

Emanate Health - Bereavement Services

Miscarriage
 Stillborn
 English
 Spanish
 Teen

FILL OUT FORM COMPLETELY AND ATTACH A FACESHEET TO BOTTOM COPY!!!

Unit where form was initiated: (circle) NICU L&D ER Other: (specify)		
Staff member assisting family (RN):		Date:
RTS support person assignment:		M.D.:
Mothers name:	Age:	Gr. Para: EDC:
Address: (include zip)		Phone: ()
Date/Time Delivered:		Date/Time of Death:
Father (support) name:	Babys name:	EGA: Wt: Length:
Previous losses:	Living children (ages):	
RTS Packet given to:	<input type="checkbox"/> Mother <input type="checkbox"/> Father	Mementos: Yes No Stored
Pastoral Care Notified:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Photos (Digital): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Social Worker Notified:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Photos (Other): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Saw baby @ delivery:	<input type="checkbox"/> Mother <input type="checkbox"/> Father	Memorial card: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Touched and held baby:	<input type="checkbox"/> Mother <input type="checkbox"/> Father	Footprints: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Private time with baby:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Handprints: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Baptism/Blessing offered:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lock of Hair: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Mothers room flagged:	<input type="checkbox"/> Yes <input type="checkbox"/> No	I.D. Band: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Mothers chart flagged:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Measuring Tape: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Grief Process discussed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Clothes (powdered): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
RTS follow-up discussed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Small blanket: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Interested in follow-up:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sympathy card: <input type="checkbox"/> <input type="checkbox"/>
Optimal Call Time:		
Red Book signed:	<input type="checkbox"/> Mother <input type="checkbox"/> Father (only if married to mother)	
Above - if no mortuary designated at time of Moms Discharge - Have parents call Nsg. Office within 48-72 hrs.)		
Documentation (Mom's chart if inpatient or Infant's chart in Patient Notes):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Yellow copy of checklist with facesheet attached to RTS box in NICU or L/D:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments:		



Patient Information

Patient Name _____

Unit # _____

DOB _____