<table>
<thead>
<tr>
<th>Risks</th>
<th>Risk Categories</th>
<th>Interventions</th>
<th>Signature &amp; Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Problem Medications</strong></td>
<td>Adherence/complications (1, 2, 3, 4, 5)</td>
<td>1. Post-discharge phone call within: □ 24 - 72hrs</td>
<td></td>
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<tr>
<td></td>
<td>Anticoagulants (1, 2, 3, 4, 5)</td>
<td>2. Discharge summary communicated to OB/GYN and/or PCP: □ Fax □ Mail/Email</td>
<td></td>
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<tr>
<td></td>
<td>Anti-depressants/Psychotropic medications (1, 2, 3, 4, 5)</td>
<td>3. Medication specific strategies (RN or pharmacist) □ Communicate monitoring plan to patient/caregiver □ Review (applicable) medication/monitoring plan □ Teach using “Teach Back” method</td>
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<td></td>
<td>Insulin (1, 2, 3, 4, 5)</td>
<td>4. Review specific strategies for managing adverse drug events</td>
<td></td>
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<tr>
<td></td>
<td>Methadone/Long term narcotics use (1, 2, 3, 4, 5)</td>
<td>5. Out-Patient follow-up/referrals (check all that apply): □ Cardiology □ Endocrine □ Home Health Visit □ Mental Health □ WIC Referral □ Medical Evaluation within 2 weeks</td>
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<tr>
<td></td>
<td>Oral hypoglycemic agents (1, 2, 3, 4, 5)</td>
<td>6. Other (specify)________________</td>
<td></td>
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<td></td>
<td>Polypharmacy (1, 2, 3, 4, 5)</td>
<td>7. Teaching (risk-specific teaching)</td>
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<td></td>
<td>Other problem medications (1, 2, 3, 4, 5, 6)</td>
<td>8. Other (specify)________________</td>
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<tr>
<td><strong>Maternal Medical Risks</strong></td>
<td>Asthma/Pulmonary Disease (Requiring Medication within the last 90 days and/or at discharge) (1, 2, 3, 4, 5, 6, 7)</td>
<td>1. Post-discharge phone call within: □ 24 - 72hrs</td>
<td></td>
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<tr>
<td></td>
<td>BMI &lt; 18.5 or &gt; 40 (1, 2, 4, 5, 6, 7)</td>
<td>2. Discharge summary communicated to OB/GYN and/or PCP: □ Fax □ Mail/Email</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chronic Hypertension: (1, 2, 3, 4, 5, 6, 7)</td>
<td>3. Medication specific strategies □ Communicate monitoring plan to patient/caregiver □ Review (applicable) medication/monitoring plan □ Teach using “Teach Back” method</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DVT/Thromboembolism (TE) (1, 2, 3, 4, 5, 6)</td>
<td>4. In-Patient Consults (check all that apply): □ Cardiology □ Dietary/Nutrition □ Endocrine □ Mental Health □ Respiratory □ Social work</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Physical Disability (2, 4, 7)</td>
<td>5. Out-Patient follow-up/referrals (check all that apply) □ Cardiology □ Endocrine □ Home Health Visit □ Mental Health □ WIC Referral □ Medical Evaluation (within 2 weeks)</td>
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</tr>
<tr>
<td></td>
<td>Sickle Cell Disease/ hemoglobinopathy (1, 2, 3, 4, 5, 6, 7)</td>
<td>6. Teaching (risk-specific teaching)</td>
<td></td>
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<tr>
<td></td>
<td>Other Medical Conditions (specify) (1, 2, 3, 4, 5, 6, 7, 8)</td>
<td>7. DHMH Referral form completed</td>
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<tr>
<td></td>
<td>Other (specify)________________</td>
<td>8. Other (specify)________________</td>
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</tr>
</tbody>
</table>
### Perinatal Risk Assessment Discharge Tool

#### Patient Name: _______________________

#### MR#: _______________________

### Psychological & Psychosocial Risks

- **CPS case involving family**
  - (1, 2, 3, 4, 6, 7)

- **Depression/History of Depression /Mental illness**
  - (1, 2, 3, 4, 5, 6)

- **History of abuse/violence**
  - (1, 2, 3, 4, 5, 6, 7)

- **Inadequate shelter/homelessness**
  - (2, 3, 4, 7)

- **Lack of social/emotional support**
  - (1, 2, 3, 4, 6, 7)

- **Maternal-Infant attachment/parenting deficit**
  - (1, 6, 7)

- **Maternal tobacco use/Household tobacco use**
  - (5, 6)

- **Substance Abuse**
  - (1, 2, 3, 4, 6, 7)

### Pregnancy-Related Risks

- **Age < 18**
  - (1, 2, 3, 4, 5, 6, 7)

- **Age > 40 & primigravida**
  - (1, 2, 3, 4, 5, 6, 7)

- **Diabetes**
  - (1, 2, 3, 4, 5, 6, 7)

- **Gestational Diabetes**
  - (1, 2, 3, 4, 5, 6, 7)

- **Insulin Dependent Diabetes**
  - (1, 2, 3, 4, 5, 6, 7)

- **Pregestational Diabetes**
  - (1, 2, 3, 4, 5, 6, 7)

- **Requiring Medication at Discharge**
  - (1, 2, 3, 4, 5, 6, 7)

- **At risk for DVT/Thromboembolism (TE)**
  - (5, 6)

- **Hypertensive Disorders**
  - (1, 2, 3, 4, 5, 6, 7)

- **Chronic Hypertension**
  - (1, 2, 3, 4, 6, 7)

- **Gestational Hypertension**
  - (2, 3, 4, 6, 7)

- **Pre-eclampsia/Eclampsia**
  - (1, 2, 3, 4, 6, 7)

- **Late/Inadequate/No Prenatal Care (< 5 visits)**
  - (2, 5, 6)

- **Positive Toxicology Screen**
  - (1, 2, 3, 4, 5, 6, 7)

- **Sexually Transmitted Infection/Human Immunodeficiency Virus/Hepatitis**
  - (2, 3, 5, 6, 7)

- **Other Pregnancy or delivery-related risks**
  - (1, 2, 3, 4, 5, 6, 7, 8)

Specify__________________________

### Post-discharge phone call within: 24 - 72 hrs

1. **Discharge summary communicated to OB/GYN and/or PCP:**

- Fax
- Mail/Email

2. **Medication Specific Strategies (as applicable):**

- Communicate monitoring plan to patient/caregiver
- Review medications/Monitoring plan
- Teach using “Teach Back” method

3. **In-Patient Consults (check all that apply):**

- Cardiology
- Dietary/Nutrition
- Endocrine
- Mental Health
- Respiratory
- Social work

4. **Out-Patient follow-up/referrals (check all that apply):**

- Cardiology
- Endocrine
- Home Health Visit
- Mental Health

- **Medical Evaluation (within 2 weeks)**

5. **Teaching (risk specific teaching)**

6. **DHMH Referral form completed**

7. **Other (specify)__________________________**