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PERINATAL LOSS CHECKLIST

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PATIENT IDENTIFICATION

	CARRIAGE	GESTATIONAL AGE:	PRESEN WEIGHT:		SEX:	М	NURSE'S INITIA		•
	LBIRTH VBORN	WEEKS		GRAMS		F U			
	VBOILLY		PAPER	-					
1.	DEDMISS	SION FOR AUTOPSY		VV O IV			INITIALS		INITIALS
•		REQUISITE: MD Order For A	utopsy			YES		NO	
		nission Form Signed	,			YES		N/A	
	C. Signe	ed Form to Admitting				YES		N/A	
									Date
2.		TION INSTRUCTIONS AN	D PERMISSION					5	
		er's Choice for Disposition			Н	ospital		Private _	
	•	osition Form Signed ed Form to Admitting				YES YES		Undecided _	Date
_						IES			Date
3.	_	ATION OF DEATH							
		Completed				YES		NO _	D-4-
		pleted Form to Admitting				YES			Date
4.		TETRICAL EVENT OTHE	R THAN LIVE BIRTI	Н					
		Completed				YES		NO _	
		Placed in HIM Envelope	a transfer from LDD		مرمال ماداد	YES		NO _	
		E: If Mother is undecided upor			cided on	iorm &	place in envel	ope.	
5.		EMENT PHOTO REQUES	T and AUTHORIZA	TION					
		sent Signed by Mother						Declined _	
		ograph Taken (if applicable)				YES			Date
6.		COPIES OF DATABASE or Stillbirths) TO ADMIT				YES			Date
7.	POTENT	ALLY VIABLE LIVE BIRT	H (PVLB)						
	A. Admi	tted to SCN				YES		NO _	
	B. PVLE	3 Nursing Care Record Comple	ete			YES		NO _	
		B Physician's Notes Complete				YES		NO _	
		omical Gift Act / Uniform Dispo	sition Form			YES		NO _	
		C Notified of Death by			Staff	Nurse		Supervisor_	
	F. Intan	t's Entire Chart to Admitting				YES		-	Date
8.	RHOGAN	ASSESSMENT							
	A. Requ				_	YES		N/A_	
	B. Date	/ [Military] Time Given (if appli	cable)		Date	/ Time			
9.	NURSE MA	ANAGER / SUPERVISOR INF	ORMED			YES		NO_	
	Na	me of Person Notified:							
10.	LOGBOO	K							
		3: Brown Logbook				YES		NO_	
		irth: Brown Logbook - Underli	ne in Red			YES		NO_	
		tus: Blue Logbook				YES		NO_	
	D. Bere	avement Log				YES			
NO	TE: Wher	the ADMITTING OFFICE	is closed, all Admi	tting Fo	rms sh <u>o</u>	uld be	given to the	e Nursing S <u>u</u> p	ervisor.
		NAME / TITLE of P	ERSON RECEIVING FOR	RMS (Adr	nitting -or	Super	visor)		

PART OF THE MEDICAL RECORD

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PERINATAL LOSS CHECKLIST

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PATIENT IDENTIFICATION

		DIS	SPOSITION		
				INITIALS	INITIALS
1.	GENETIC STUDIES	S ORDERED BY MD		YES	NO
	A. Specimens Obta	-	YES	N / A	
	B. Request Form C	-		YES	N / A
	C. Specimens Sent	t to Lab		YES	N / A
2.	DISPOSITION OF I	REMAINS		Morgue	Histology
3.	PLACENTA SENT	TO HISTOLOGY		YES	NO
		SUPPC	RTIVE CA	RE	
4	OUDDODT OVOTE	MANAU ARI E TO RATIES		\/F0	NO
1.	A. Social Service C	M AVAILABLE TO PATIEN	N I	YES YES	NO
	A. Social Service C	onsuit			NO
2.	PASTORAL CARE			YES	NO
	A. Contacted			YES	NO
	B. Visitation			YES	NO
3.	BAPTISM				
	A. Performed By:				
	B. Date:				
4.	OUTSIDE REFERR	AL INFORMATION GIVE	N TO PATIENT	YES	NO
5.	PATIENT GIVEN T	IME WITH INFANT		YES	NO
6.		IER(s) GIVEN TIME WITH gnificant Other(s):	INFANT	YES	NO
7.	MOMENTO PACK	AGE PREPARED & GIVEN	N TO MOTHER	YES	NO
DAT	TE Milit. TIME		NURSIN	G NOTES	
INITIA	N S SIG	NATURE / TITLE	INITIALS	SIGNAT	TURE / TITLE
	, <u> </u>	NATURE/IIILE		GIGNAT	
					_
	- 				

PART OF THE MEDICAL RECORD