# AMNIOTIC FLUID EMBOLISM

## SURVIVOR CLINICAL SUMMARY

AMNIOTIC FLUID EMBOLISM FOUNDATION

This document is intended to summarize the most significant aspects of treatment to aid in patient and family understanding, continuity of care, and to minimize the triggers associated with retelling the event.

| PATIENT NAME | PHONE | DATE OF EVENT |
|---|---|---|
| | | |

PRIMARY CLINICIAN(S)

**AFE SYMPTOMS**

☐ Acute Hypotension ☐ DIC

☐ Cardiac Arrest

**OTHER COMPLICATIONS**

☐ Pulmonary/Saddle Embolus ☐ Stroke ☐ Renal Failure

☐ Other: _____

## DELIVERY INFORMATION

**PREGNANCY OUTCOME**

☐ Live Birth ☐ Still Birth/Fetal Demise

**NICU ADMISSION**

☐ Yes # of days _____ Reason _____

**TYPE OF DELIVERY**

☐ Vaginal ☐ Vacuum ☐ C-Section

☐ VBAC ☐ Forceps ☐ Emer. C-S

| GA (IN WEEKS) | WEIGHT & LENGTH | TIME OF BIRTH(S) |
|---|---|---|
| | | |

## CLINICAL SUMMARY

**HYSTERECTOMY**

DATE _____

TYPE ☐ Supracervical ☐ Total

**THIS PATIENT SHOULD NOT BE ASKED ABOUT THE LAST MENSTRUAL PERIOD (LMP)*

**SURGERIES / INTERVENTIONAL RADIOLOGY**

DATE _____

TYPE _____

RESULTS _____

**SURGERIES / INTERVENTIONAL RADIOLOGY**

DATE _____

TYPE _____

RESULTS _____

**IMAGING TESTS**

☐ X-Ray DATE _____ RESULTS _____

☐ MRI DATE _____ RESULTS _____

☐ CT DATE _____ RESULTS _____

**BLOOD TRANSFUSIONS:** *TYPE OF BLOOD PRODUCTS + NUMBER OF UNITS*

☐ Packed Red Blood Cells (PRBC) _____ ☐ Plasma _____

☐ Platelets _____ ☐ Cryoprecipitate _____

**MEDICATIONS AT DISCHARGE**

NAME _____ DOSAGE _____ FREQUENCY _____

NAME _____ DOSAGE _____ FREQUENCY _____

| | | | | |
|---|---|---|---|---|
| ECHO | RESULTS | EJECTION FRACTION | | NEED FOLLOW UP? ☐ Yes ☐ No |
| EKG | RESULTS | | | NEED FOLLOW UP? ☐ Yes ☐ No |
| EEG | RESULTS | | | NEED FOLLOW UP? ☐ Yes ☐ No |
| ECMO | ☐ VA ☐ VV | LENGTH OF TIME | | NEED FOLLOW UP? ☐ Yes ☐ No |
| PT/OT | EVALUATION / ASSESMENT | | | NEED FOLLOW UP? ☐ Yes ☐ No |
| DIAL | TYPE ☐ Hemo ☐ APD ☐ CAPD | FISTULA ☐ Yes ☐ No | START DATE | END DATE / NEED FOLLOW UP? ☐ Yes ☐ No |

## MENTAL HEALTH

* Women who suffer an AFE are at risk for postpartum mood and anxiety disorders (PMAD).
**Those with a history of mental health or mood disorders are at greater risk of PMAD.

HISTORY OF MENTAL HEALTH OR MOOD DISORDERS?

☐ No ☐ Yes, list: _____

TREATED IN HOSPITAL?

☐ No ☐ Yes

CURRENTLY RECEIVING TREATMENT?

☐ No ☐ Yes

CURRENT PSYCHIATRIC MEDICATION(S)

NAME _____ DOSAGE _____ FREQUENCY _____

NAME _____ DOSAGE _____ FREQUENCY _____

PRESCRIBING CLINICIAN NAME _____ PHONE _____

## CONTACT INFORMATION

OB CLINICIAN

NAME _____ PHONE _____

ICU CLINICIAN

NAME _____ PHONE _____

MATERNAL FETAL MEDICINE

NAME _____ PHONE _____

NEUROLOGIST

NAME _____ PHONE _____

CARDIOLOGIST

NAME _____ PHONE _____

NEPHROLOGIST

NAME _____ PHONE _____

SOCIAL WORKER

NAME _____ PHONE _____

MEDICAL RECORDS

_____ PHONE _____

## ADDITIONAL NOTES