

Healthcare Hero,

Enclosed, you'll find essential components that aim to enhance your knowledge and understanding of Amniotic Fluid Embolism (AFE).

Did you know:

- 38% experience a cardiac arrest as their first symptom
- 87% suffer a cardiac arrest during the AFE
- 40% will not survive

Are you prepared if it's your patient?

Our educational resources offer the knowledge you need to better understand the clinical presentation, pathophysiology, and treatment of AFE. Our AFE Simulation Toolkit aids in the development of skills needed to respond effectively and efficiently.

We also offer various support resources to assist in delivering effective communication and guidance on how to best support AFE patients and their families.

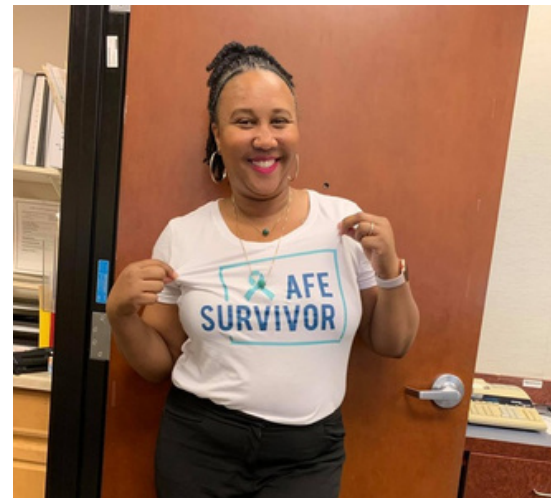
Nurses play a pivotal role in AFE research. By engaging with these materials, you'll not only expand your knowledge and develop life-saving skills but also contribute to the collective efforts addressing this rare and life-threatening birth complication.

Thank you for your commitment to the care and well-being of your patients. We are here to support you and your patients before, during, and after an AFE.

With heartfelt gratitude,

Miranda Klassen

Executive Director, AFE Survivor





KEY POINTS

- **SUSPECT AFE WITH CLASSIC TRIAD: HYPOXIA, HYPOTENSION, AND COAGULOPATHY AT OR WITHIN 30 MINUTES OF BIRTH**
- **TREATMENT IS AGGRESSIVE AND SUPPORTIVE**
- **AFE IS A DIAGNOSIS OF EXCLUSION AND OFTEN MISUNDERSTOOD**

WHAT IS AFE?

Amniotic fluid embolism (AFE) is characterized by acute and rapid collapse of the mother around the time of birth as a result of an anaphylactic-like reaction to amniotic fluid in the maternal circulation. Although rare, it is often fatal and remains a leading cause of maternal morbidity and mortality in the United States.

INCIDENCE

The true incidence of AFE is unknown but is estimated at 1 in 40,000 births, with a mortality rate ranging from 20-40%.

RISK FACTORS

AFE remains an unpredictable and therefore unpreventable event. Data regarding risk factors for AFE are inconsistent and contradictory. As a result, changes to obstetric practice to reduce the risk of AFE are not recommended.

PATHOPHYSIOLOGY

AFE appears to result from an abnormal maternal response to amniotic fluid entering the mother's bloodstream during labor and birth. Entry of fetal cells and amniotic fluid into the blood stream is a normal occurrence. However, some mothers mount a massive, abnormal immune response similar to anaphylaxis.

CLINICAL PRESENTATION AND DIAGNOSIS

AFE is a clinical diagnosis. The diagnostic criteria for AFE includes:

1. Sudden onset of cardiopulmonary arrest, or both hypotension with respiratory compromise
2. Documentation of overt DIC following appearance of initial signs and symptoms
3. Clinical onset during labor or within 30 minutes of placenta delivery
4. No fever during labor

In atypical cases, one or more of these signs may be absent. Careful exclusion of other conditions are essential.

The identification of fetal squamous cells in the maternal circulation occurs routinely and is not diagnostic of AFE. In addition to the classic triad, other signs and symptoms have been described including increased anxiety, agitation, impending sense of doom, confusion, and nausea. Fetal heart rate abnormalities often precede maternal cardiovascular collapse.

MANAGEMENT

Treatment of AFE is aggressive and supportive. If the patient is in cardiac arrest, the first step is to provide high quality cardiopulmonary resuscitation. If undelivered, manual left uterine displacement is recommended with plans to proceed with resuscitative cesarean section after 4-5 minutes if spontaneous circulation has not returned. Respiratory support should be provided with anticipation of need for intubation and mechanical ventilation. Coagulopathy occurs even without immediate evidence of hemorrhage and requires anticipation, aggressive, and rapid correction with blood products.

RECURRENCE

Recurrence risk is not known due to the rarity of the condition, limited data, and inaccurate diagnosis. However, many cases of successful pregnancies following AFE have been reported.

CURRENT RESEARCH

Clinicians are encouraged to assist in the enrollment of cases into the Amniotic Fluid Embolism Registry, a research database and biorepository. Immediate cases (< 7 days) may be eligible for specimen research.

Find more information at AMNIOTICFLUIDEMBOLISM.ORG

FURTHER READING

Checklist for initial management of amniotic fluid embolism.

American Journal of Obstetrics & Gynecology, 2021

Amniotic fluid embolism: principles of early clinical management.

American Journal of Obstetrics & Gynecology, 2019

Proposed Diagnostic criteria for the case definition of amniotic fluid embolism in research studies.

American Journal of Obstetrics & Gynecology, 2016

Evaluation of proposed criteria for research reporting of amniotic fluid embolism.

American Journal of Obstetrics & Gynecology, 2019

Reproductive decisions after the diagnosis of amniotic fluid embolism.

European Journal of Obstetrics & Gynecology, 2017

Get the Knowledge and Skills Needed to Respond to an AFE

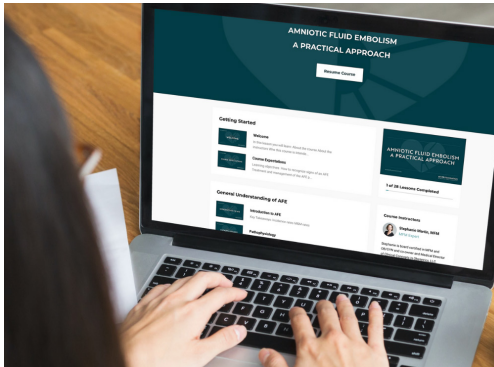
No etiology. No risk factors.

ARE YOU PREPARED IF IT IS YOUR PATIENT?

49%
of fatal AFEs occur in the first 2 hours

40%
will be fatal

38%
experience cardiac arrest as the first symptom

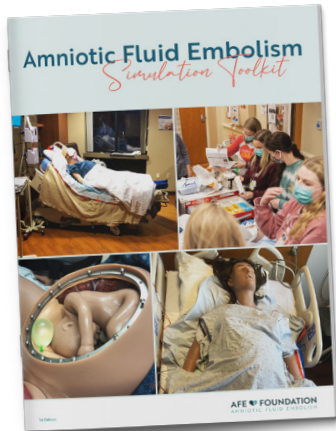


AFE: A PRACTICAL APPROACH COURSE

Free, self-paced, comprehensive course on the foundational learnings needed to properly respond to an AFE.

- Pathophysiology
- Treatment and management
- Diagnostic criteria
- Patient and family support
- How to support AFE clinical research

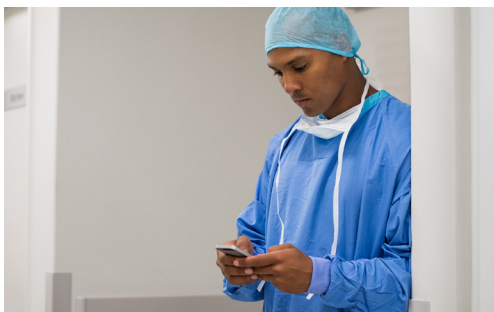
Earn 3 hours of CNE for free



AFE SIMULATION TOOLKIT

Our AFE Simulation Toolkit is an exhaustive instructional guide to assist facilities in preparing for a rare and unexpected AFE crisis.

- Planning guide
- AFE Stabilization Checklist
- Cognitive aids
- AFE scenario
- Maternal code metrics



AFE HOTLINE 307-END-AFES

Consider us part of your rapid response team! Our HIPAA compliant hotline quickly connects healthcare providers with the AFE Foundation to offer:

- Expertise to aid with treatment and management
- Guidance on how to collect AFE specimens for AFE research
- Crisis support for the patient, their family, or your team



FREE AFE COURSE

Get the Knowledge and Skills Needed to Respond to an Amniotic Fluid Embolism

87%

of AFE cases involve cardiac arrest.

38%

experience cardiac arrest as the first symptom.

40%

do not survive AFE symptoms.



Earn 3 hours of CNE for free

AFE: A PRACTICAL APPROACH COURSE

Free, self-paced, comprehensive course on the foundational learnings needed to properly respond to an AFE.



- Pathophysiology
- Treatment and management
- Diagnostic criteria
- Patient and family support
- How to support AFE clinical research

This course can be accessed on a desktop or mobile device using the Kajabi app.

"This course was everything you ever wanted to know about AFE and more! It will truly prepare you to provide immediate and appropriate care for these women and improve their chances of survival."

- Nancy, RN

"I feel so much more equipped to teach other nurses about AFE. I hope to never need to use this knowledge, but I am impressed with the amount of support and resources offered by this course and the AFE Foundation in general. I cannot recommend this course more."

- Alexandria, RN

"Informative course, highly recommended for OB providers and nurses!"

- Jessica, CNM

BREATHING

Recognition: Acute shortness of breath, increasing respiratory rate and need for oxygen to keep SpO₂ at >95%

Response:

- Activate Rapid Response Team (RRT)
- Crash cart to bedside
- Move bed away from headwall
- Frequent vital signs including respiratory rate
- Auscultate breath sounds
- Set up ambu bag and suction
- Start O₂ by non-rebreather face mask
- Plan for ongoing ventilation if intubated
- Continuous SpO₂



BLOOD PRESSURE

Recognition: Unexplained acute onset hypotension (MAP <65mmHg) or cardiac arrest

Response:

DECLINING BLOOD PRESSURE

- Activate Active Rapid Response Team (RRT)
- Frequent vital signs
- Uterine displacement
- Functioning 18 g IV
- IV fluid bolus

CARDIAC ARREST

- Call Obstetric Code Blue (ensure Neo/Peds team is notified)
- Note time of pulselessness and begin chest compressions
- Manual left uterine displacement, remove fetal monitor
- Assemble ambu bag, begin CPR per BLS guidelines
- Crash cart to bedside
- Roll patient to place backboard and apply defibrillator leads
- Analyze rhythm (can use AED)
- Follow AED instructions or ACLS algorithm for identified rhythm
- Prepare for intubation ASAP
- Deliver within five minutes of pulselessness if >20 weeks gestation or fundus at umbilicus



SPECIMEN RESEARCH

Before transfusion, draw 5mL in a red and purple top and set aside. Consent is not needed to draw labs.

Call the hotline when you are able: 307-END-AFES.



BLEEDING

(SBP-DBP=PP)

Recognition: Pulse pressure <30mmHg or declining blood pressure, maternal tachycardia, bleeding

Response:

- | | | |
|--|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Notify physician, anesthesiologist, & charge RN or activate Rapid Response Team (RRT) <input type="checkbox"/> Activate Massive Transfusion Protocol (MTP) | <p>Order Labs:</p> <ul style="list-style-type: none"> <input type="checkbox"/> BNP <input type="checkbox"/> Cardiac enzymes <input type="checkbox"/> CBC <input type="checkbox"/> CMP <input type="checkbox"/> Coagulation panel <input type="checkbox"/> Fibrinogen <input type="checkbox"/> Type and Cross | <p>Products Given:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 6 PRBC <input type="checkbox"/> 6 FFP <input type="checkbox"/> 6 Platelets <input type="checkbox"/> Cryo as needed <input type="checkbox"/> TXA as needed |
|--|--|--|



AFE REGISTRY AND BIOREPOSITORY

Healthcare providers play a critical role in AFE research by submitting cases to the AFE Registry and preparing for and submitting specimens during or after a presumed AFE to the AFE Biorepository.

AFE BIOREPOSITORY



Our biorepository allows for the collection, storage, and examination of blood and tissues from AFE patients which are needed to help transform this syndrome into a predictable, preventable, and treatable condition.

Blood tests **BEFORE** and **DURING** an AFE event may provide valuable insights into its mechanisms.

NEEDED SPECIMENS

- Maternal blood that have been previously collected for clinical care before the diagnosis of AFE syndrome (i.e., type and screen)
- Maternal blood taken during the event, but prior to transfusion
- Pathological specimens from the placenta, surgical pathology specimens (i.e., placenta, uterus, etc.),
- Autopsy specimens (various tissue blocks)

HOW YOU CAN HELP

If you suspect an AFE:

1. Collect/Draw 5ml in red top tube
2. Collect /Draw 5 ml in purple/lavender tube
3. Set aside and finish clinical course of care
4. Have a team member call the AFE Hotline (307-END-AFES) as soon as possible

**Note: YOU DO NOT
NEED TO MAKE AN AFE
DIAGNOSIS OR OBTAIN
CONSENT BEFORE
SPECIMEN COLLECTION**

AFE REGISTRY

Our registry is a compilation of data obtained from medical records and interviews with AFE patients or their survivors family members. This comprehensive collection of information provides a deeper understanding of each individual case of AFE, and enables researchers to gather critical data on the effectiveness of treatments, as well as the reproductive and long-term health of AFE survivors. Additionally, it serves as a foundation for clinical research. You can submit a case to our registry for any instance that occurred up to 10 years prior.



SUBMIT A CASE FORM

RESEARCH RESULTS

All received data and specimens are first de-identified, and then securely stored in a database before being examined by the research team. As a result, individual results are not available.

AFE Patient & Family Support Resources

Healthcare providers play a critical role in the immediate care of patients experiencing an AFE. After the immediate crisis, your care extends beyond the bedside and may include communicating with and supporting the patient and their family.

Below are some of the resources we offer.



AFE CRISIS HOTLINE 307-END-AFES

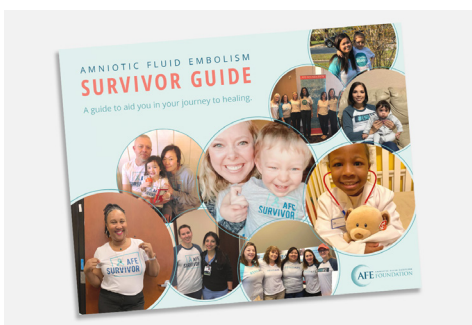
Consider us part of your rapid response team! Our HIPAA compliant hotline quickly connects healthcare providers with:

- Expertise to aid with the treatment and management of active AFE patients
- Crisis support for the patient, their family, or your team
- Guidance on how to collect specimens for the AFE Biorepository



FAMILY-FRIENDLY AFE CRISIS HANDOUT

This resource is designed to help healthcare providers explain what an AFE is to a patient's family. It provides answers to common questions, a space to record vital information, and essential tips for family members during an AFE emergency.



OUTCOME SPECIFIC INFORMATION AND GUIDES

Guides that aid patients and families as they navigate their path forward. In addition, we offer support groups to assist them in connecting with others who share a similar perspective.



EFFECTIVE COMMUNICATION CHECKLISTS

Our outcome-specific communication checklists follow a straightforward strategy to help you:

- **A**cknowledge your emotions
- **F**ormulate a plan
- **E**xecute the communication



EFFECTIVE COMMUNICATION WHEN DELIVERING BAD NEWS TO FAMILIES

ACKNOWLEDGE YOUR EMOTIONS

- Acknowledge an unexpected and traumatic event has occurred
- Allow yourself to express your feelings with trusted colleagues
- Accept you may not have all of the answers about the event or diagnosis
- Recognize and anticipate emotional responses from family/ support persons

FORMULATE A PLAN

- Discuss with clinical team to get a consensus of the clinical picture for both mom and baby
- Identify key clinical points to be communicated in a clear and concise manner
- Identify key team members to be present (social worker, chaplain, note-taker, NICU)
- Establish who will be the primary clinical communicator for each patient
- Secure a quiet place to comfortably communicate with the patient's family
- Gather materials to provide: AFE FAQ's, paper, pen, business cards, hospital map
- Inform family/support persons of the meeting and include all vested family/support persons
- If parents, spouse or key support persons are not physically present consider having them listen by phone
- Assess and prepare for any language, cultural, and/or religious needs
- Locate a temporary place the family/support persons to gather for the next 24 hours

EXECUTE FAMILY/SUPPORT COMMUNICATION

- Confirm all vested family and support persons are present - if not, include them if possible
- Primary communicator to introduce themselves, provide handouts
- Encourage note-taking or audio- recording
- Introduce the team members and their roles
- Use lay language with empathetic tone- avoid dramatic language and statistics
- Present basic facts, current condition, brief definition of AFE (see below)
- Explain 1-2 next steps for the patient - avoid overwhelming them with too much information
- Assess their understanding and repeat any key information
- Identify who will be the primary family/support communicator and obtain contact information
- Establish when they can expect the next update
- Assess resources available to the family (if needs exists, identify possible solutions)
- Encourage family to review AFE FAQ's/ Next Steps and offer AFE Crisis Line (307-END-AFES)
- Describe how to access cafeteria, wifi, parking, resources nearby
- Document discussion in the medical record



WHAT IS AN AFE?

Amniotic fluid embolism (AFE) is an unexpected life-threatening complication. It can affect both mother and baby. It is thought to be the result of an allergic-like reaction to the fluid that enters the mother's bloodstream. This is a normal part of the birth process for most mothers. It can occur during labor or soon after delivery and can cause serious breathing, blood pressure, and bleeding problems.

EFFECTIVE COMMUNICATION

WHEN DISCHARGING THE AFE PATIENT AND FAMILY

Discharge can be an emotional event for the patient, their family and the staff. Understanding the patient and family perspective can assist you throughout the discharge process. While the patient may be grateful to be alive, they may also feel competing emotions of sadness, grief, fear, detachment, or anxiety. It may be especially true for first time parents. Spouses or family members may also feel overwhelmed and concerned about how they will be able to help care for their loved ones.

Discharge is also a significant time for the healthcare team as they are often-filled with joy and relief the patient and family can return home. It will be important to gauge and mirror the patient's and family's emotions and offer empathetic communication.

ACKNOWLEDGE YOUR EMOTIONS

- Allow yourself to express your feelings with trusted colleagues
- Accept you may not have all of the answers about the event or diagnosis
- Recognize and anticipate emotional responses from the patient and family

FORMULATE A PLAN

- Complete the AFE Clinical Summary Form
- Assess resources available to the family
 - If the need exists, identify possible solutions (i.e. nurse home visit, lactation consultations, postpartum doula, etc.)
- Establish timing of separate discharge conversations for the patient and infant(s) to avoid information overload
- Gather [AFE Survivor Guide](#) and other discharge information

EXECUTE PATIENT AND FAMILY DISCHARGE COMMUNICATION

- Provide the AFE Survivor Clinical Summary Form, explain intent and briefly review information
- Assess understanding and repeat any key information
- Inform patient of reasons to call OB office or return to ED
- Discuss susceptibility to mental health disorders (Anxiety, Depression, PTSD) for patient, spouse/partner, and family
- Provide AFE Survivor Guide and ensure them they have a community to help them navigate their healing journey
- If comfortable, suggest taking photos with the care team
- Offer the name and contact information if they would like to return to the unit for a gratitude visit
- Document discussion in medical record



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EFFECTIVE COMMUNICATION WHEN DELIVERING BAD NEWS TO THE PATIENT

Communicating effectively with a patient who experienced a severe maternal event requires you to first recognize their perspective. These are otherwise healthy individuals who came with expectations of joy and unexpectedly faced a rare and life-threatening condition they have likely never heard of. Commonly, the patient has no recollection of the event, is heavily medicated, and may have a cognitive impairment, thus making them especially susceptible to further trauma. Additionally, they recognize the emotions on their loved ones' faces and begin to understand the seriousness of their condition.

The initial interaction with the patient is not the time to explain all the medical details and terminology. We suggest an iteration of, "Your body has been through a lot. When you are ready I will go over all of the details. In the meantime, let's focus on getting you rested." *Below are recommendations to assist you in making sure your interactions limit further trauma.*

ACKNOWLEDGE YOUR EMOTIONS

- Allow yourself to express your feelings with trusted colleagues
- Accept you may not have all of the answers about the event or diagnosis
- Recognize and anticipate emotional responses from the patient

FORMULATE A PLAN

- Discuss with clinical team to get a consensus of the overall clinical picture for both mom and baby
- Identify key clinical points to be communicated in a clear and concise manner
- Prepare for any language barriers
- Determine timing of the conversation based on feedback of ICU team and family
- Assess the patient's readiness for more detailed information
- Coordinate with the NICU team to disseminate infant status with the patient

EXECUTE PATIENT COMMUNICATION

- Use clear, lay language with empathetic tone- avoid dramatic language and statistics
- Present basic facts, current condition, brief definition of AFE (see below)
- Explain 1-2 next steps for the patient - avoid overwhelming them with too much information
- Assess understanding and repeat any key information
- Inform patient they will receive printouts, guides, and that there is a community to assist them
- Document discussion in medical record



WHAT IS AN AFE?

Amniotic fluid embolism (AFE) is an unexpected life-threatening complication. It can affect both mother and baby. It is thought to be the result of an allergic-like reaction to the fluid that enters the mother's bloodstream. This is a normal part of the birth process for most mothers. It can occur during labor or soon after delivery and can cause serious breathing, blood pressure, and bleeding problems.

EFFECTIVE COMMUNICATION DURING THE LOSS OF A PATIENT

There is no easy way to deliver the news of loss. However, effective communication in these events is paramount when explaining a rare and complex condition like an AFE. Communication with grieving families should be ongoing, occurring multiple times over 1-6 months with the designated point of contact. Establishing a well-planned, open line of communication builds trust and gives the family and the care team the time and space to process the event in a way that aligns with their grieving process.

ACKNOWLEDGE YOUR EMOTIONS

- Acknowledge YOUR loss
- Express your feelings with trusted colleagues
- It is okay to be frustrated by not having the answers
- Recognize and anticipate emotional responses from family/ support persons

FORMULATE A PLAN

- Identify key team members to be present (social worker, chaplain, note-taker, NICU, etc.)
- Determine key clinical points to be communicated in a clear and concise manner using lay language
- Obtain information on availability for an autopsy to be done and provide AFE Autopsy Guide
- Designate a primary point of contact to serve as the family liaison (regular check ins, provide results (pathology / autopsy, getting copy of medical records, etc.)
- Secure a quiet place to meet
- Gather materials and resources: pen, paper, business cards, tissues, and AFE Foundation handouts
- Assess and prepare for any language, cultural, and/or religious needs
- Locate a temporary place for the family to gather for the next several hours
- Plan for refreshments (water, granola bars, crackers)

EXECUTE FAMILY/SUPPORT COMMUNICATION

- Introduce team, primary point of contact, and provide handouts
- Use clear, lay language with empathetic tone
- Present basic facts while encouraging taking notes
- Explain next steps for viewing their loved one and autopsy if available
- Gauge their understanding and repeat any key information
- Ask who will be the primary family/support communicator and obtain contact information
- Assess resources available to the family (if needs exists, identify possible solutions)
- Encourage family to view AFE Guide for Grieving Families and offer AFE Crisis Line
- Document discussion in the medical record

FUTURE COMMUNICATION

- If family is open to continued dialogue consider the following:
 - Attend service if appropriate or send a card or flowers from the unit
 - Check in with a family member regularly by phone or email
 - Plan for a family debrief at 5-8 weeks to review autopsy and case with the family



WHAT IS AN AFE?

Amniotic fluid embolism (AFE) is an unexpected life-threatening complication. It can affect both mother and baby. It is thought to be the result of an allergic-like reaction to the fluid that enters the mother's bloodstream. This is a normal part of the birth process for most mothers. It can occur during labor or soon after delivery and can cause serious breathing, blood pressure, and bleeding problems.

We are here to help. Our organization was created to support families like you.

Amniotic fluid embolism (AFE) is a complex medical condition that can be difficult to understand. This handout includes answers to frequently asked questions, a place to keep important information, and things you can do right now.

Amniotic fluid embolism or AFE is a rare birth complication that can cause sudden and life-threatening breathing, blood pressure, and bleeding issues.

WHAT CAUSES AN AFE?

The exact cause of an amniotic fluid embolism (AFE) is not well understood. It is believed to be the result of a severe, allergic-like reaction to something in the amniotic fluid. There are no known risk factors for AFE.

HOW IS AN AMNIOTIC FLUID EMBOLISM TREATED?

Immediate life-saving care is necessary to treat the breathing, blood pressure and bleeding symptoms. This care may include medications, breathing tubes, chest compressions, blood transfusions, and/or surgeries. If the baby was not delivered before the AFE event, the baby may also require life-saving treatment.

IS THERE ANY WAY TO PREDICT OR PREVENT AN AFE?

Since it is not understood what causes an AFE, it is impossible to know who may be at risk. The words unpreventable and unpredictable are often used to describe AFE.

HOW IS AFE DIAGNOSED?

There is no diagnostic test for AFE. It is diagnosed based on the timing of symptoms and ruling out other causes. It may take several days for the healthcare team to determine the diagnosis and often will include the words "proposed" or "suspected".

HOW RARE IS AFE?

The true rate of AFE is unknown but is estimated to be 1 in every 40,000 births. There are ~4 million births a year in the U.S. and ~100 will experience an AFE.

WHAT IS THE SURVIVAL RATE?

Similar to incidence rates, rates of survival are not well understood. Survival rates are estimated to be between 40-60%. Survival depends on many factors, but most significantly is the severity of the initial immune response.

QUICK TIPS FOR FAMILY MEMBERS:

1. Contact immediate family members, loved ones and clergy/spiritual advisors who you may want to come to the hospital.
2. Identify someone who will help share information to others. You will be very busy and cannot update everyone.
3. Ask someone to help take care of other children and/or pets.
4. Take pictures and videos of your baby (even if critically ill or deceased) and of your loved one. You may think you don't want these pictures now, but someday you may want them.
5. Take notes and/or audio recordings if allowed. You will be receiving a lot of information and making many decisions that you may want to reference later.

If you are trying to explain this to family and friends, here are some quick facts you can share:

Rare, 1 in 40,000 Births

No Known Risk Factors Unpredictable

Unpreventable

No way to diagnose an AFE other than to rule out any other conditions it could have been



Scan this QR code to get a digital version of this handout that you can quickly share with friends and family. Visit our website for more information and support.

KEEP TRACK OF IMPORTANT INFORMATION AND NOTES ON THE BACK OF THIS HANDOUT

AFE Research: We need your help

If you are open to it, *please ask your healthcare provider to not throw away any of the blood that was taken during your loved one's care* and may still be in the lab.

These blood samples are usually discarded as medical waste, but can instead be sent to our organization to further AFE research.

Learn more about our research at afesupport.org/research



Amniotic Fluid Embolism

IMPORTANT INFORMATION TO REMEMBER

Hospital Name and Address: _____

Name of OBGYN: _____

Name of Labor Nurse: _____

Name of NICU Nurse: _____

Name of ICU Nurse: _____

Name of Social Worker: _____

Notes/Questions: _____

AMNIOTIC FLUID EMBOLISM

SURVIVOR CLINICAL SUMMARY



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)			
APE SYMPTOMS <input type="checkbox"/> Acute Hypotension <input type="checkbox"/> DIC <input type="checkbox"/> Cardiac Arrest		OTHER COMPLICATIONS <input type="checkbox"/> Pulmonary/Saddle Embolus <input type="checkbox"/> Stroke <input type="checkbox"/> Renal Failure <input type="checkbox"/> Other: _____	

DELIVERY INFORMATION

PREGNANCY OUTCOME <input type="checkbox"/> Live Birth <input type="checkbox"/> Still Birth/Fetal Demise		NICU ADMISSION <input type="checkbox"/> Yes # of days _____ Reason _____		
TYPE OF DELIVERY <input type="checkbox"/> Vaginal <input type="checkbox"/> Vacuum <input type="checkbox"/> C-Section <input type="checkbox"/> VBAC <input type="checkbox"/> Forceps <input type="checkbox"/> Emer. C-S		GA (IN WEEKS)	WEIGHT & LENGTH	TIME OF BIRTH(S)

CLINICAL SUMMARY

HYSTERECTOMY DATE _____ TYPE <input type="checkbox"/> Supracervical <input type="checkbox"/> Total <i>*THIS PATIENT SHOULD NOT BE ASKED ABOUT THE LAST MENSTRUAL PERIOD (LMP)</i>		SURGERIES / INTERVENTIONAL RADIOLOGY DATE _____ TYPE _____ RESULTS _____		SURGERIES / INTERVENTIONAL RADIOLOGY DATE _____ TYPE _____ RESULTS _____	
IMAGING TESTS <input type="checkbox"/> X-Ray DATE _____ RESULTS _____ <input type="checkbox"/> MRI DATE _____ RESULTS _____ <input type="checkbox"/> CT DATE _____ RESULTS _____					
BLOOD TRANSFUSIONS: TYPE OF BLOOD PRODUCTS + NUMBER OF UNITS <input type="checkbox"/> Packed Red Blood Cells (PRBC) _____ <input type="checkbox"/> Plasma _____ <input type="checkbox"/> Platelets _____ <input type="checkbox"/> Cryoprecipitate _____					
MEDICATIONS AT DISCHARGE NAME _____ DOSAGE _____ FREQUENCY _____ NAME _____ DOSAGE _____ FREQUENCY _____					

ECHO	RESULTS		EJECTION FRACTION		NEED FOLLOW UP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	RESULTS				NEED FOLLOW UP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EKG	RESULTS				NEED FOLLOW UP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	RESULTS				NEED FOLLOW UP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EEG	RESULTS				NEED FOLLOW UP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	RESULTS				NEED FOLLOW UP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ECMO	<input type="checkbox"/> VA <input type="checkbox"/> W	LENGTH OF TIME		NEED FOLLOW UP? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	EVALUATION / ASSESMENT				NEED FOLLOW UP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PT/OT	EVALUATION / ASSESMENT				NEED FOLLOW UP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	EVALUATION / ASSESMENT				NEED FOLLOW UP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DIAL	TYPE <input type="checkbox"/> Hemo <input type="checkbox"/> APD <input type="checkbox"/> CAPD		FISTULA <input type="checkbox"/> Yes <input type="checkbox"/> No	START DATE	END DATE	NEED FOLLOW UP? <input type="checkbox"/> Yes <input type="checkbox"/> No
	TYPE <input type="checkbox"/> Hemo <input type="checkbox"/> APD <input type="checkbox"/> CAPD		FISTULA <input type="checkbox"/> Yes <input type="checkbox"/> No	START DATE	END DATE	NEED FOLLOW UP? <input type="checkbox"/> Yes <input type="checkbox"/> 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

CURRENT PSYCHIATRIC MEDICATION(S)

NAME _____ DOSAGE _____ FREQUENCY _____

CURRENTLY RECEIVING TREATMENT?

No Yes

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

NAME _____ PHONE _____

ADDITIONAL NOTES