# EMR Flowsheet Examples for Perinatal Bereavement Checklist



**Flowsheets**

File | Add Rows | Add LDA | Cascade | Add Col | Insert Col | Hide Device Data | Compact | Last Filed | Graph | Go to Date | Values By | Refresh | Legend | Cosign | Sidebar Pat Sum | Reg Doc

Labor | Recovery/Postpartum | Infusion MAR | Assessment | Intake/Output | Antepartum | PreProc Checklist | Fetal/Neonatal Loss

Fetal/Neonatal Loss

| | Hide All Show All | | Expanded View All | 1m 5m 10m 15m 30m 1h 2h 4h 8h 24h Based On: 0700 Reset Now |
|---|---|---|---|---|
| Type of Loss | ☑ | | | Admission (Current) from 5/6/2019 in... |
| Notifications | ☑ | | | 5/6/19 |
| Follow Up Information | ☑ | | | **1142** 1150 |
| Post Mortem Checklist | ☑ | | | |
| CMS and Other Reportable Inf... | ☑ | | | |
| Organ/Tissue Donation | ☑ | | | |
| Autopsy | ☑ | | | |
| Body Preparations/Disposition | ☑ | | | |
| Fetus B: Post Mortem Checklist | ☑ | | | |
| Fetus B: CMS and Other Repo... | ☑ | | | |
| Fetus B: Organ/Tissue Donation | ☑ | | | |
| Medical Examiner | ☑ | | | |
| Funeral Home | | | | |
| Bereavement Support | ☑ | | | |

**Type of Loss**

| Type of Loss | Less than 20... |
|---|---|

**Notifications**

| Attending Physician | OB Doctor |
|---|---|
| Consulting Physicians | |
| Primary Care Provider | |
| Nursing/Clinical Supervisor | IM RN |
| Family (Name and Relationship) | Maria BeJew... |
| Contact Person Relationship to Deceased | Parent |
| Contact Person Phone Number | 5555552222 |
| Chaplain Notified | Yes |
| Pathology Notified | |
| Nurse Manager Notified | Yes |
| Social Services Consulted (Name) | |
| Palliative Care Notified | |
| Security Notified | |
| Switchboard Notified | |
| Other Notifications (Specify) | |

**Follow Up Information**

| Phone Number for Follow Up | |
|---|---|
| Bereavement Support Staff | BTP |

**Post Mortem Checklist**

| Baby's Name | Baby Bejewe... |
|---|---|
| Fetal death certificate completed? | No |
| Who will sign fetal death certificate? | |
| Multiple fetal loss? | Yes |
| Pronounced By | |
| Title | |
| License Number | |
| RN Witness to Signs of Death | |
| Second RN Witness to Signs of Death | |

**05/06/19 1142**

**Relationship to Deceased**

Select Single Option: (F5)

Mother
Father
Other (Comment)

Comment (F6)

# Flowsheets

Labor | Recovery/Postpartum | Infusion MAR | Assessment | Intake/Output | Antepartum | PreProc Checklist | **Fetal/Neonatal Loss**

Fetal/Neonatal Loss

Expanded | View All | 1m | 5m | 10m | 15m | 30m | 1h | 2h | 4h | 8h | 24h | Based On: 0700 | Reset | Now

Hide All Show All

| Type of Loss | ☑ |
| Notifications | ☑ |
| Follow Up Information | ☑ |
| Post Mortem Checklist | ☑ |
| CMS and Other Reportable Inf... | ☑ |
| Organ/Tissue Donation | ☑ |
| Autopsy | ☑ |
| Body Preparations/Disposition | ☑ |
| Medical Examiner | ☑ |
| Funeral Home | ☑ |
| Bereavement Support | ☑ |

Admission (Curr...
4/23/19
**1145**

**CMS and Other Reportable Information**

| | |
|---|---|
| Was patient in restraints at time of death? | No |
| Patient restrained within last 24 hours | |
| Was patient restrained within last 7 days? | |
| Tubes/Lines Left in Place | |
| Did patient have known or possible infectious disease? | No |
| Stillbirth Evaluation Form Completed | |
| Wisconsin Stillbirth Project Completed | |

**Organ/Tissue Donation**

| | |
|---|---|
| Organ/Tissue Procurement (OPO) | |
| Donor Referral Hotline Notified | |
| Organ Procurement Contact Name | |
| Is patient a potential donor? | |
| Donation Type | |
| Date of OPO Contact | |
| Time of OPO Contact | |
| Donation Referral Number | |
| Anatomical Gift Permission | |
| Anatomical Gift Consent Completed | |

**Autopsy**

| | |
|---|---|
| Autopsy Requested | |

**Body Preparations/Disposition**

| | |
|---|---|
| Patient Identification Present | Yes |
| Identification Tag on Body | Yes |
| Consent Obtained for Disposal of Fetus by Hospital | Yes |
| Consent Obtained for Release of Body Through Funeral Home | Not Applica... |
| Body Disposition | Funeral Home |
| Burial Transit Permit Obtained | |
| Body Picked Up | Maternity Ce... |
| Left Floor On (Date) | 4/25/2019 |
| Left Floor At (Time) | 1400 |

**Medical Examiner**

| | |
|---|---|
| Medical Examiner Notified | |
| Medical Examiner Name | |
| Body Released | |

**Funeral Home**

| | |
|---|---|
| Name of Funeral Home | Hamilton's |
| Name of Family Member Requesting Funeral Home | Chloe Bicycle |
| Relationship to Deceased | Mother |
| Funeral Home Notified | Yes |
| Funeral Home Phone Number | 515-243-5221 |
| Funeral Home Contact Person | James |

**Bereavement Support**

| | |
|---|---|
| Viewed Baby | Mother;Father |
| Held/Touched Baby | Mother;Father |
| Spiritual Care | Accepted |
| Baptism/Blessing Offered | Accepted;Do... |
| Photos Taken | Yes;Photo(s)... |
| Mementos | Birth Certific... |
| Grief Literature | Given to par... |
| Follow Up | Informed;Ac... |

04/23/19 1145
**Type of Loss**

Less than 20 weeks and not living at delivery (docun

Select Single Option: (F5)

Less than 20 weeks and not living at delivery (document
Greater than or equal to 20 weeks and not living at deli
Live birth (document in infant chart)

Comment (F6)

**Value Information**

(P) Less than 20 weeks and not living at delivery (document in maternal chart)
Taken by:
Carmen Boggle, RN at 04/23/19 1145 (today)

Show Audit

Show Audit