1. PERMISSION FOR AUTOPSY
   A. PREREQUISITE: MD Order For Autopsy
      YES  NO
   B. Permission Form Signed
      YES  N/A
   C. Signed Form to Admitting
      YES  N/A

2. DISPOSITION INSTRUCTIONS AND PERMISSION
   A. Mother's Choice for Disposition
      Hospital  Private
   B. Disposition Form Signed
      YES  Undecided
   C. Signed Form to Admitting
      YES  Date

3. NOTIFICATION OF DEATH
   A. Form Completed
      YES  NO
   B. Completed Form to Admitting
      YES  Date

4. HIM OBSTETRICAL EVENT OTHER THAN LIVE BIRTH
   A. Form Completed
      YES  NO
   B. Form Placed in HIM Envelope
      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
      YES  Declined
   B. Photograph Taken (if applicable)
      YES  Date

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

7. POTENTIALLY VIABLE LIVE BIRTH (PVLB)
   A. Admitted to SCN
      YES  NO
   B. PVLB Nursing Care Record Complete
      YES  NO
   C. PVLB Physician's Notes Complete
      YES  NO
   D. Anatomical Gift Act / Uniform Disposition Form
      YES  NO
   E. WRTC Notified of Death by
      Staff Nurse  Supervisor
   F. Infant's Entire Chart to Admitting
      YES  Date

8. RHOGAM ASSESSMENT
   A. Requested
      YES  N/A
   B. Date / [Military] Time Given (if applicable)
      Date / Time

9. NURSE MANAGER / SUPERVISOR INFORMED
   YES  NO
   Name of Person Notified: ___________________________

10. LOGBOOK
    A. PVLB: Brown Logbook
       YES  NO
    B. Stillbirth: Brown Logbook - Underline in Red
       YES  NO
    C. Abortus: Blue Logbook
       YES  NO
    D. Bereavement Log
       YES  N/A

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)
## Disposition

1. **Genetic Studies Ordered by MD**
   - A. Specimens Obtained by MD
     - Yes
     - No
   - B. Request Form Completed by MD
     - Yes
     - N/A
   - C. Specimens Sent to Lab
     - Yes
     - N/A

2. **Disposition of Remains**
   - Morgue
   - Histology

3. **Placenta Sent to Histology**
   - Yes
   - No

## Supportive Care

1. **Support System Available to Patient**
   - Yes
   - No
   - Social Service Consult
     - Yes
     - No

2. **Pastoral Care**
   - Contacted
     - Yes
     - No
   - Visitation
     - Yes
     - No

3. **Baptism**
   - Performed By: ________________
   - Date: ________________

4. **Outside Referral Information Given to Patient**
   - Yes
   - No

5. **Patient Given Time with Infant**
   - Yes
   - No

6. **Significant Other(s) Given Time with Infant**
   - Name(s) of Significant Other(s): ________________

7. **Memento Package Prepared & Given to Mother**
   - Yes
   - No

## Nursing Notes

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