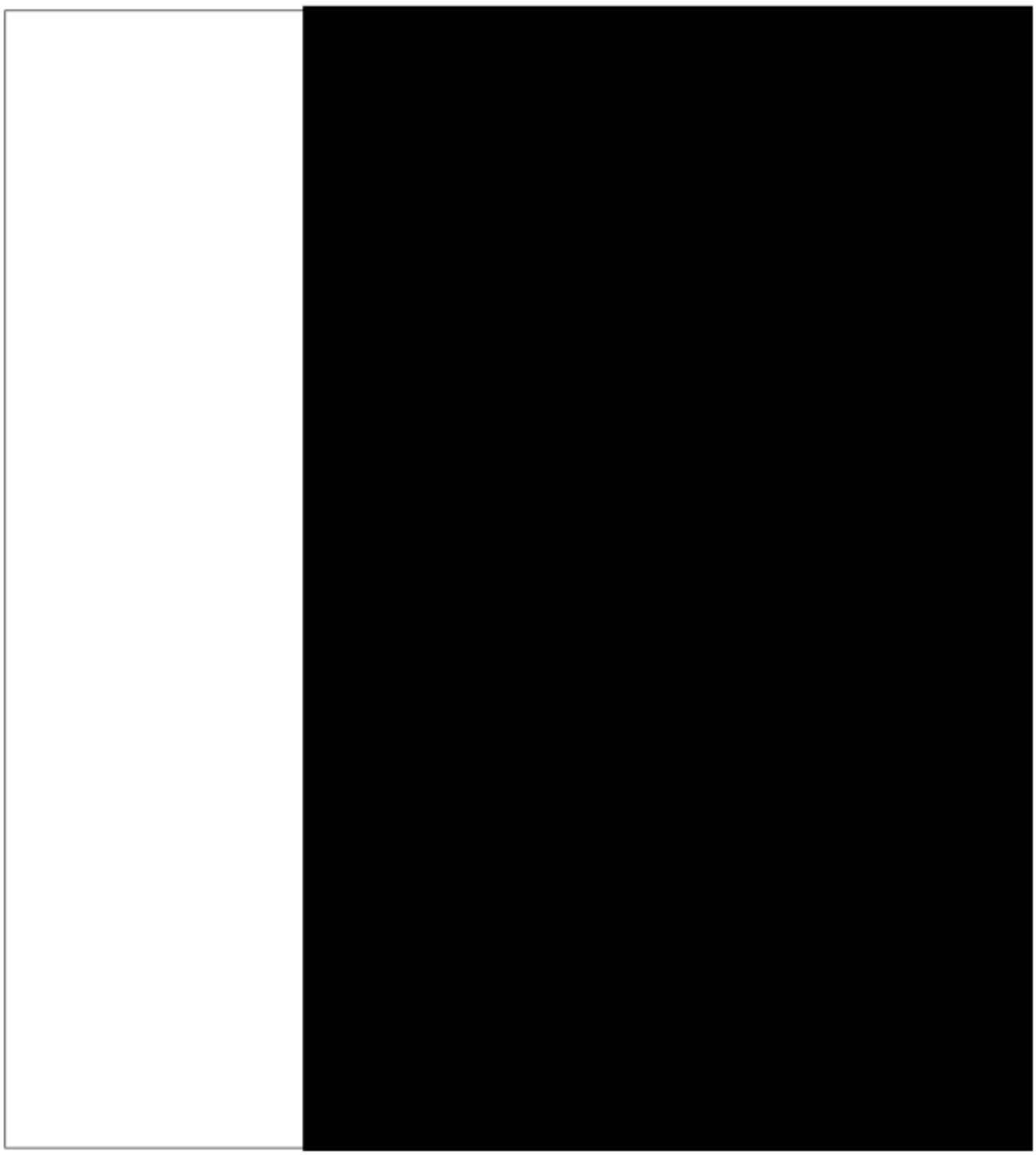

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Infectious Disease/Other ***(Any TB cases or infectious diseases outbreaks)*** *Diagnosis:* *Start date - CASE #1: __/__/____* *How many cases?* *NER IDC notified? Yes/No* *Date notified: __/__/____* *NER RMD notified? Y/N* *NER HSA notified? Y/N* *Sara Burr notified? Y/N* *Care Plan/Issues:*	**Institution, Last Name, First Name, Reg. No., brief description** [redacted]
Complicated Wound Cases **(REPORT NEEDED IF):** ***1.NON-HEALING, PAST 7 DAYS;*** ***2.REQUIRES ANTIBIOTICS TO TREAT (REF: CPG ON ANTIMICROBIAL STEWARDSHIP, MARCH 2013)*** ***3.INMATE: DM*** *Start date wound: __/__/____* *NER MAST RN notified? Y/N* *Date notified: __/__/____* *NER MAST SW notified? Y/N* *Date notified: __/__/____* *NER RMD Notified? Y/N* *Rx Antibiotics? Y/N* *Diabetic? Y/N* *Care Plan/Issues:*	**Institution, Last Name, First Name, Reg. No., brief description** [redacted]
Narcan Use	**Institution, Last Name, Reg. No., Date, Time, Reason, Administered by:**
Noteworthy Events/ Accomplishments	**ELK:** Institutional Mass exercise 8/13 with local state police/EMS/emergency transport/STAT Medvac

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Institution Request for Assistance *(MAST, RHSA, RMD)*	[redacted]
Institution CD on Annual Leave? *Coverage?*	
Additional Comments/Details	

Reports submitted: ALX, BER, DAN, DEV, ELK, FTD, LEW, MCK, NYM, OTV, PHL, RBK, SCH

Not Submitted: BRO, CAA, FAI, LOR, MCK