

### Patient Clinical Summary: Severe Maternal Event (SME)

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