

Appendix R: Sample Perinatal Safety Debrief Form

Note: This is a SAMPLE developed by a particular facility and the content is NOT specifically endorsed by the HDP Task Force. The sample is provided as an example to work from. You may need to adjust based on the individual circumstances of your facility.

Confidential and Privileged Quality Information

Add Patient Sticker or Write in Patient Name + MRN

****DO NOT FILE IN PATIENT'S CHART****

Instructions:

- A debriefing should occur as close to the event as possible, ideally as soon as both mother and infant are stable. If time does not permit, the debrief should occur prior to shift change before the Team members leave.
- Return to Department Manager or MCH Nurse Director for review.

Occurrence	Date	Time	Location
Debrief	Date	Time	Location
SITUATION			
Diagnosis:			
<input type="checkbox"/> Hypertensive Crisis	<input type="checkbox"/> Hemorrhage	<input type="checkbox"/> Seizure/ Eclampsia	<input type="checkbox"/> Vacuum/Forceps
<input type="checkbox"/> Code C: Emergency C-section	<input type="checkbox"/> Code Blue (Mom)	<input type="checkbox"/> Code White (Newborn)	<input type="checkbox"/> Code OB: OB Emergency outside LD
Reason for Debrief:			
<input type="checkbox"/> Delay in Service	<input type="checkbox"/> Communication Breakdown	<input type="checkbox"/> Strip review	
<input type="checkbox"/> Medication(s) Availability issue	<input type="checkbox"/> Blood Products Availability issue	<input type="checkbox"/> Equipment Availability issue	
<input type="checkbox"/> Other:			
<input type="checkbox"/> Team Response went well		<input type="checkbox"/> Near Miss	
BACKGROUND			

ASSESSMENT		
Discussion Topic	What went well	Opportunity for Improvement
Communication		
Team Response		
Equipment Availability		
Systems/ Resources		
Documentation		
Other		
RECOMMENDATION		
Recorder		
Participants		
Comments/ Suggestions		

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