

Jennifer Craig 5/18/18

PRINTED: 04/27/2018  
FORM APPROVED

Division of Health Service Regulation

MAY 15 2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  ab0015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  04/11/2018
--	--	---	--

NAME OF PROVIDER OR SUPPLIER  A WOMAN'S CHOICE OF GREENSBORO	STREET ADDRESS, CITY, STATE, ZIP CODE 2425 RANDLEMAN RD GREENSBORO, NC 27406
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
E 137	<p>.0305(A) Medical Records</p> <p>10A NCAC 14E .0305 MEDICAL RECORDS (a) A complete and permanent record shall be maintained for all patients including:</p> <ol style="list-style-type: none"> <li>(1) the date and time of admission and discharge;</li> <li>(2) the patient's full and true name;</li> <li>(3) the patient's address;</li> <li>(4) the patient's date of birth;</li> <li>(5) the patient's emergency contact information;</li> <li>(6) the patient's diagnoses;</li> <li>(7) the patient's duration of pregnancy;</li> <li>(8) the patient's condition on admission and discharge;</li> <li>(9) a voluntarily-signed consent for each surgery or procedure and signature of the physician performing the procedure witnessed by a family member, other patient representative, or facility staff member;</li> <li>(10) the patient's history and physical examination including identification of pre-existing or current illnesses, drug sensitivities or other idiosyncrasies having a bearing on the procedure or anesthetic to be administered; and</li> <li>(11) documentation that indicates all items listed in Rule .0304(d) of this Section were provided to the patient.</li> </ol> <p>This Rule is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure a properly executed informed consent for a surgical abortion signed by the physician performing surgical abortion for 7 of 8 surgical abortion medical records reviewed (#1, #2, #3, #4, #5, #6, #9, #10).</p> <p>Findings included:</p>	E 137	<p>To prevent any future errors with printing documents. When documents are changed the office manager will label the files in the computer as revised with the date to prevent the incorrect documents from getting sent to be printed. All staff were retained on all documents to prevent any errors with documents.</p>	4/12/18

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*J. Craig*

TITLE

Office Manager

(X6) DATE

5/14/18

Division of Health Service Regulation

MAY 15 2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ab0015</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/11/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>A WOMAN'S CHOICE OF GREENSBORO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2425 RANDLEMAN RD GREENSBORO, NC 27406</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

E 137	<p>.0305(A) Medical Records</p> <p>10A NCAC 14E .0305 MEDICAL RECORDS (a) A complete and permanent record shall be maintained for all patients including:</p> <ol style="list-style-type: none"> <li>(1) the date and time of admission and discharge;</li> <li>(2) the patient's full and true name;</li> <li>(3) the patient's address;</li> <li>(4) the patient's date of birth;</li> <li>(5) the patient's emergency contact information;</li> <li>(6) the patient's diagnoses;</li> <li>(7) the patient's duration of pregnancy;</li> <li>(8) the patient's condition on admission and discharge;</li> <li>(9) a voluntarily-signed consent for each surgery or procedure and signature of the physician performing the procedure witnessed by a family member, other patient representative, or facility staff member;</li> <li>(10) the patient's history and physical examination including identification of pre-existing or current illnesses, drug sensitivities or other idiosyncrasies having a bearing on the procedure or anesthetic to be administered; and</li> <li>(11) documentation that indicates all items listed in Rule .0304(d) of this Section were provided to the patient.</li> </ol> <p>This Rule is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure a properly executed informed consent for a surgical abortion signed by the physician performing surgical abortion for 7 of 8 surgical abortion medical records reviewed (#1, #2, #3, #4, #5, #6, #9, #10).</p> <p>Findings included:</p>	E 137	<p>To prevent any future errors with printing documents. When documents are changed the office manager will label the files in the computer as revised with the date to prevent the incorrect documents from getting sent to be printed. All staff were retained on all documents to prevent any errors with documents.</p>	4/12/18
-------	---	-------	---	---------

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*[Signature]*

TITLE

*Office Manager*

(X6) DATE

*5/14/18*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ab0015</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/11/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>A WOMAN'S CHOICE OF GREENSBORO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2425 RANDLEMAN RD GREENSBORO, NC 27406</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
E 137	<p>Continued From page 1</p> <p>1. Closed medical record review on 04/10/2018 of Patient #1 revealed a 19 year old female received a surgical abortion on 03/31/2018. Continued review revealed "CONSENT TO ABORTION PROCEDURE DURING FIRST TWENTY WEEKS OF PREGNANCY" signed by the patient and witness. Continued review revealed no signature line for physician and no signature of the physician performing the procedure.</p> <p>Staff interview on 04/11/2018 at 1015 with Administrative Staff (AS) revealed AS was aware that there should have been a physician signature but "that must have been left off" the form when form was revised last year. Continued interview revealed that the AS remembered the signature line being there in the past. "It was replaced today (4/11/2018)."</p> <p>2. Closed medical record review on 04/10/2018 of Patient #2 revealed a 24 year old female received a surgical abortion on 03/20/2018. Continued review revealed "CONSENT TO ABORTION PROCEDURE DURING FIRST TWENTY WEEKS OF PREGNANCY" signed by the patient and witness. Continued review revealed no signature line for physician and no signature of the physician performing the procedure.</p> <p>Staff interview on 04/11/2018 at 1015 with Administrative Staff (AS) revealed AS was aware that there should have been a physician signature but "that must have been left off" the form when form was revised last year. Continued interview revealed that the AS remembered the signature line being there in the past. "It was replaced today (4/11/2018)."</p>	E 137		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ab0015</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/11/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>A WOMAN'S CHOICE OF GREENSBORO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2425 RANDLEMAN RD GREENSBORO, NC 27406</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
E 137	<p>Continued From page 2</p> <p>3. Closed medical record review on 04/10/2018 of Patient #3 revealed a 17 year old female received a surgical abortion on 02/01/2018. Continued review revealed "CONSENT TO ABORTION PROCEDURE DURING FIRST TWENTY WEEKS OF PREGNANCY" signed by the patient and legal guardian and witness. Continued review revealed no signature line for physician and no signature of the physician performing the procedure.</p> <p>Staff interview on 04/11/2018 at 1015 with Administrative Staff (AS) revealed AS was aware that there should have been a physician signature but "that must have been left off" the form when form was revised last year. Continued interview revealed that the AS remembered the signature line being there in the past. "It was replaced today (4/11/2018)."</p> <p>4. Closed medical record review on 04/10/2018 of Patient #4 revealed a 22 year old female received a surgical abortion on 02/12/2018. Continued review revealed "CONSENT TO ABORTION PROCEDURE DURING FIRST TWENTY WEEKS OF PREGNANCY" signed by the patient and witness. Continued review revealed no signature line for physician and no signature of the physician performing the procedure.</p> <p>Staff interview on 04/11/2018 at 1015 with Administrative Staff (AS) revealed AS was aware that there should have been a physician signature but "that must have been left off" the form when form was revised last year. Continued interview revealed that the AS remembered the signature line being there in the past. "It was replaced today (4/11/2018)."</p>	E 137		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ab0015</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/11/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>A WOMAN'S CHOICE OF GREENSBORO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2425 RANDLEMAN RD GREENSBORO, NC 27406</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
E 137	<p>Continued From page 3</p> <p>5. Closed medical record review on 04/10/2018 of Patient #5 revealed a 25 year old female received a surgical abortion on 01/25/2018. Continued review revealed "CONSENT TO ABORTION PROCEDURE DURING FIRST TWENTY WEEKS OF PREGNANCY" signed by the patient and witness. Continued review revealed no signature line for physician and no signature of the physician performing the procedure.</p> <p>Staff interview on 04/11/2018 at 1015 with Administrative Staff (AS) revealed AS was aware that there should have been a physician signature but "that must have been left off" the form when form was revised last year. Continued interview revealed that the AS remembered the signature line being there in the past. "It was replaced today (4/11/2018)."</p> <p>6. Closed medical record review on 04/11/2018 of Patient #6 revealed a 24 year old female received a surgical abortion on 01/28/2018. Continued review revealed "CONSENT TO ABORTION PROCEDURE DURING FIRST TWENTY WEEKS OF PREGNANCY" signed by the patient and witness. Continued review revealed no signature line for physician and no signature of the physician performing the procedure.</p> <p>Staff interview on 04/11/2018 at 1015 with Administrative Staff (AS) revealed AS was aware that there should have been a physician signature but "that must have been left off" the form when form was revised last year. Continued interview revealed that the AS remembered the signature line being there in the past. "It was replaced today (4/11/2018)."</p>	E 137		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ab0015</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/11/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>A WOMAN'S CHOICE OF GREENSBORO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2425 RANDLEMAN RD GREENSBORO, NC 27406</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
E 137	<p>Continued From page 4</p> <p>7. Closed medical record review on 04/11/2018 of Patient #9 revealed a 15 year old female received a surgical abortion on 02/06/2018 after failed medical abortion on 01/26/2018. Continued review revealed "CONSENT TO ABORTION PROCEDURE DURING FIRST TWENTY WEEKS OF PREGNANCY" signed by the patient, legal guardian and witness. Continued review revealed no signature line for physician and no signature of the physician performing the procedure.</p> <p>Staff interview on 04/11/2018 at 1015 with Administrative Staff (AS) revealed AS was aware that there should have been a physician signature but "that must have been left off" the form when form was revised last year. Continued interview revealed that the AS remembered the signature line being there in the past. "It was replaced today (4/11/2018)."</p> <p>8. Open medical record review on 04/11/2018 of Patient #10 revealed a 36 year old female received a surgical abortion on 04/11/2018. Continued review revealed "CONSENT TO ABORTION PROCEDURE DURING FIRST TWENTY WEEKS OF PREGNANCY" signed by the patient and witness. Continued review revealed signature line for physician with signature of the physician performing the procedure.</p> <p>Staff interview on 04/11/2018 at 1015 with Administrative Staff (AS) revealed AS was aware that there should have been a physician signature but "that must have been left off" the form when form was revised last year. Continued interview revealed that the AS remembered the signature line being there in the past. "It was replaced</p>	E 137		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ab0015</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/11/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>A WOMAN'S CHOICE OF GREENSBORO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2425 RANDLEMAN RD GREENSBORO, NC 27406</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
E 137	Continued From page 5 today (4/11/2018)."	E 137		
E 141	<p>.0305(E) Medical Records</p> <p>10A-14E .0305(e) The clinic shall maintain a daily procedure log of all patients receiving abortion services. This log shall contain at least the following:</p> <ol style="list-style-type: none"> <li>(1) the patient name;</li> <li>(2) the estimated length of gestation;</li> <li>(3) the type of procedure;</li> <li>(4) the name of physician;</li> <li>(5) the name of Registered Nurse on duty;</li> </ol> <p>and</p> <ol style="list-style-type: none"> <li>(6) the date and time of procedure.</li> </ol> <p>This Rule is not met as evidenced by: Based on facility documentation review and staff interview, the facility failed to ensure that the name of Registered Nurse (RN) on duty was recorded on the daily procedure log for 10 of 10 daily procedure logs reviewed..</p> <p>Findings included:</p> <p>Review on 04/10/2018 beginning at 1520 of patient procedure log book revealed forms entitled "AB Lab Sheet" (form used by facility to document patients registered daily for patients presenting for surgical and medical abortions) revealed that the RN (Registered Nurse) on duty was not recorded on the daily procedure log. Continued review revealed that the RN on duty not recorded for the following dates: 01/02/2018 01/13/2018 01/28/2018</p>	E 141	<p>To prevent any future errors with printed documents. When documents are changed the office manager will label the files in the computer as revised with the date to prevent the incorrect documents from from getting sent to be printed. All staff were retrained on all documents to prevent any errors with documents.</p>	4/12/18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ab0015</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/11/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>A WOMAN'S CHOICE OF GREENSBORO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2425 RANDLEMAN RD GREENSBORO, NC 27406</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

E 141	Continued From page 6  02/01/2018 02/06/2018 02/12/2018 03/06/2018 03/20/2018 03/31/2018 04/11/2018  Interview with Administrative Staff on 04/11/2018 at 1015 revealed that there is "always" an RN on duty on procedure days. "We keep a daily schedule. It (RN on duty name) has not been kept on this form (indicates AB Lab Sheet). I will add to form today."	E 141		
E 159	.0312(A) Medications and Anesthesia  10A-14E .0312 (a) Medication (1) No medication or treatment shall be given except on written order of a physician. (2) Medications must be administered in accordance with the Nurse Practice Act of the State of North Carolina, and must be recorded in the patient's permanent record.  This Rule is not met as evidenced by: Based on policy and procedure review, observation and staff interviews, the facility failed to ensure that 4 of 4 medications were replaced prior to expiration dates.  Findings included:  Review of policy "Expired Medication Policy" dated 8/2016 revealed "Medications that have	E 159	A policy was put into place stating all nurses are to check the crash cart at start of shift to ensure nothing is out of date. All nurse were retrained by office manager. A daily cart check list was put into place to be signed daily by the nurses. See attachments	4/12/18

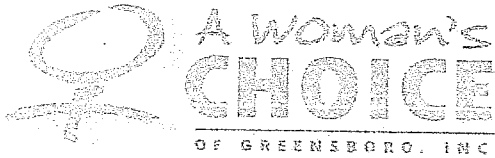


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ab0015</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/11/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>A WOMAN'S CHOICE OF GREENSBORO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2425 RANDLEMAN RD GREENSBORO, NC 27406</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
E 159	<p>Continued From page 7</p> <p>expired will be taken out of medication cabinet and disposed of.... Procedure: Medications are packaged under the supervision of the RN (Registered Nurse)... Medications will be logged out in the medication log as wasted/expired...."</p> <p>Observation of code cart during tour on 04/10/2018 at 1100 revealed two Lidocaine 2% HCL auto-injectors (medical device designed to deliver a dose of a particular drug) with expiration dates of 1 March 2018 and two Epinephrine 0.1 MG/0.15 ml autoinjectors with expiration dates of 1 Feb 2018.</p> <p>Interview with RN (registered nurse) during tour on 04/10/2018 at 1100 revealed that cart is "checked daily" and expiration dates are reviewed and documented monthly. Continued interview revealed that "we just checked the cart" recently for expirations. The nurse stated I don't know how we missed these. She stated she would assure that these medications had been ordered.</p>	E 159		



A Woman's Choice of Greensboro, Inc  
 "For Women by Women"  
 2425 Randleman Road  
 Greensboro, NC 27407  
 336-275-9485

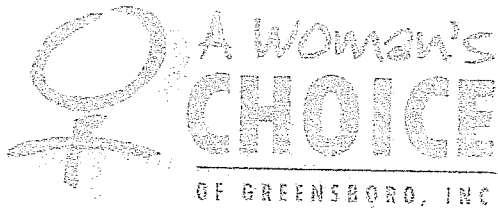
# Team Meeting

April 12, 2018

Charts

Crash Cart

Name	Signature	Title
Valarie Golden	<i>Valarie Golden</i>	CNA
Norma LANE	<i>Norma Lane</i>	CMA
Adreka Witherspoon	<i>Adreka Witherspoon</i>	<del>Medical ASSIST</del> <sup>office manager</sup>
Karen Cladere	<i>Karen Cladere</i>	RN
Sharon Forrest	<i>Sharon Forrest</i>	RN



A Woman's Choice of Greensboro, Inc  
"For Women by Women"  
2425 Randleman Road  
Greensboro, NC 27407  
336-273-9485

### **Policy and Procedure for Crash Cart**

All Registered Nurses will check the crash cart upon start of shift to ensure nothing is out of date. The Registered Nurse will then check and sign the daily crash cart log.

4/12/18 AW





# A Woman's Choice of Greensboro

## AB LAB SHEET

Doctor: \_\_\_\_\_ Date / Time: \_\_\_\_\_

Nurse: \_\_\_\_\_

### Controls

Rh+ Control Lot # \_\_\_\_\_ Exp \_\_\_\_\_ \*

Rh- Control Lot # \_\_\_\_\_ Exp \_\_\_\_\_ \*

Anti-D Gamma Clone

Lot # \_\_\_\_\_ Exp \_\_\_\_\_

CLIA -waived Urine Pregnancy Test

Completed by: \_\_\_\_\_ (initials)

#	Patient Name	Description (DE, MM, ASP)	Time	Hgb	Rh	poc wt (g)	U/S	cvi	fpi	sac seen	fwd
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											

Pathology done by: \_\_\_\_\_