

Appendix Z: Sample Patient Summary Form: Obstetric Hemorrhage Event

Patient Summary: Obstetrical Hemorrhage Event			
Patient Name			
Type of Birth	<input type="checkbox"/> Vaginal <input type="checkbox"/> Cesarean	Date of Hemorrhage	
Provider Name			Phone
Clinical Summary			
Procedure	<input type="checkbox"/> Balloon <input type="checkbox"/> Interventional Radiology <input type="checkbox"/> D&C <input type="checkbox"/> Other	<i>Date</i>	
		<i>Type/ Details</i>	
		<i>Comment</i>	
Procedure	<input type="checkbox"/> Balloon <input type="checkbox"/> Interventional <input type="checkbox"/> Radiology <input type="checkbox"/> D&C <input type="checkbox"/> Other	<i>Date</i>	
		<i>Type/ Details</i>	
		<i>Comment</i>	
Additional Treatments, Surgical Interventions, or Medications			
Blood Transfusion	<i>Type and Number of Units of Blood Products</i>		
	Red Blood Cells _____ units	Platelets _____ units	Plasma _____ units
ICU Admission	<input type="checkbox"/> No <input type="checkbox"/> Yes Dates _____ <i>Comment:</i> _____ _____		
Follow-Up	<input type="checkbox"/> Subspecialist _____		
	<input type="checkbox"/> Subspecialist _____		
	<input type="checkbox"/> Support Group _____		
	<input type="checkbox"/> Peer Counselor _____		
	<input type="checkbox"/> Social Worker _____ <input type="checkbox"/> Other: _____		
Patient Resource Personnel			
Patient Resource Personnel			Phone
<i>*This is the person designated to be the point of contact for the patient after discharge. This individual may provide resources, answer questions, and help the patient in navigating and processing their experience.</i>			
Patient Friendly Narrative Summary (e.g., What happened?, Why did I need these interventions?, etc.)			
Reference: CMS Patient Clinical Summary Guidelines			