

**INTERNAL USE ONLY
PERINATAL CHART REVIEW TOOL**

Medical Record Number _____ Patient Name _____

Admission Date _____ Patient's Age _____

Discharge Date _____

TRIGGER	Article I. Present in Review		Article II. Adverse Event Found		Article III. Harm Category and Description
	YES	NO	YES	NO	
T1 Apgar < 7 at 5 min.					
T2 Admission to NICU and >24 hours					
T3 Maternal/Neonatal Transport					
T4 Terbutaline					
T5 Naloxone					
T6 Infant Serum Glucose <50					
T7 3 rd or 4 th Degree Lacerations					
T8 Prolonged Decelerations					
T9 Blood Transfusion					
T10 Platelet count <50,000					
T11 Abrupt Medication Stop (e.g. epidural)					
T12 Hypotension/Lethargy (Mom e.g. OD on Mag SO4)					
T13 Transfer to a Higher Level of Care, including ICU in-house					
T14 Unplanned Return to Surgery					
T15 Estimated Blood Loss > 500 mL					
T16 Specialty Consult					
T17 Administration of Oxytocic Agents Post-delivery (such as oxytocin, ergonovine, methylergonovine, and 15-methyl-prostaglandin)					
T18 Instrumented Delivery					
T19 Administration of General Anesthetic for Delivery					
T20 Cord Gases Ordered					
T21 Gestational Diabetes					
T22 Other					

It is important to note that a review of both maternal and neonatal record is required.

COMMENTS: _____

Total Adverse Events for this Patient (ex: T3, T8): _____

Harm Category for Adverse Event (most serious): _____

Reviewer: _____

Date: _____

Category E: Temporary harm to the patient and required intervention

Category F: Temporary harm to the patient and required initial or prolonged hospitalization

Category G: Permanent patient harm

Category H: Intervention required to sustain life

Category I: Patient death

Perinatal Trigger Tool Review Summary Sheet

[illegible]

Category E: Temporary harm to the patient and required intervention

Category F: Temporary harm to the patient and required initial or prolonged hospitalization

Category G: Permanent patient harm

Category H: Intervention required to sustain life

Category I: Patient death

Description of Triggers

T1 Apgar < 7 at 5 min

Indicates that newborn may need continued life-sustaining support. May be the result of labor and delivery process or intrapartum harm.

T2 Admission to NICU > 24 hours

Admission of greater than 24 hours may be indicative of harm to the baby. May be the result of labor and delivery process or intrapartum harm.

T3 Maternal/Neonatal Transport

Any transport or transfer to another institution or a higher level of care in your own institution needs to be reviewed for an adverse event. May indicate harm to either mother or infant.

T4 Terbutaline

Found in the orders or the medication administration record; could indicate intrauterine resuscitation for non-reassuring fetal status or hyperstimulation. Look for complicating factors. *Use in preterm labor is not a positive trigger.*

T5 Naloxone

May indicate an opioid-related event. Review chart for documentation of somnolence lethargy, change in vital signs, respiratory depression, and confusion.

T6 Infant Serum Glucose < 50

May be indicator of problems with care or monitoring. *Use your institutional standard if lower than 50.*

T7 3rd or 4th Degree Lacerations

May indicate harm associated with instrumented delivery. Fourth degree lacerations may be an indicator for shoulder dystocia.

T8 Prolonged Deceleration (as defined by NICHD terminology)

Prolonged deceleration may be indicative of an adverse event associated with, for example, uterine rupture or hyperstimulation. Look for information in the L&D Flow Sheet or progress notes. We do not recommend reviewing the fetal monitoring strips. Documentation should be reflected in the medical record.

T9 Blood Transfusion

Any transfusion of packed red blood cells (RBCs) or whole blood should be investigated for causation, including excessive bleeding, unintentional trauma of a blood vessel, etc. Transfusion of many units within the first 24 hours of surgery or delivery, including intra-operatively and post-operatively, will commonly be related to a perioperative adverse event. Exceptions would be where excessive blood loss occurred pre-operatively. Fresh frozen plasma and platelets can reflect system problems that include failure to plan changes in anticoagulants prior to surgery and the necessity to reverse quickly in order to do the surgery.

T10 Platelet Count < 50,000

Look for adverse events related to bleeding such as strokes, hematomas, and hemorrhage requiring blood transfusions. Look for information about why the platelet count decreased to see if it was as a result of a medication. Usually, a platelet transfusion is an indication that the patient has a low platelet count. Events related to transfusions or bleeding may indicate that an adverse event may have occurred.

T11 Abrupt Medication Stop

In the order sets, whenever "hold" or "stop" all medication orders appear, look for the reason this was done. Frequently, it indicates an adverse event of some kind.

T12 Lethargy/Hypotension

Review the physician progress, nursing or multidisciplinary notes for evidence of over-sedation and lethargy. Review vital signs records or graphics for episodes of hypotension related to the event and administration of a sedative, analgesic, or muscle relaxant. Intentional overdose resulting in sedation is not included. Example: ephedrine post-epidural insertion.

T13 Transfer to a Higher Level of Care

Transfers include either within the institution, to another institution, or to your institution from another. Transfer to an intensive care unit, cardiac care unit, or a neonatal ICU is a trigger that an adverse event may have occurred. The admission to intensive or critical care may have occurred when the mother's or the infant's clinical condition deteriorated perhaps secondary to an adverse event. When reviewing this trigger, look for the reasons for the transfer and the change in condition.

T14 Unplanned Return to Surgery

A return to surgery is a trigger that should prompt checking for whether an adverse event occurred during the previous surgery. An example of an adverse event would be a patient who had internal bleeding following the first surgery and required a second surgery to stop the bleeding. Patients who have a second surgery that is exploratory, but does not reveal anything (looking for bleeding, or a suspected retained surgical instrument) would be considered as an adverse event. A return to the operating room after a previous surgical procedure is sometimes planned.

T15 Estimated Blood Loss > 500 mL (vaginal delivery) or 1,000mL (cesarean delivery)

500mL remains the accepted limit for "normal" blood loss after vaginal delivery and a blood loss of 1,000 mL is considered within normal limits after cesarean birth.

T16 Specialty Consult

May be an indicator of shoulder injury or other harm. Severity may vary.

T17 Administration of Oxytocic Agents (such as oxytocin, methylergonovine, and 15-methyl-prostaglandin in the post-partum period)

Agents used to control post-partum hemorrhage. PPH was defined as blood loss greater than 500 mL in a vaginal delivery and greater than 1,000 mL in a cesarean. If standard administration of oxytocin occurs post-delivery, evaluate for administration amounts greater than 20 units in the immediate post-partum period.

T18 Instrumented Delivery

Instruments may cause injury to the baby or the mother. These include cephalohematomas, bruising, sub-galeal and intracranial hemorrhage, trauma, and perineal lacerations. Instrumented delivery may increase the risk for serum bilirubin elevation.

T19 Administration of General Anesthesia

May be an indicator of harm resulting from poor planning or other sources of harm.

T20 Cord Gases Ordered

If not routinely ordered, may be an indicator of an adverse event.

T21 Gestational Diabetes

Infants may be at increased risk for harm due to management of glucose control and the delivery process, such as earlier induction resulting in lung immaturity or shoulder dystocia.

T22 Other

Note any other trigger identified in the chart review that may indicate an adverse event has occurred. Example: positive GBBS status of mother not documented and infant did not receive appropriate treatment.