



## Patient Clinical Summary After a Severe Maternal Event (SME)

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

Reference: [CMS Patient Clinical Summary Guidelines](#)