

CASE NARRATIVE TEMPLATES

The following case narrative templates are built into the MMRIA data system.

The Case Narrative Template provides an overview of the pertinent details of the case and is a useful tool for introducing a case to the review team.

Additional narrative templates specific to the variety of sources in medical records (prenatal, Labor and Delivery, ED/Hospital Visits, Transport, and Autopsy) are designed to help guide you in collecting critical information and constructing a narrative story for ease of reading and review.

You may find it useful to develop the case narrative for the specific sources of information immediately after completing the data entry for that source. Once all records have been abstracted and the narrative templates completed, you can then copy and paste all of the separate narratives into the single Case Narrative form built into MMRIA.

Core Narrative Template:

She was a **(AGE, PLACE OF BIRTH, RACE/ETHNICITY, MARRIAGE STATUS, LEVEL EDUCATION, OCCUPATION)**. She was a gravida ____ para ____, who died with cause of death ____, ____ **DAYS /MONTHS, BEFORE, DURING OR AFTER DELIVERY**. Medical history was significant for ____ **(PRE-PREGNANCY RISK FACTORS OR PRE-EXISTING MEDICAL CONDITIONS)**. Pre-pregnancy BMI was _____. Life course issues significant for ____ **(PSYCHOSOCIAL FACTORS)**. Entry into prenatal care was at ____ weeks with ____ **(#)** visits at a ____ **(DESCRIBE LOCATION)** with a ____ **(PROVIDER TYPE)**. Prenatal history was significant for ____ **(INCLUDE IDENTIFIED OBSTETRIC RISK FACTORS)**. Referrals during prenatal period were to _____ on ____ **(DATE)**.

Health events prior to delivery included _____. She presented to **CLINIC/HOSPITAL/OTHER** _____ at ____ weeks gestation. Delivery was by a **(PROVIDER TITLE)** ____, method was ____, with ____ anesthesia. Obstetric complications included _____. Fetus/infant was ____ weeks gestation and weighed ____ pounds/ounces, Apgar scores were ____ and complications were _____. Postpartum period significant for developing _____. Mother and infant **WERE/WERE NOT DISCHARGED (IF APPLICABLE)** to _____. At ____ weeks postpartum, she presented to **(DESCRIBE LOCATION)** _____. Postpartum period significant for _____.

(SUMMARIZE TERMINAL EVENT). On ____ **(DATE)** and ____ **TIME, (INCLUDE CRITICAL SYMPTOMS, VITALS, LABS, TREATMENTS)**.

Autopsy was done by a ____ **OR WAS NOT DONE**. Significant findings included _____. **DESCRIBE IF ANY BEREAVEMENT SUPPORT OFFERED** _____.

Prenatal Care Record: Narrative Summary

She was a gravida ____ para ____ with a past obstetric history of _____ **(IDENTIFY ANY COMPLICATIONS OR HIGH RISK FACTORS) OR STATE NO SIGNIFICANT PAST OB HISTORY**. Prior surgical history includes _____. Her family medical history was positive for _____. Pre-existing medical conditions included _____. She was ____ **(HEIGHT)** and weighed _____. Her pre-pregnancy BMI was _____.

In the sentinel pregnancy, she entered care at ____ weeks gestation and weighed _____. She attended ____ (#) visits at a _____ (DESCRIBE CLINIC SETTING), with a _____ (PROVIDER TYPE) and had _____ (TYPE OF INSURANCE). Screening was/was not performed for substance use and was _____ (POSITIVE/NEGATIVE) for _____. Screening was/was not performed for domestic violence and was found to be _____ (POSITIVE/NEGATIVE; DESCRIBE IF POSITIVE). Additional social determinant factors identified include _____.

The pregnancy was complicated by _____ (DESCRIBE ANY COMPLICATIONS OR HIGH RISK FACTORS). She was referred to a(n) _____ (DESCRIBE SPECIALIST) for _____. Diagnostic procedures during pregnancy included _____. Abnormal labs during pregnancy include _____. Abnormal vital signs during pregnancy include _____. During the sentinel pregnancy, she was on _____ (IDENTIFY ALL MEDICATIONS).

ER/Hospital Visit Narrative Summary Template

Fill out a separate summary for each hospital visit and label each facility by a different number or letter. If admitted to the hospital, provide brief chronological synopsis of events that occurred during the hospital stay, including condition and vital signs when discharged.

She presented at ____ (WEEKS GESTATION) to the _____ (ED OR L&D TRIAGE OR OTHER) in a _____ (HOSPITAL LEVEL OF OB CARE OR TRAUMA/TRAUMA LEVEL) via _____ (METHOD OF TRANSPORTATION) on ____ (DATE) at ____ (TIME). Her chief complaint was _____. Her weight on admission was _____ and her presenting vital signs were _____. She was screened for _____ (DESCRIBE TYPE OF SCREENING I.E. EMBOLISM, HEMORRHAGE, ECTOPIC, INFLUENZA, DOMESTIC VIOLENCE, ETC.)

Physical examination on admission found _____. Labs performed included _____ with the following abnormal findings noted _____. Diagnostic tests performed included _____ with the following abnormal findings noted _____. Her diagnosis was _____ and she was admitted to _____ (DESCRIBE UNIT) OR was transferred to _____ OR was discharged to _____.

Labor and Delivery:

She labored for _____ hours and delivered via _____ (METHOD – IF CESAREAN SECTION, DESCRIBE REASON) by a(n) _____ (PROVIDER TYPE) under _____ (ANESTHESIA TYPE). Medications administered during labor and delivery or postpartum included _____. She received _____ units of blood products (DELETE IF NOT APPLICABLE). Infant weighed ____ with Apgar numbers of _____.

Complications during labor, delivery or postpartum included _____.

She was discharged home on day _____. Vitals signs at discharge included _____. She was instructed to _____ **(SPECIAL EDUCATION OR FOLLOW-UP APPOINTMENTS)**.

Transport Narrative Summary:

Transport was notified on ____ **(DATE)** at ____ **(TIME)** for _____ **(REASON)**. Upon arrival at _____ **(PLACE OF ORIGIN)** she was found to be ____ weeks gestation with _____ **(BRIEFLY DESCRIBE CONDITION)**. Procedures during transport included _____. She was taken to _____ **(DESCRIBE DESTINATION, INCLUDING LEVEL OF CARE)**.

Autopsy Narrative Summary:

She expired on ____ **(DATE)** at ____ **(TIME)** in the _____ **(FACILITY)**. The case **WAS OR WAS NOT** reported to the Medical Examiner/Coroner. Autopsy **WAS OR WAS NOT** performed. Core findings from the autopsy include the following:

- Autopsy performed by
- Height and Weight
- Systems Exam (Gross Findings)
- Microscopic Exam
- Toxicology Results
- Cause of Death, per autopsy

REFERENCES

- i. Berg C, Danel I, Atrash H, Zane S, Bartlett L (Editors). *Strategies to Reduce Pregnancy-Related Deaths: from Identification and Review to Action*. Atlanta, GA: Centers for Disease Control and Prevention; 2001.
- ii. Nahm, M. *Data Accuracy in Medical Record Abstraction*. [dissertation]. UT SBMI Dissertations (Open Access). 15. Houston, TX: University of Texas School of Health Information Sciences; 2010. http://digitalcommons.library.tmc.edu/uthshis_dissertations/15.