

Your
Hospital's
Logo
Here

PERINATAL LOSS CHECKLIST

PAGE 1

PATIENT IDENTIFICATION

PRESENT LOSS

<input type="checkbox"/> MISCARRIAGE	GESTATIONAL AGE: _____ WEEKS	WEIGHT: _____ GRAMS	SEX: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U	NURSE'S INITIALS For This Section:
<input type="checkbox"/> STILLBIRTH				
<input type="checkbox"/> NEWBORN				

PAPERWORK

1. PERMISSION FOR AUTOPSY

- A. PREREQUISITE: MD Order For Autopsy
- B. Permission Form Signed
- C. Signed Form to Admitting

INITIALS		INITIALS	
YES	_____	NO	_____
YES	_____	N / A	_____
YES	_____	N / A	_____
			_____ Date

2. DISPOSITION INSTRUCTIONS AND PERMISSION

- A. Mother's Choice for Disposition
- B. Disposition Form Signed
- C. Signed Form to Admitting

Hospital	_____	Private	_____
YES	_____	Undecided	_____
YES	_____		_____ Date

3. NOTIFICATION OF DEATH

- A. Form Completed
- B. Completed Form to Admitting

YES	_____	NO	_____
YES	_____		_____ Date

4. HIM OBSTETRICAL EVENT OTHER THAN LIVE BIRTH

- A. Form Completed
- B. Form Placed in HIM Envelope

YES	_____	NO	_____
YES	_____	NO	_____

NOTE: If Mother is undecided upon transfer from LDR, write "undecided" on form & place in envelope.

5. BEREAVEMENT PHOTO REQUEST and AUTHORIZATION

- A. Consent Signed by Mother
- B. Photograph Taken (if applicable)

YES	_____	Declined	_____
YES	_____		_____ Date

6. YELLOW COPIES OF DATABASE 1 + SUMMARY OF L & D (for Stillbirths) TO ADMITTING

YES	_____		_____ Date
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7. POTENTIALLY VIABLE LIVE BIRTH (PVLB)

- A. Admitted to SCN
- B. PVLB Nursing Care Record Complete
- C. PVLB Physician's Notes Complete
- D. Anatomical Gift Act / Uniform Disposition Form
- E. WRTC Notified of Death by
- F. Infant's Entire Chart to Admitting

YES	_____	NO	_____
YES	_____	NO	_____
YES	_____	NO	_____
YES	_____	NO	_____
Staff Nurse	_____	Supervisor	_____
YES	_____		_____ Date

8. RHOGAM ASSESSMENT

- A. Requested
- B. Date / [Military] Time Given (if applicable)

YES	_____	N / A	_____
Date / Time	_____		

9. NURSE MANAGER / SUPERVISOR INFORMED

Name of Person Notified: _____

YES	_____	NO	_____
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10. LOGBOOK

- A. PVLB: Brown Logbook
- B. Stillbirth: Brown Logbook - Underline in Red
- C. Abortus: Blue Logbook
- D. Bereavement Log

YES	_____	NO	_____
YES	_____	NO	_____
YES	_____	NO	_____
YES	_____		

NOTE: When the ADMITTING OFFICE is closed, all Admitting Forms should be given to the Nursing Supervisor.

NAME / TITLE of PERSON RECEIVING FORMS (Admitting -or- Supervisor)

PART OF THE MEDICAL RECORD

