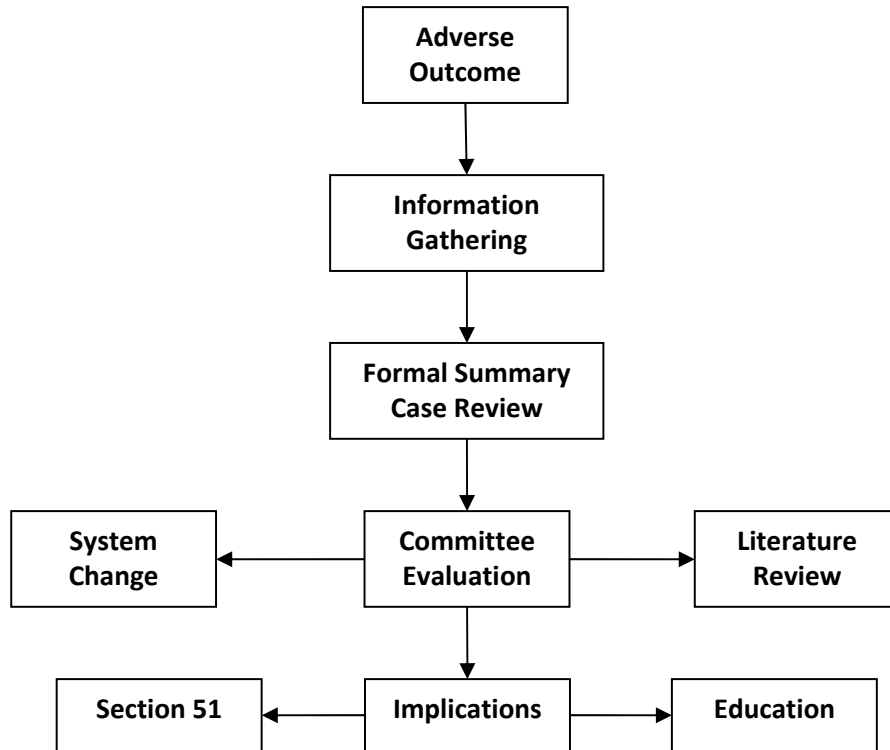




Specially Requested Chart Review

OBJECTIVE: To determine the cause and manner of adverse outcomes by recognizing risk factors, and summarizing data to identify quality improvement changes or implications for change in systems policy, education, and procedure.



Review

Name of Reporter: _____ Date of Review: _____
Name of Reviewer: _____ Signature: _____
Basis of Review (adverse outcome):

PHC Specially Requested Chart Review

Basic Information	
Patient Name: _____ <i>Last First</i>	DOB: _____ <i>dd/mm/yyyy</i>
Chart #: _____	Date of Adverse Outcome: _____ <i>dd/mm/yyyy</i>
Department Involved:	<input type="checkbox"/> SCN <input type="checkbox"/> Maternity <input type="checkbox"/> Prenatal Program <input type="checkbox"/> Fetal Monitoring <input type="checkbox"/> Assessment Room <input type="checkbox"/> Other:

History
Prenatal History:
Time of Arrival: _____ Condition Upon Arrival:
Assessment Note:
Course of Events in Hospital:

History (cont'd...)

Course of Events in Hospital (cont'd...):

Condition Upon Discharge:

Findings

Pathological Finding:

Cause of Adverse Event:

Issues, Problems Identified, and Implications:

Recommendations and Follow-up Suggestions:

PHC Specially Requested Chart Review

Follow-up		
Recommendations:	Quality Improvement Changes Involved:	
1.		Person Responsible: _____ Completion Due Date: _____ Status Report Due Date: _____
2.		Person Responsible: _____ Completion Due Date: _____ Status Report Due Date: _____
3.		Person Responsible: _____ Completion Due Date: _____ Status Report Due Date: _____