OB Triage Discharge Checklist

Date_____

Front desk person filing completed form (full name) _____

Circle all who used checklist: OB tech   RN   CNM   OB/MD FP/MD other/MD   Med Student

Check box when completed	RN	Provider	Not done
*MSE determination and disposition completed	-----		
*Discharge order placed	-----		
*Medication reconciliation done	-----		
"Huddle"** with RN & provider(s) done at some point during patient stay			
Discharge summary fully completed and given to patient			
"What is OB triage?" Patient Decision Aid shared with patient By whom? (check one) RN ☐ Provider ☐ Other ☐			
Patient completed Decision Aid survey			
Education handouts documented in PCO			
Primary prenatal care provider notified of OBT visit			

*Provider only

****Huddle**=conversation about patient care plan, workload of participating staff, who will do what to care for patient as quickly and safely as possible

File in Project Discharge bin   6/20/19