

PATIENT CLINICAL SUMMARY AFTER A SEVERE MATERNAL EVENT (SME)

Patient Information			
Patient Name			
Date of SME			
SME Clinician		Phone	
SME Type	<input type="checkbox"/> Obstetric Hemorrhage <input type="checkbox"/> Severe Hypertension/Preeclampsia <input type="checkbox"/> Venous Thromboembolism <input type="checkbox"/> Other:		
Baby	GA (in weeks)	Birthweight	Length
Clinical Summary			
Surgery	Date		
	Type		
	Organs Removed	List	
Interventional Radiology	<input type="checkbox"/> Yes	Date	
	<input type="checkbox"/> No	Type	
		Result	
Imaging Tests	<input type="checkbox"/> Yes	Date	
	<input type="checkbox"/> No	Type	
		Result	
Blood Transfusion	Type of Blood Products	<input type="checkbox"/> Red Blood Cells <input type="checkbox"/> Platelets <input type="checkbox"/> Plasma	
	# of Units	# ____ Red Blood Cells # ____ Platelets # ____ Plasma	
Medical Treatments	List:		
Follow-up			
Clinician Name		Phone	
Pathology/Autopsy		Phone	
<i>For further information, please contact the Hospital Medical Record Office to request your complete medical record.</i>			
Medical Record Office		Phone	
Notes			